

**WILL/GRUNDY EMERGENCY MEDICAL SERVICES SYSTEM  
AND  
EMS REGION VII**

**TITLE:**      **DO NOT RESUSCITATE**

**POLICY:**      IDPH Code 515.380

Do Not Resuscitate (DNR) refers to the withholding of CPR, electrical defibrillation/synchronized cardioversion or electrical pacemaker, unless otherwise stated in the DNR order. The policy shall include, but not be limited to, specific procedures and protocols for cardiac arrest/DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during interhospital transfers or transportation to or from home.

- I.      Prehospital Care that should be performed In Conjunction with A Valid DNR Order:
  - A.      Provide comfort care and compassion for the patient.
  - B.      Treat an acute airway obstruction as appropriate.
  - C.      Treat problems NOT specifically listed (such as atropine for symptomatic bradycardia (with a pulse), 50% dextrose for hypoglycemia, etc.).
  
- II.     A DNR decision will be considered applicable in the following circumstances:
  - A.      Triple Zero  
  
          The term **“Triple Zero”** will be utilized for those situations where obvious signs of biological death are present (e.g. Decapitation, rigor mortis without profound hypothermia, dependent lividity, decomposition or mummification, etc.).
    1.      Confirmation of a Triple Zero will be done through contact with the Resource Hospital Emergency Department. Transmission of ECG data will be done at the discretion of the ED Physician or ECRN.
    2.      Confirmation of a Triple Zero is not to be interpreted as a pronouncement of death, but only a determination that resuscitative measures are unnecessary and inappropriate.
    3.      Transport of this patient is not necessary, but proper notification of the coroner or funeral home is required.
    4.      Patient has been declared dead by coroner, physician, or medical examiner, and shall include appropriate signature.

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- III. DNR Order: A DNR is a course of action prescribed by a physician to withhold resuscitative measures on a victim of witnesses or unwitnessed cardiac arrest.
- A. A valid DNR order shall be written on a form provided by the Illinois Department of Public Health **OR** shall contain the following information:
1. Name of patient
  2. Name and signature of attending physician
  3. Effective date - **Note: DNR orders do not have an expiration.**
  4. The words “Do Not Resuscitate”
  5. Evidence of consent (any one of the following)
    - a. signature of patient, or
    - b. signature of legal guardian, or
    - c. signature of durable power of attorney for health care agent, (**note: DNR order must be attached to durable power of attorney document**), or
    - d. Signature of surrogate decision-maker as defined by the IHC (Illinois Health Care) Surrogate Act
  6. A Living Will cannot be accepted nor recognized by EMS providers.
- B. Revocation of a written DNR order shall be made in one or both of the following ways:
1. the order is physically destroyed or verbally rescinded by the physician who signed the order, or
  2. the order is physically destroyed or verbally rescinded by the person who gave written consent to the order.
- C. Pre-hospital personnel must make a reasonable attempt to verify the identity of the patient named in a valid DNR order.
- D. The Resource Hospital Emergency Department must be notified in all situations when a DNR order is involved. Transmission of ECG data will be at the discretion of the physician or ECRN.
- E. All Region VII EMS personnel will be authorized to accept a DNR order that meets the criteria for validity.
- F. The original DNR order, or a copy, must be attached to the Ambulance Report Form.

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- G.        Patients who are covered by a valid DNR order and require transport to or from a health care facility will be afforded comfort care. If a patient's condition deteriorates during transport or if cardiac arrest occurs, the Resource Hospital Emergency Department must be contacted. Resuscitative measures will continue to be withheld, but transport to the closest hospital facility will be required.
  
- H.        After responding to a scene, reasonable efforts should be made by pre-hospital personnel to determine if a valid DNR order exists for registered hospice or home care patients, patients of long term care facilities, or other patients who are known to suffer from a terminal illness.
  
- I.        When patients who are covered by a valid DNR order expire before transport, transportation to a hospital is not required. Proper notification of the coroner or funeral home of choice is indicated, however, for appropriate disposition. (see policy for Coroner/Medical Examiner Notification)
  
- J.        If a valid DNR order is not present, and none of the conditions stipulated in Section II-A of this policy are met, then patient care must proceed in accordance with the EMS Region VII Standard Medical Orders.
  
- IV.       System education of this policy will be accomplished in the following manner:
  - A.        Review of this policy will be standard in the EMT-I, I/D, P, and Prehospital RN, and ECRN training programs.
  
  - B.        EMS Coordinators from each provider agency will review this policy within their department. Proof of completion will be forwarded to the EMS office.
  
  - C.        Currently licensed personnel entering the Will/Grundy or other Region VII EMS Systems will review this policy as part of their requirements for successful entry.
  
- V.        The EMS system will review DNR related incidents on a semi-annual basis. A report regarding this process will be submitted to the IDPH annually. Issues connected with DNR incidents will be reviewed, and intervention will be handled on a case-by-case basis.

**EFFECTIVE DATE:** 08/15/89

**REVISED DATE:** 12/21/89, 06/01/92, 08/30/97, 01/30/98, 01/03/01, 07/15/04

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