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SPECIFIC PROTOCOLS
REVISED JANUARY 2025
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CHAPTER 12
SPECIFIC PROTOCOLS

1. DO NOT RESUSCITATE.

a. Policy. All uniformed personnel trained as a Public Safety First Aid (PSFA) should not attempt resuscitative measures when either a properly executed standardized Do Not Resuscitate (DNR) form or a state-approved bracelet or medallion is present.

b. General.

(1) The Emergency Medical Services Authority (EMSA) and the California Medical Association (CMA) have developed a standardized DNR policy for use by members of this Department.

(a) This answers the need for a statewide policy to allow a patient to refuse unwanted resuscitation attempts from emergency medical personnel in the prehospital setting and to ensure that patients' rights are honored.

(2) The EMSA and CMA have developed a standardized form, Emergency Medical Services Prehospital Do Not Resuscitate (DNR) Form, for DNR directives (Refer to Annex A).

(a) The person completing the form can obtain a medic alert bracelet or medallion which will be recognized throughout the state (Refer to Annex B).

2. PROCEDURES.

a. When a DNR form is present:

(1) Do not resuscitate means no chest compressions, defibrillation, endotracheal intubation, assisted ventilation, or cardiotoxic drugs.

(2) The patient should receive all other care not identified above for all other medical conditions according to local protocols.

(3) Relief of choking caused by a foreign body is appropriate.

b. All uniformed personnel at the scene of an emergency should confirm that a DNR form does not exist. If a DNR form exists, it must be signed and dated by a physician. Photocopies of the form are valid and will be honored.

- (1) Uniformed personnel should see the written DNR form or medallion/bracelet unless the patient's physician is present and issues a DNR order.
 - (2) No witness to the patient's or surrogate's signature is necessary. Ensuring appropriate form consent is the responsibility of the attending physician, not the emergency medical services system or prehospital provider.
 - (3) A good faith effort to correctly identify the patient is crucial. The presumption should be that the identity is correct if circumstances are consistent. A witness who can reliably identify the patient is valuable.
- c. The DNR form should be taken with the patient during transport.
 - d. Absent of a DNR form or medallion/bracelet, full resuscitative measures shall be performed within the uniformed personnel's scope of practice.
 - (1) All DNR patient contacts shall be documented on a CHP 330, Emergency Medical Report.

3. UNIFORM ANATOMICAL GIFT ACT.

a. General.

- (1) California Vehicle Code Sections 12811.3 and 13005(b) require the California Department of Motor Vehicles (DMV) to provide and explain the use of a donor card which may be affixed to the back of the driver's license or ID card. The donor card indicates the licensee's willingness and intent to make an anatomical gift upon death.
- (2) Upon an applicant's request, the DMV will print a pink dot on the front of the driver's license or ID card. This is intended to indicate the presence of a donor card, which is usually on the reverse side.
- (3) Health and Safety Code Section 7150.55 requires law enforcement officers, firefighters, paramedics, or other emergency rescuers finding the individual to make a reasonable search for a document of gift or a refusal to make an anatomical gift whenever they find an individual who they believe may be dead or near death. The individual does not have to be the victim of a traffic crash.
- (4) When a potential donor is identified, the admitting hospital, another competent medical authority, or the coroner will notify the appropriate procurement organization.

b. Procedure.

(1) When a uniformed employee of the Department finds an individual who they reasonably believe is dead, or near death, the uniformed employee shall make a reasonable search to identify the individual's driver's license or ID card to ascertain if the individual has a document of gift or other information identifying the individual as a donor or as an individual who made a refusal.

(2) When a potential anatomical gift donor is identified, the coroner (if dead) or hospital (if near death) should be notified immediately.

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ANNEX A
EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM



CMA PUBLICATIONS 1(800) 882-1282 WWW.CMANET.ORG

EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM



PURPOSE

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel regarding a patient's decision to forego resuscitative measures in the event of cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotoxic drugs. This form does not affect the provision of life sustaining measures such as artificial nutrition or hydration or the provision of other emergency medical care, such as palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

APPLICABILITY

This form was designed for use in prehospital settings --i.e., in a patient's home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed request regarding resuscitative measures, including a Prehospital Do Not Resuscitate Form (or an approved wrist or neck medallion), from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNR orders that may be required pursuant to a health care facility's own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNR instruction may not be honored in other states or jurisdictions.

INSTRUCTIONS

The Prehospital Do Not Resuscitate (DNR) Form must be signed by the patient or by the patient's legally recognized health care decisionmaker if the patient is unable to make or communicate informed health care decisions. The legally recognized health care decisionmaker should be the patient's legal representative, such as a health care agent as designated in a power of attorney for health care, a court-appointed conservator, or a spouse or other family member if one exists. The patient's physician must also sign the form, affirming that the patient/legally recognized health care decisionmaker has given informed consent to the DNR instruction.

The white copy of the form should be retained by the patient. *The completed form (or the approved wrist or neck medallion—see below) must be readily available to EMS personnel in order for the DNR instruction to be honored.* Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

The goldenrod copy of the form should be retained by the physician and made part of the patient's permanent medical record.

The pink copy of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO NOT RESUSCITATE-EMS." The Medic Alert Foundation (1(888)755-1448, 2323 Colorado Avenue, Turlock, CA 95381) is an EMS Authority-approved supplier of the medallions, which will be issued only upon receipt of a properly completed Prehospital Do Not Resuscitate (DNR) Form (together with an enrollment form and the appropriate fee). Although optional, use of a wrist or neck medallion facilitates prompt identification of the patient, avoids the problem of lost or misplaced forms, and is strongly encouraged.

REVOCATION

In the absence of knowledge to the contrary, a health care provider may presume that a request regarding resuscitative measures is valid and unrevoked. Thus, if a decision is made to revoke the DNR instruction, the patient's physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with the Medic Alert Foundation or other EMS Authority-approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

Questions about implementation of the Prehospital Do Not Resuscitate (DNR) Form should be directed to the local EMS agency.



EMERGENCY MEDICAL SERVICES PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM



An Advance Request to Limit the Scope of Emergency Medical Care

I, _____, request limited emergency care as herein described.
(print patient's name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

Patient/Legally Recognized Health Care Decisionmaker Signature

Date

Legally Recognized Health Care Decisionmaker's Relationship to Patient

By signing this form, the legally recognized health care decisionmaker acknowledges that this request to forego resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

I affirm that this patient/legally recognized health care decisionmaker is making an informed decision and that this directive is the expressed wish of the patient/legally recognized health care decisionmaker. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

Physician Signature

Date

Print Name

Telephone

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY

PREHOSPITAL DNR REQUEST FORM

White Copy: To be kept by patient

Yellow Copy: To be kept in patient's permanent medical record

Pink Copy: If authorized DNR medallion desired, submit this form with Medic Alert enrollment form to: Medic Alert Foundation, Turlock, CA 95381

ANNEX B

EXAMPLES OF MEDIC ALERT BRACELETS/MEDALLIONS



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