



# GENERAL

**POST/DNR**

## IDAHO EMS PROTOCOL

### Idaho Physician Orders for Scope of Treatment/Do Not Resuscitate

<p><u>INDICATIONS:</u></p> <ul style="list-style-type: none"> <li>▪ Patient is in respiratory or cardiac arrest</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>▪ Patient has a <b>valid Idaho DNR order:</b> <ul style="list-style-type: none"> <li>- Intact (original or photocopy signed by a licensed independent practitioner or physician assistant <b>and</b> patient or their surrogate) <b>Idaho POST/DNR</b> (bilingual or English version) order, dated <i>after 1 July 2007</i>; or an <b>Idaho POST/DNR bracelet</b></li> <li>- Patient has an intact (original or photocopy) signed <b>Idaho Comfort ONE/DNR</b> order, dated <i>prior to 1 July 2007</i>.</li> <li>- Patient has a signed DNR order from another state.</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>▪ Patient is wearing <b>DNR identification jewelry</b> (Idaho POST/DNR or Comfort ONE/DNR.)</li> </ul>	<p><u>CONTRAINDICATIONS:</u></p> <ul style="list-style-type: none"> <li>▪ The maker of the form or physician has revoked the DNR order.</li> <li>▪ <b>DNR</b> order (photocopy or original, bracelet or necklace) is not physically present or has been defaced or destroyed.</li> <li>▪ Verbal or physical threats from bystanders.</li> </ul>
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1. Perform routine patient assessment, resuscitation, or other medical interventions while an attempt is made to determine DNR status.
2. If **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 page 4 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 medications
  - EMS providers WILL
    - Provide comfort care

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- Provide emotional support (to the patient and family)
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 permissions 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 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

### English Version

Reset Form

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**Idaho Physician Orders for Scope of Treatment (POST)**

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

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 # \_\_\_\_\_  
 Male  Female

Section A  
Select 1 OR 2

**Cardiopulmonary Resuscitation:** Patient is not breathing and/or does not have a pulse  
 1. Do Not Resuscitate: Allow Natural Death (No Code/DNR/DNAR): No CPR or advanced cardiac life support interventions  
 2. Resuscitate (Full Code): Provide CPR (artificial respirations and cardiac compressions, defibrillation, and emergency medications as indicated by the medical condition)  
 Additional resuscitation instructions: \_\_\_\_\_

Section B  
Select only ONE box

**Medical interventions:** Patient has a pulse and is breathing  
 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.  
 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.  
 Aggressive interventions: In addition to the care described above and in Section A, you may include other interventions (e.g. dialysis, ventricular support)

Section C

**Artificial Fluids and Nutrition:**  
 Yes  No Feeding tube  
 Yes  No IV fluids  
 Other instructions: \_\_\_\_\_

**Antibiotics and blood products:**  
 Yes  No Antibiotics  
 Yes  No Blood products  
 Other instructions: \_\_\_\_\_

Section D  
Advance Directives: The following documents also exist:  
 Living Will  DPAHC  Other \_\_\_\_\_

Section E  
I request that this document be submitted to the Idaho Health Care Directive Registry

Patient/Surrogate Signature: X  
 Print Patient/Surrogate name \_\_\_\_\_ Relationship (Self, Spouse, etc.) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Physician/APRN/PA Signature: X  
 Print Physician/APRN/PA name \_\_\_\_\_ ID license number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Discussed with:  Patient  Spouse  DPAHC  Other \_\_\_\_\_

The basis for these orders is:  Patient's request  Patient's known preference  
 \*\*\*ORIGINAL OR COPY TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED\*\*\*  
 \*\*\*PROVIDER SUBMISSION OF COPY TO REGISTRY RECOMMENDED\*\*\*  
 \*\*\*COPY OF ORIGINAL LEGALLY VALID\*\*\*

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Orig 7/2007; Rev 7/2012

### Bilingual (Spanish/English) Version

Reset Form

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**Idaho Physician Orders for Scope of Treatment (POST)** PAGE 1 of 2  
 (Orden Médica para Plan de Tratamiento [OMPTI])

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

This section for Provider use only (Esta sección es para el uso del proveedor médico solamente)

This is a TWO page form that must be signed by an authorized practitioner in SECTION C 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 \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Apellido) (Fecha de Nacimiento)  
 First name \_\_\_\_\_ Last four digits of SS # \_\_\_\_\_  
 (Primer Nombre) (Últimos 4 números de SS #)  
 Male (Hombre)  
 Female (Mujer)

Section A  
Select (Marque)

**CARDIOPULMONARY RESUSCITATION:** Patient is not breathing and/or does not have a pulse  
 (Resuscitación Cardiopulmonar: Paciente no respira y/o no tiene pulso)  
 NOT RESUSCITATE: Allow Natural Death (No Code/DNR/DNAR): No CPR or advanced cardiac life support interventions  
 (No Resucite: Permite una muerte natural (No use Código/DNR/DNAR - No Trate de Resucitar): No RCP intervenciones cardiacas avanzadas que mantengan vida.)  
 2. RESUSCITATE (FULL CODE): Provide CPR (artificial respirations and cardiac compressions, defibrillation, and emergency medications as indicated by the medical condition)  
 (Resucite (Código Completo): Provea RCP (respiración artificial) compresiones cardiacas, desfibrilac medicamentos de emergencia indicados para la condición médica.)  
 Additional resuscitation instructions (Instrucciones adicionales para resucitación) \_\_\_\_\_

Section B (Sección)

**ADVANCE DIRECTIVES:** The following documents also exist:  
 (Instrucciones Anticipadas: También existen los siguientes documentos)  
 Living Will (Declaración de última voluntad)  DPAHC (Poder notarial ilimitado de salud)  
 Other (Otras) \_\_\_\_\_

Section C (Sección)

I request that this document be submitted to the Idaho Health Care Directive Registry  
 (Solicito que se envíe este documento al registro de directivas para el cuidado de la salud)

Patient/Surrogate Signature: X  
 (Firma del Paciente/Sustituto)  
 Print Patient/Surrogate name \_\_\_\_\_ Relationship (Self, Spouse, etc.) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Escriba nombre paciente/sustituto) (Relación [al mismo, cónyuge, etc.]) (Fecha)

This section for Provider use only (Esta sección es para el uso del proveedor médico solamente)

Discussed with (Habló con):  Patient Paciente  Spouse Cónyuge  DPAHC DPAHC  
 Other Otro \_\_\_\_\_

The basis for these orders is (La base de estas órdenes es):  
 Patient's request (Petición del paciente)  Patient's known preference (Preferencias conocidas del paciente)

\*\*\*ORIGINAL OR COPY TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED\*\*\*  
 (\*\*COPIA U ORIGINAL DEBE ACOMPAÑAR LA PERSONA SI ES TRANSFERIDA O DADA DE ALTA\*\*)  
 \*\*\*PROVIDER SUBMISSION OF COPY TO REGISTRY RECOMMENDED-COPY OF ORIGINAL LEGALLY VALID\*\*\*  
 (\*\*SE RECOMIENDA AL PROVEEDOR ENVIAR COPIA AL REGISTRO-COPIA DE ORIGINAL VÁLIDA LEGALMENTE\*\*)

I attest that I have validated that the contents of this order are consistent with the patient's wishes  
 Physician/APRN/PA Signature: X  
 Print Physician/APRN/PA name \_\_\_\_\_ ID license number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Phone # \_\_\_\_\_

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Orig 7/2007; Rev 8/2015

CONTINUED ON PAGE 2

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## Examples of POST/DNR Identification Jewelry



## Examples of Comfort One/DNR Form and Identification Jewelry



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