

	<p style="text-align: center;">SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY &amp; PROCEDURES</p>				
<p><b>TITLE:</b> DO NOT RESUSCITATE/PRACTITIONER ORDERS FOR LIFE SUSTAINING TREATMENT/ADVANCE DIRECTIVE/HEALTH CARE POWER OF ATTORNEY STATUS/DEAD ON ARRIVAL</p>					
<p><b>SECTION:</b> GENERAL</p>			<p><b>POLICY NUMBER:</b> D-14.0</p>		
<p><b>APPROVED BY:</b> DR. ARTHUR PROUST EMS MEDICAL DIRECTOR</p>					
<p><b>EFFECTIVE DATE:</b> 09/01/2025</p>				<p><b>PAGE NUMBER:</b> 1 OF 3</p>	

**PURPOSE:**

At times, the pre-hospital care provider will encounter a patient for whom resuscitative care is not indicated due to disease process or the wishes of the patient, family and physician. In the case of a terminally ill patient when death is imminent and resuscitative efforts futile, it is acceptable to withhold or withdraw these efforts for a patient has a Do Not Resuscitate (DNR)/Physician's Orders on Life Sustaining Treatment (POLST).

**POLST/DO NOT RESUSCITATE POLICY:**

1. For purposes of this policy, a POLST/Do Not Resuscitate (DNR) order refers to the withholding of cardiopulmonary resuscitation (CPR), electrical therapy to include pacing, cardioversion and defibrillation, tracheal intubation and manually or mechanically assisted ventilation unless otherwise stated on the POLST/DNR order.
2. This policy shall include, but not be limited to, cardiac arrest/DNR situations arising in long term care facilities, with hospice and home care patients, and with patients who arrest during interhospital transfers or transportation to or from home.

**PROCEDURE:**

1. CPR may be withheld in situations where explicit signs of biological death are present including decapitation, rigor mortis without profound hypothermia, profound dependent lividity, incineration, mummification, putrefaction, decomposition, frozen state, severe trauma in which performance of CPR is not possible, or drowning with documented submersion time of greater than one hour. CPR shall be withheld if the patient has been declared dead by the coroner, medical examiner, or a licensed physician. Documentation shall include recording such information on the run sheet and requesting the physician or coroner to sign the run sheet (if applicable).

Effective Date:	09/01/2025				
Review Date(s):	06/18/2014	08/24/2023	07/10/2025		
Revision Date(S):	06/18/2014	08/24/2023	07/10/2025		

2. For situations not covered by this policy or where circumstances or the order is unclear, resuscitative procedures shall be followed when indicated unless a valid POLST/DNR order is present or is issued by medical direction.
  
3. The Department of Public Health Uniform POLST form, or a copy of that form, National POLST form, or another state's POLST portable medical orders form, the formally sanctioned forms created in the fashion of the National POLST, or out-of-hospital Do Not Resuscitate orders faithfully executed in other states shall be honored for use in the prehospital setting. (Older versions of the DNR form are still valid).
  
4. Follow the current POLST Illinois guidelines Home- POLST (polstil.org). If the form is missing or improperly executed, contact online medical control (OLMC).
  
5. If resuscitation was begun prior to a valid POLST/DNR form presentation, follow the POLST/DNR instructions after order validity is confirmed.
  
6. If POLST/DNR is being contested by a family member who does not have Power Of Attorney, contact OLMC for direction.
  
7. Living wills may not be honored by EMS per Region IX Standard Operating Procedures (SOPs).
  
8. Revocation of a POLST/DNR order shall be made in one or more of the following ways:
  - a. The order is physically destroyed or verbally rescinded by the qualified health care practitioner (per current POLST Illinois guidelines) who signed the order, or
  - b. the order is physically destroyed or verbally rescinded by the person who gave consent to the order.
  
9. EMS personnel shall make a reasonable attempt to verify the identity of the patient named in the POLST/DNR order (for example, identification by another person or an identifying bracelet).
  
10. EMS personnel will act on POLST/DNR orders only after consultation with an appropriate System hospital. ECRNs may approve POLST/DNR orders unless the situation is unclear, at which time consultation with an ED physician is indicated for clarification.
  
11. All levels of EMS practitioners will be authorized to respond to a valid POLST/DNR order.
  
12. If appropriate, the coroner or medical examiner will be notified in accordance with System policy.
  
13. Continuing education will address implementation of POLST/DNR orders annually or as appropriate.

Effective Date:	09/01/2025				
Review Date(s):	06/18/2014	08/24/2023	07/10/2025		
Revision Date(S):	06/18/2014	08/24/2023	07/10/2025		

## DURABLE POWER OF ATTORNEY FOR HEALTH CARE POLICY:

Reference: IL Rev. Stat, Ch 110½, Par. 801-1 et seq. | Public Act 099-0328 The Illinois Power of Attorney Act (1/1/16).

1. Durable Power of Attorney for Health Care is defined by Illinois law as the designation to an agent named in the document broad powers to make health care decisions, including power to require, consent to, or to withdraw any type of personal care or medical treatment for any physical or mental condition. The document must describe the scope of authority given to the agent with limitations defined by the patient in the document.
2. When a Durable Power of Attorney for Health Care agent and document is physically present, consultation with medical direction is required to clarify any requests regarding the patient's treatment.
3. The agent named in a Durable Power of Attorney for Health Care document may consent to or refuse any or all care, including resuscitation, on behalf of the patient when the patient is non decisional. Any requests must be reported to medical direction and orders issued by an appropriate System hospital to comply with the agent's request. Follow all subsequent orders of the medical direction physician, even if such orders contradict the requests of the agent.
4. The agent named in a Durable Power of Attorney for Health Care document may rescind a DNR order for which they or another surrogate provided consent.
5. The recommended IL Statutory Short Form Power of Attorney for Health Care may be used, although the law expressly permits the use of any POA form.

Effective Date:	09/01/2025				
Review Date(s):	06/18/2014	08/24/2023	07/10/2025		
Revision Date(S):	06/18/2014	08/24/2023	07/10/2025		