



GENERAL

IDAHO EMS GUIDELINE

POST/DNR

Idaho Physician Orders for Scope of Treatment/Do Not Resuscitate

INDICATIONS:

- Patient is in respiratory or cardiac arrest

AND

- Patient has a **valid Idaho DNR order**.
 - Intact (original or photocopy signed by a licensed independent practitioner or physician assistant **and** patient or their surrogate) **Idaho POST/DNR order**, dated *after 1 July 2007*, or an **Idaho POST/DNR bracelet**.
 - Patient has an intact (original or photocopy) signed **Idaho Comfort ONE/DNR order**, dated *prior to 1 July 2007*.
 - Patient has a signed DNR order from another state.

OR

- Patient is wearing **DNR identification jewelry** (Idaho POST/DNR or Comfort ONE/DNR.)

CONTRAINDICATIONS:

- The maker of the form or physician has revoked the DNR order.
- **DNR order** (photocopy or original, bracelet or necklace) is not physically present or has been defaced or destroyed.
- Verbal or Physical Threats from Bystanders

1. Perform routine patient assessment, resuscitation, or other medical interventions while an attempt is made to determine DNR status.
2. If a **valid DNR order or DNR identification jewelry** is found, obtain reasonable assurance that the patient is the person for whom the order was written. (see items 10 and 11 of this document for examples of DNR identification jewelry)
3. If the patient is in respiratory or cardiac arrest and DNR status is confirmed:
EMS providers **WILL NOT**
 - Initiate CPR
 - Provide ventilatory assistance
 - Initiate cardiac monitoring (unless to confirm death)
 - Defibrillate
 - Administer resuscitative medicationsEMS providers **WILL**
 - Provide comfort care
 - Provide emotional support (to the patient and family)

The Idaho EMS Bureau has taken extreme caution to ensure all information is accurate and in accordance with professional standards in effect at the time of publication. This guideline is for reference and may be modified at the discretion of the EMS Medical Director. It is recommended that care be based on the patient's clinical presentation and on authorized policies and guidelines.

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4. If the patient is not in respiratory or cardiac arrest, EMS providers will:
 - Attempt to determine if the patient has a POST form
 - Follow the patient's treatment choices listed in sections B and C of the Patient's POST form.
5. If resuscitative efforts have been started before learning of a **valid DNR order**, stop those resuscitative efforts. Contact medical control if questions exist.
6. If it is determined the patient does not have a **valid DNR order**, proceed with all resuscitative efforts within scope of practice. Contact medical control for any permission to discontinue.
7. Revoking a DNR order may only be done by the maker of the form (this is the patient or person who signed the Patient/Surrogate block in Section E of the POST form), or attending physician, either verbally, or by removing the bracelet or necklace or destroying the original form and/or photocopy with patient. If revoked, perform full resuscitation.
8. If the patient has severe trauma, is involved in a mass casualty incident, or there is evidence of homicide or suicide, the EMS provider is not required to attempt to locate a POST form or jewelry.
9. The DNR order may be disregarded only if there is a good faith belief the order has been revoked, to avoid confrontation or if ordered to do so by the attending physician. (An attending physician is a physician licensed in Idaho who is selected by, or assigned to, the patient and who has primary responsibility for the treatment and care of the patient. The attending physician can be an EMS on-line medical control physician.)
10. Complete the Idaho EMS Patient Care Report. State in the narrative how the patient was identified, events occurring during the EMS run, any verbal attending physician orders and patient outcome.

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Examples of Idaho POST Form

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Idaho Physician Orders for Scope of Treatment (POST)

<p>HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT</p> <ul style="list-style-type: none"> This form must be signed by an authorized practitioner in Section E to be valid If any section is NOT COMPLETE provide the most comprehensive treatment in that section EMS: If questions arise contact on-line Medical Control 	Last name _____ First name _____ Date of birth ____/____/____ Last four digits of SS # _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		
Section A Select 1 OR 2	<p>Cardiopulmonary Resuscitation: Patient is not breathing and/or does not have a pulse</p> <p><input type="checkbox"/> 1. Do Not Resuscitate: Allow Natural Death (No Code/DNR/DNAR): No CPR or advanced cardiac life support interventions</p> <p><input type="checkbox"/> 2 Resuscitate (Full Code): Provide CPR (artificial respirations and cardiac compressions, defibrillation, and emergency medications as indicated by the medical condition)</p> <p>Additional resuscitation instructions: _____</p>		
Section B Select only ONE box	<p>Medical interventions: Patient has a pulse and is breathing</p> <p><input type="checkbox"/> Comfort measures only: Use medications by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suctioning and manual treatment of airway obstruction. Reasonable measures are to be made to offer food and fluids by mouth. Transfer to higher level of care only if comfort needs cannot be met in current location.</p> <p><input type="checkbox"/> Limited additional interventions: In addition to the care described above, you may include cardiac monitoring and oral/IV medications. Transfer to higher level of care (e.g. from home to hospital) and provide treatment as indicated in Section A. Do not admit to Intensive Care.</p> <p><input type="checkbox"/> Aggressive interventions: In addition to the care described above and in Section A, you may include other interventions (e.g. dialysis, ventricular support)</p>		
Section C	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Artificial Fluids and Nutrition:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Feeding tube</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No IV fluids</p> <p>Other instructions: _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Antibiotics and blood products:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Antibiotics</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Blood products</p> <p>Other instructions: _____</p> </td> </tr> </table>	<p>Artificial Fluids and Nutrition:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Feeding tube</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No IV fluids</p> <p>Other instructions: _____</p>	<p>Antibiotics and blood products:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Antibiotics</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Blood products</p> <p>Other instructions: _____</p>
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Section D	<p>Advance Directives: The following documents also exist:</p> <p><input type="checkbox"/> Living Will <input type="checkbox"/> DPAHC <input type="checkbox"/> Other _____</p>		
Section E	<p><input type="checkbox"/> I request that this document be submitted to the Idaho Health Care Directive Registry</p> <p>Patient/Surrogate Signature: X</p> <p>_____ Print Patient/Surrogate name Relationship (Self, Spouse, etc.) / / Date</p> <p>Physician/APRN/PA Signature: X</p> <p>_____ Print Physician/APRN/PA name ID license number / / Date</p> <p>Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> DPAHC <input type="checkbox"/> Other _____</p> <p>The basis for these orders is: <input type="checkbox"/> Patient's request <input type="checkbox"/> Patient's known preference</p> <p style="text-align: center;">***ORIGINAL OR COPY TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED*** ***PROVIDER SUBMISSION OF COPY TO REGISTRY RECOMMENDED*** ***COPY OF ORIGINAL LEGALLY VALID***</p>		

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Orig 7/2007; Rev 7/2012

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Examples of POST/DNR identification jewelry



Examples of Comfort One/DNR identification jewelry



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