

Advance Medical Directives

1. These guidelines apply to both adult and pediatric patients.
2. It is the intention of this guideline to protect the welfare of patients and to respect the appropriate exercise of professional judgments made in good faith by EMS personnel. In cases where there is doubt, contact base physician for consult.
3. EMS providers should try their best to determine a patient's end-of-life wishes and honor them. These wishes may not be written down or documentation may be unavailable. In cases where no documentation exists, consider if compelling reasons to withhold resuscitation exist. Example of compelling reasons to withhold resuscitation may include when written information is not available, yet the situation suggests that the resuscitation effort will be futile, inappropriate, and inhumane and the family, life partner, caregiver, or healthcare agent indicates that the patient would not wish to be resuscitated.
4. Specific examples where resuscitation efforts should be withheld or stopped include:
 - a. A readily available "No CPR" directive based on the patient's wishes
 - b. The resuscitation may be stopped if after a resuscitation effort has been initiated, the EMS practitioner is provided with a Do Not Resuscitate directive or compelling reasons that such an effort should have been withheld.
 - c. Suspected suicide does not necessarily invalidate an otherwise valid No CPR directive, DNR order, etc. When in doubt, contact base.
5. "Do Not Resuscitate" does not mean "do not care." A dying patient for whom no resuscitation effort is indicated should still be provided with comfort care which may include the following:
 - a. Clearing the airway (including stoma) of secretions.
 - b. Provide oxygen using nasal cannula or facemask and other non-invasive measures to alleviate respiratory distress.
 - c. Pain management.
 - d. Transport to the hospital as needed to manage symptoms with the No CPR directive in place

Additional Considerations:

1. Document the presence of the CPR Directive on the incident report. Describe the patient's medical history, presence of an advanced directive (if any), or verbal request to withhold resuscitation.
2. Mass casualty incidents are not covered in detail by these guidelines. (See State Trauma Triage Algorithm).
3. If the situation appears to be a potential crime scene, EMS providers should disturb the scene as little as possible and communicate with law enforcement regarding any items that are moved or removed from the scene.
4. Mechanisms for disposition of bodies by means other than EMS providers and vehicles should be prospectively established in each county or locale.
5. In all cases of unattended deaths occurring outside of a medical facility, the coroner should be contacted immediately.