Do-Not-Resuscitate

Aliases: DNR

Purpose: The purpose of this protocol is to provide a guideline to prehospital providers who, under certain circumstances, may encounter patients who do not wish to receive and/or may not benefit from cardiopulmonary resuscitation. This protocol is written in accordance with Public Act 368 of 1978, as amended, as well as Act 192 and 193 of the Public Acts of 1996, as amended (MCL 333.1051 *et seq*.). This policy is intended to facilitate kind, humane, and compassionate service for patients who have executed a valid "Do-not-resuscitate order" under the aforementioned Acts.

1. **Definitions**
   - A. Attending Physician – means the physician who has primary responsibility for the treatment and care of a declarant.
   - B. Declarant – means a person who has executed a do-not-resuscitate order, or on whose behalf a do-not-resuscitate order has been executed pursuant to applicable laws.
   - C. Do-not-resuscitate order – means a document executive pursuant to Act 193, directing that in the event a patient suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, nursing home, or mental health facility owned or operated by the MDHHS, no resuscitation will be initiated.
   - D. Do-not-resuscitate Identification Bracelet or Identification Bracelet – means a wrist bracelet that meets the requirements of Act 193 and worn by a declarant while a do-not-resuscitate order is in effect.
   - E. Guardian – means a person who has qualified as a guardian of a minor or a legally incapacitated individual under a parental or spousal nomination or a court appointment and includes a limited guardian as described in MCL 700.5205, 700.5206, and 700.5306. Guardian does not include a guardian *ad litem*.
   - F. MI-POST Michigan Physician Order for Scope of Treatment see **7.25 MI POST-Procedure Protocol**
   - G. Minor child – means an individual who is less than 18 years of age, has been diagnosed by an attending physician as having an advanced illness, and is not emancipated by operation of law as provided in section MCL 722.4.
   - H. Order – means a do-not-resuscitate order.
   - I. Parent – means the natural or adoptive parent of a minor child who possesses legal decision-making authority as to the important decisions affecting the welfare of the minor child.
   - J. Patient Advocate – means an individual designated to exercise powers concerning another individual's care, custody, and medical or mental health treatment or authorized to make an anatomical gift on behalf of another individual, or both, as provided in MCL 700.5506.
   - K. Vital Sign – means a pulse or evidence of respiration.

2. Procedure

A do-not-resuscitate order is applicable to all prehospital life support agencies and personnel. A do-not-resuscitate order may be executed by the following individuals:

- an individual 18 years of age or older and of sound mind;
- a patient advocate of an individual 18 years of age or older;
- the parent(s) with legal decision-making authority on behalf of his or her minor child;
- the legal guardian of an adult or minor ward.

A. CRITERIA: EMS providers **shall not attempt** resuscitation of any individual who meets **ALL** of the following criteria:
   a. Patient has no vital signs. This means no pulse or evidence of respiration.
   b. Patient is wearing a do-not-resuscitate identification bracelet which is clearly imprinted with the words "Do-Not-Resuscitate Order", name and address of declarant, and the name and telephone number of declarant's attending physician, if any **OR** The EMS provider is provided with a do-not-resuscitate order for the patient. Such an order form shall be in substantially the form outlined in the corresponding Annex and shall be dated and signed by all parties.

B. A patient wearing a "do-not-resuscitate order" identification bracelet, or who has executed a valid "do-not-resuscitate order" form, **but who has vital signs, shall not be denied** any treatments or care otherwise specified in protocols.

C. If a do-not-resuscitate order form is presented and is not substantially in the form as outlined in the corresponding Annex, or is not complete and signed by all parties, **resuscitation will be initiated** while Medical Control is being contacted for direction.

D. In the event care has been initiated on a patient, and subsequently a valid do-not-resuscitate order form is identified, and the patient meets the criteria in (2.A.) above, discontinue resuscitation and contact Medical Control.

E. A do-not-resuscitate order will not be followed if the declarant, patient advocate, legal guardian, or parent revokes the order. An order may be revoked at any time and in any manner by which the declarant, patient advocate, legal guardian, or parent is able to communicate this intent. **Resuscitation efforts will be initiated** and EMS personnel shall contact on-line Medical Control to advise them of the circumstances.

F. A patient care record will be completed for runs handled within this protocol. The patient care record will clearly specify the circumstances and patient condition found by the EMS providers, and describe the do-not-resuscitate documents involved.

Note: The forms included in this protocol are samples and demonstrate what a DNR might look like and should include according to MCL 333.1054. A valid DNR form does not need to look exactly like this, but must fundamentally contain these items.

"DO-NOT-RESUSCITATE ORDER"
Declarant Consent

This do-not-resuscitate order is issued by _____,
attending physician for _____.
(Name of declarant)

I have discussed my health status with my physician named above. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me. This order will remain in effect until it is revoked as provided by law. Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____ _____
(Declarant's signature) (Date)

_____ _____
(Signature of person who signed for declarant, if applicable) (Date)

_____
(Type or print full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the declarant has (has not) received an identification bracelet.

_____ _____
(Witness's signature) (Date)

_____
(Type or print witness's name)

_____ _____
(Witness's signature) (Date)

_____
(Type or print witness's name)

This form was prepared pursuant to, and in compliance with,
the "Michigan Do-Not-Resuscitate Procedure Act".

ANNEX 1

"DO-NOT-RESUSCITATE ORDER"
Minor Child

This do-not-resuscitate order is issued by _____,
attending physician for _____.
(Name of minor child)

I authorize that in the event the minor child's heart and breathing should stop, no person shall attempt to resuscitate the minor child. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law.

_____ _____
(Parent's signature) (Date)

_____
(Type or print parent's name)

_____ _____
(Parent's signature) (Date)

_____
(Type or print parent's name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the declarant has (has not) received an identification bracelet.

_____ _____
(Witness's signature) (Date)

_____
(Type or print witness's name)

_____ _____
(Witness's signature) (Date)

_____
(Type or print witness's name)

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ANNEX 2

"DO-NOT-RESUSCITATE ORDER"
Patient Advocate Consent

This do-not-resuscitate order is issued by _____,
attending physician for _____.
(Name of declarant)

I authorize that in the event the declarant's heart and breathing should stop, no person shall attempt to resuscitate the declarant. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law.

_____ _____
(Patient advocate's signature) (Date)

_____
(Type or print patient advocate's name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the declarant has (has not) received an identification bracelet.

_____ _____
(Witness's signature) (Date)

_____
(Type or print witness's name)

_____ _____
(Witness's signature) (Date)

_____
(Type or print witness's name)

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ANNEX 3

"DO-NOT-RESUSCITATE ORDER"
Guardian Consent

This do-not-resuscitate order is issued by _____,
attending physician for _____.
(Name of ward)

I authorize that in the event the ward's heart and breathing should stop, no person shall attempt to resuscitate the ward. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law.

_____ _____
(Guardian's signature) (Date)

_____
(Type or print guardian's name)

_____ _____
(Physician's signature) (Date)

_____
(Type or print physician's full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the declarant has (has not) received an identification bracelet.

_____ _____
(Witness's signature) (Date)

_____
(Type or print witness's name)

_____ _____
(Witness's signature) (Date)

_____
(Type or print witness's name)

This form was prepared pursuant to, and in compliance with, the "Michigan Do-Not-Resuscitate Procedure Act".

ANNEX 4