Do-Not-Resuscitate

Purpose: The purpose of this policy is to provide a guideline to prehospital providers, who under certain circumstances may accommodate patients who do not wish to receive and/or may not benefit from cardiopulmonary resuscitation. This policy is drafted in accordance with Public Act 368 of 1978, as amended, as well as Act 192 and 193 of the Public Acts of 1996. This policy is intended to facilitate kind, humane, and compassionate service for patients who have executed a valid "Do-not-resuscitate order" under the aforementioned Acts.

1. **Definitions**
   A. Attending Physician – means the physician who has primary responsibility for the treatment and care of a declarant.
   B. Declarant – means a person who has executed a do-not-resuscitate order, or on whose behalf a do-not-resuscitate order has been executed pursuant to applicable laws.
   C. Do-not-resuscitate order – means a document executive pursuant to Act 193, directing that in the event a patient suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, nursing home, or mental health facility owned or operated by the Department of Community Health, no resuscitation will be initiated.
   D. Do-not-resuscitate Identification Bracelet or Identification Bracelet – means a wrist bracelet that meets the requirements of Act 193 and worn by a declarant while a do-not-resuscitate order is in effect.
   E. Order – means a do-not-resuscitate order.
   F. Patient Advocate – means an individual designated to make medical treatment decisions for a patient under Section 496 of the revised probate code, Act No. 642 of the Public Acts of 1978, being section 700.496 of the Michigan Compiled Laws.
   G. Vital Sign – means a pulse or evidence of respiration.

Pre-Medical Control
MFR/EMT/SPECIALIST/PARAMEDIC

2. **Procedure**
   A do-not-resuscitate order is applicable to all prehospital life support agencies and personnel. A do-not-resuscitate order may be executed by an individual 18 years of age or older and of sound mind **OR** by an individual 18 years of age or older and of sound mind, and adherent of a church or religious denomination whose members depend upon spiritual means through prayer alone fro healing **OR** by a patient advocate of an individual 18 years of age or older.
   A. EMS providers **shall not attempt** resuscitation of any individual who meets **ALL** of the following criteria:
      a. 18 years of age or older
      b. Patient has no vital signs. This means no pulse or evidence of respiration.

c. Patient is wearing a do-not-resuscitate identification bracelet which is clearly imprinted wit the words "Do-Not-Resuscitate Order", name and address of declarant, and the name and telephone number of declarant's attending physician, if any **OR**

The EMS provider is provided with a do-not-resuscitate order from the patient. Such an order form shall be in substantially the form outlined in Annex 1 or 2 and shall be dated and signed by all parties.

B. A patient wearing a "do-not-resuscitate order" identification bracelet, or who has executed a valid "do-not-resuscitate order" form, **but who has vital signs, shall not be denied** any treatments or care otherwise specified in protocols.
C. If a do-not-resuscitate order form is presented and is not substantially in the form as outlined in Annex 1 or 2, or is not complete and signed by all parties, **resuscitation will be initiated** while Medical Control is being contacted for direction.
D. In the event care has been initiated on a patient, and subsequently a valid do-not-resuscitate order form is identified, and the patient meets the criteria in Item 1 above, discontinue resuscitation.
E. A do-not-resuscitate order will not be followed if the declarant or patient advocate revokes the order. An order may be revoked at any time and in any manner by which the declarant or patient advocate is able to communicate this intent. **Resuscitation efforts will be initiated** and EMS personnel shall contact on-line Medical Control to advise them of the circumstances.
F. A patient care record will be completed for runs handled within this protocol. The patient care record will clearly specify the circumstances and patient condition found by the EMS providers, and describe the do-not-resuscitate documents involved.

Post-Medical Control

3. Honor DNR, terminate resuscitation or continue resuscitation and transport to the Hospital.

"DO-NOT-RESUSCITATE ORDER"

I have discussed my health status with my physician _____. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____ _____
(**Declarant's signature**) (Date)

_____
(Type or print declarant's full name)

_____ _____
(**Signature of person who signed for declarant, if applicable**) (Date)

_____
(Type or print full name)

_____ _____
(**Physician's signature)** (Date)

_____
(Type or print physician's full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

_____ _____
(**Witness signature**) (Date) (**Witness signature**) (Date)

_____ _____
(Type or print witness's name) (Type of print witness's name)

This form was prepared pursuant to, and in compliance with,
The "Michigan do-not-resuscitate procedure act".

ANNEX 1

Section 5-8

"DO-NOT-RESUSCITATE ORDER"
Adherent of Church or Religious Denomination

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____ _____
(**Declarant's signature**) (Date)

_____
(Type or print declarant's full name)

_____ _____
(**Signature of person who signed for declarant, if applicable**) (Date)

_____
(Type or print full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

_____ _____
(**Witness signature**) (Date) (**Witness signature**) (Date)

_____ _____
(Type or print witness's name) (Type of print witness's name)

This form was prepared pursuant to, and in compliance with,
The "Michigan do-not-resuscitate procedure act".

ANNEX 2