

**Standard Operating Procedures Manual**  
**City of Poquoson Fire and Rescue**



**City of Poquoson  
Fire and Rescue**

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**EMS OPERATIONS**


**SOP#:** EMS 6.00

**Title:** EMS Do Not Resuscitate

**Effective Date:** 11/30/2008

**Revised Date:** 11/30/2008

  
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**Fire Chief's Signature**

  
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**City Manager's Signature**

  
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**Operational Medical Director**

**EMS DO NOT RESUSCITATE**

**I. PURPOSE**

The purpose of this policy is to establish guidelines for terminating or withholding resuscitation measures.

This SOP is not all-inclusive and cannot encompass all situations that may be encountered.

**II. APPLICABILITY**

All career and volunteer personnel.

**III. POLICY**

In accordance with Virginia State Law, full resuscitation measures shall be undertaken for all victims of cardiopulmonary arrest unless one or more of the following indications exist:

- A valid Virginia Durable Do Not Resuscitate Order or an approved alternate form of Durable DNR identification
- A valid EMS DNR order issued on or after July 2, 1998 that includes the patient's full name, physician's signature and date issued

- Decapitation or other obvious mortal injury
- Rigor mortis
- Advanced lividity
- Decomposition

During mass casualty incidents, it is assumed that resources must be directed toward viable patients.

#### **IV. PROCEDURE**

Qualified health care personnel shall comply with the following general procedures and published Virginia Durable DNR Order Implementation Protocols when caring for a patient who is in cardiac or respiratory arrest and who is known or suspected to have a Durable DNR Order in effect.

##### **A. Initial Assessment and Intervention**

Perform routine patient assessment and resuscitation or intervention until the Durable DNR Order or other DNR Order validity status is confirmed, as follows:

- Determine the presence of a Durable DNR Order Form or an approved alternate form of Durable DNR identification.
- Determine that the Durable DNR item is not altered.
- Verify, through Driver's License or other identification with photograph and signature or by positive identification by a family member or other person that knows patient, that the patient in question is the one for whom the Durable DNR Order or other DNR Order was issued.

- If no Durable DNR Order or other approved form of identification is found, ask a family member or other person to look for the original Durable DNR Order Form or other written DNR order.
- If the Durable DNR Order or alternate form of identification is not intact or has been altered or other DNR Order is produced, the qualified health care personnel shall consider the Durable DNR Order to be invalid.

**B. Resuscitative Measures to be Withheld or Withdrawn**

In the event of cardiac or respiratory arrest of a patient with a valid Durable DNR Order under the criteria set forth above, the following procedures should be withheld or withdrawn by qualified health care personnel unless otherwise directed by a physician physically present at the patient location.

- Cardiopulmonary Resuscitation (CPR)
- Endotracheal Intubation or other advanced airway management
- Artificial Ventilation
- Defibrillation
- Cardiac Resuscitation medications
- Continuation of related procedures, as prescribed by the patient's physician or medical protocols

**C. Procedures to Provide Comfort Care or to Alleviate Pain**

In order to provide comfort care or to alleviate pain for a patient with a valid Durable DNR Order or other DNR Order, the following interventions may be provided, depending on the needs of the particular patient.

- Airway (excluding intubation or advanced airway management)
- Suction
- Supplemental oxygen delivery devices
- Pain medications or intravenous fluids
- Bleeding control
- Patient positioning or
- Other therapies deemed necessary to provide comfort care or to alleviate pain

**D. Revocation**

These regulations shall not authorize any qualified health care personnel to follow a Durable DNR Order for any patient who is able to, and does, express to such qualified health care personnel the desire to be resuscitated in the event of cardiac or respiratory arrest.

If the patient is a minor or is otherwise incapable of making an informed decision, the expression of the desire that the patient be resuscitated by the person authorized to consent on the patient's behalf shall so revoke the qualified health care personnel's authority to follow a

Durable DNR Order or other DNR Order.

The expression of such desire to be resuscitated prior to cardiac or respiratory arrest shall constitute revocation of the Order; however, a new Order may be issued upon consent of the patient or the person authorized to consent on the patient's behalf.

**E. Documentation**

When following a Durable DNR Order or other DNR Order for a particular patient, qualified health care personnel shall document in the patient's medical record the care rendered or withheld in the following manner:

- Use standard patient care reporting documents (i.e. patient's chart, prehospital patient care report)
- Describe assessment of patient's status
- Document which identification (Durable DNR Order Form or other DNR Order or alternate form of identification) was used to confirm Durable DNR status and that it was intact, not altered, not canceled, or not officially revoked.
- Record actual Durable DNR Order Number and name of patient's physician.
- If the patient is being transported, keep the Durable DNR Order with the patient.

**F. General Considerations**

The following general principles shall apply to implementation of Durable DNR Orders:

- If there is misunderstanding with family members of others present at the patient's location or if there are other concerns about following the Durable DNR Order, contact the patient's physician or EMS medical control for guidance.
- If there is any question about the validity of a Durable DNR Order, resuscitative measures should be administered until the validity of the Durable DNR is established.
- When treating cardiac arrest victims who possess "living wills" or advanced directives (other than a valid DNR order), resuscitative efforts should be initiated and Medical Control consulted as quickly as possible regarding the continuation or termination of treatment. Be prepared to review the reason(s) why resuscitation efforts may not be indicated (i.e. terminal illness).
- If resuscitation efforts were discontinued at the scene per Medical Control, document the time and physician's name on the PPCR form.

**NOTE:** When EMS terminates resuscitation efforts in the field (Code Gray), they do so after receiving an order from the on-line Medical Control physician. Because this is a direct physician order and is not part of the standard PEMS protocols, PPCR reports for these runs should be cosigned by the physician that gave the Code Gray order. This should apply to all Code Gray orders regardless of whether ALS interventions were initiated.

- Document physical findings and patient history on the PPCR form.

- If the patient is DOA or resuscitation efforts were ended before transport from the scene, follow local protocols concerning the notification of law enforcement and / or medical examiner.
- Be attentive to the emotional needs of any family members or bystanders present.