

## 0060 ADVANCED MEDICAL DIRECTIVES

EMR	EMT	EMT-IV	AEMT	INTERMEDIATE	PARAMEDIC
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### General Principles:

1. These guidelines apply to both adult and pediatric patients.
2. It is the intention of this guideline to protect the welfare of patients and to respect the appropriate exercise of professional judgments made in good faith by EMS personnel. In cases where there is doubt, contact base physician for consult.
3. From Colorado State Statute: *Any EMS personnel who in good faith complies with a CPR directive shall not be subject to civil or criminal liability or regulatory sanction for such compliance pursuant to CRS Section 15-18.6-104*
4. Specific examples where resuscitation efforts should be withheld or stopped include:
  - a. A readily available “No CPR” directive based on the patient’s wishes:
    - i. According to CO State Rules this could include: personally written directive, wallet card, “No CPR” bracelet, Healthcare Agent verbal request, MOST form, or other document or item of information that directs that resuscitation not be attempted. Photocopied, scanned, faxed copies are valid.
  - b. The resuscitation may be stopped if after a resuscitation effort has been initiated, the EMS practitioner is provided with a Do Not Resuscitate directive or compelling reasons that such an effort should have been withheld.
  - c. Suspected suicide does not necessarily invalidate an otherwise valid No CPR directive, DNR order, etc. When in doubt, contact base.
- 5. All field pronouncements require contact with base physician, and may be requested in all above situations.**
  - a. Contact base physician for extenuating circumstances, before termination of efforts, or a field pronouncement.**
  - b. All disposable medical devices directly attached to the patient shall remain in place upon termination of resuscitation efforts. Including, but not limited to vascular access, endotracheal tubes, EKG electrodes.**
  - c. Documentation should include patient information, any applicable DNR orders, any variances in protocol, a final time stamped 3 lead EKG, time of pronouncement. Include names of the base physician and law enforcement, ALS or BLS agency the scene was turned over to.**
6. “Do Not Resuscitate” does not mean “do not care.” A dying patient for whom no resuscitation effort is indicated should still be provided with comfort care which may include the following:
  - a. Clearing the airway (including stoma) of secretions.
  - b. Provide oxygen using nasal cannula or facemask and other non-invasive measures to alleviate respiratory distress.
  - c. Pain management.
  - d. Transport to the hospital as needed to manage symptoms with the No CPR directive in place

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### Additional Considerations

1. Always start the resuscitation if there is any doubt about what to do.
2. Document the presence of the CPR Directive on the incident report. Describe the patient's medical history, presence of an advanced directive (if any), or verbal request to withhold resuscitation.
3. Mass casualty incidents are not covered in detail by these guidelines.
4. If the situation appears to be a potential crime scene, EMS providers should disturb the scene as little as possible and communicate with law enforcement regarding any items that are moved or removed from the scene.
5. Disposition of bodies by means other than EMS providers and vehicles should be coordinated with law enforcement and/or the coroner.
6. In all cases of unattended deaths occurring outside of a medical facility, the coroner should be contacted immediately.
7. In decision to terminate resuscitation efforts, medical crew should inform family if present.
8. Any variations from the above guidelines due to location, transport time, family concerns, etc., should be dealt with on an individual basis after consultation with base physician.