

## **DO NOT INITIATE RESUSCITATION (DNR)– Vermont EMS Protocols 5–00**

### **General Considerations–**

- A. This protocol is intended to cover patients in the health care system who have valid do-not-resuscitate (DNR) physician orders. This can include patients in health care facilities or under care in an out-of-facility setting (e.g. hospice care at home).
- B. In cases where the patient is competent, EMS personnel should attempt to verify the patient's desire for no resuscitation attempts.
- C. Emergency medical services must be provided to all persons regardless of resuscitation status, so that terminally ill patients have access to emergency palliative care and patients who decline CPR have access to other life-sustaining treatments.
- D. DNR simply means do not initiate CPR (ventilations or compressions), defibrillation, advanced airway techniques (e.g. ET or EOA), resuscitation drugs or other resuscitation measures. It does not affect other EMS care. Comfort care measures may include positioning, temperature/environmental control, oral or nasal airways, suctioning, splinting, oxygen, IVs by on-line medical direction, assisted medications, etc.

### **Procedure–**

- A. Care other than resuscitation measures should be initiated for patients with known DNR orders.
- B. EMS Personnel should verify the physician's written order. Where possible, the name of the physician and the date the order was created should be obtained and noted on the EMS run report. Hospice or the Home Health Agency involved may be able to provide assistance.
- C. If possible, EMS personnel should attempt to verify with the patient, patient's legal guardian or the patient's durable medical power of attorney that the DNR order is still in effect (i.e. has not been revoked).
- D. Seek on-line medical direction for circumstances not specifically covered by this protocol.