



Treatment Protocol		4205
Effective April 1, 2018		Expires March 31, 2019
Policy: End of Life Care	Approval: REMSA Medical Director Reza Vaezzizi	Signed 
Applies To: PSP, EMT, AEMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed 

PURPOSE

To establish criteria that recognizes and accommodates a patient’s designated end of life choices and directives, in order to limit prehospital treatment by Emergency Medical Service (EMS) field personnel in the prehospital setting, long-term care facilities, during transport between facilities and/or in the patient’s home.

CONSIDERATIONS

The underlying principle in End of Life Care is to abide by the patient’s wishes. In some circumstances, conflict may arise between the expressed wishes of the patient and the wishes of the family. EMS personnel should seek clarification from applicable REMSA policies, written documentation, the base hospital and/or the patient’s legally recognized decision maker as needed. The patient can rescind any Advance Directive or End of Life Care Act option at any time.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
[California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)

End of Life Care Documentation

Forms related to patient’s end of life instructions that EMS field personnel may encounter include:

- Statewide EMSA/California Medical Association (CMA) Prehospital DNR form.
- POLST form.
- DNR medallion, bracelet or necklace.
- A Do Not Resuscitate Order in a patient’s chart dated and signed by the physician.
- End of Life Options Act Directive and/or Final Attestation for An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner form.

Validation Criteria

1. EMS Prehospital DNR
 - a. The EMS Prehospital DNR form should include the following to be considered valid:
 - i. Patient’s name.
 - ii. Signature of the patient or a legally recognized decision maker if the patient is unable to make or communicate informed healthcare decisions.
 - iii. Signature of patients’ physician, affirming that the patient/legal representative has given informed consent to the DNR instruction.
 - iv. All signatures must be dated.
 - v. Correct identification of the patient is crucial. If the patient is unable to be identified after a good faith attempt to identify the patient, a reliable witness may be used to identify the patient.
 - vi. In licensed healthcare facilities a DNR order written by a physician shall be honored.
 1. The staff must have the patient’s chart with the DNR order immediately available for EMS field personnel upon their arrival.

2. The order may contain the words Do Not Resuscitate, No CPR, or No Code and contain the patient's name and the date and signature of the physician.
2. DNR Medallion, Bracelet or Necklace
 - a. The DNR medallion/bracelet/necklace is made of metal with a permanently imprinted medical insignia. For the medallion or bracelet/necklace to be valid the following applies:
 - i. Patient must be physically wearing the DNR medallion/ bracelet/necklace.
 - ii. Medallion/bracelet/necklace must be engraved with the words "Do Not Resuscitate EMS" or "California POLST EMS", along with a toll free emergency information telephone number and a patient identification number.
3. Physician Order for Life Saving Treatment (POLST)
 - a. The POLST does not replace the Advanced Directive and should be reviewed along with other documents if available. The POLST:
 - i. Must be signed and dated by a physician, nurse practitioner or physician assistant acting under the supervision of a physician and within the scope of practice authorized by law.
 - ii. Must be signed by the patient or decision maker.
 - iii. Is not valid without signatures. Verbal or telephone orders are acceptable with follow-up signature by the physician in accordance with facility/community policy. There should be a box checked indicating who the authorized healthcare provider discussed the POLST orders with. By signing the form, the healthcare provider acknowledges that these orders are consistent with the patient's medical condition and preferences.
4. End of Life Care Options Act
 - a. A terminally ill and competent patient may elect to obtain medications to hasten their imminent death at a time and place of their choosing. They must satisfy extensive and stringent requirements as required by California law to obtain an Aid-In-Dying Drug and complete a "Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" within 48 hours prior self-administration.
 - b. There are no standardized "Final Attestation for an Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" forms but the law has required specific information that must be in the final attestation. If available, EMS field personnel should make a good faith effort to review and verify that the final attestation contains the following information:
 - i. The document is identified as a "Final Attestation For An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner".
 - ii. Patient's name, signature and dated.
 - iii. EMS field personnel should review and verify that the "Final Attestation for An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner" is present.
 - iv. Correctly identifies the patient's name, and is signed and dated by the patient .
 - v. The Final Attestation for An Aid-In-Dying Drug must be completed within 48 hours prior to taking the medications.
 - vi. Obtain a copy of the final attestation and attach it to the electronic patient care record (ePCR) whenever possible.
 - vii. There is no mandate for the patient to maintain the final attestation in close proximity of the patient.
 - viii. If a copy of the final attestation is available, EMS field personnel should confirm the patient is the person named in the final attestation. This will normally require either the presence of a form of identification or a witness who can reliably identify the patient.

End of Life Care Guidelines

In addition to the validation criteria, the following guidelines are provided for EMS field personnel when responding to a patient with Standardized Patient-Designated Directives.

- The POLST may be used for both adults and pediatric patients.

- EMS personnel shall contact a base hospital for direction if a DNR or POLST cannot be validated or for conflicting requests by family members. While EMS personnel are contacting the base hospital for direction, BLS treatment must be initiated and continued. If contact cannot be made, resuscitative efforts shall continue.
- The End of Life Care Options Act Final Attestation form is legal and binding, no surrogate decision making is permitted. In the event of suspicious circumstances surrounding the “Final Attestation for An Aid-In-Dying Drug to End My Life in a Humane and Dignified Manner” EMS Personnel should make base hospital contact.
- If a family member requests resuscitative measures despite a valid DNR or POLST, continue BLS resuscitative measures until base hospital contact is made. EMS Personnel should reaffirm the patient’s wishes with the family members to aid in clarifying the situation.
- EMS field personnel shall attach a copy of the approved DNR form or POLST form to the patient care report, along with any other appropriate written documentation. The DNR form should accompany the patient to the hospital so that it may be incorporated into the medical record at the receiving facility.
 - When DNR orders are noted in medical records in licensed facilities, that fact should be recorded by the EMS provider, along with the date of the order and the physician’s name. It should be noted on the ePCR that a written DNR order was present including the name of the physician, date signed and other appropriate information.
- If a patient dies at home and the patient is not under the care of Hospice, law enforcement must be notified. In all cases, the coroner must be notified.

Supportive Measures

- Unless a patient is actively dying, medical treatment for other conditions should not be withheld.
- Involve law enforcement and the Coroner to assist with disposition of deceased patients.
- Consider supportive organizations for the family that may be at the scene: Chaplaincy services, advocacy groups and other family support can aid in the grieving process.