

DEPARTMENT: Poudre Valley Hospital Emergency Medical Services	POLICY DESCRIPTION: Advanced Medical Directives
PAGES: Page 1 of 2	REPLACES POLICY DATED: 9/15/2014
APPROVED: 11/3/2014	RETIRED:
EFFECTIVE DATE: 11/25/2014	REFERENCE NUMBER: 2040

<b>Advanced Medical Directives</b>
<b>SCOPE:</b> Poudre Valley Hospital EMS and represented Northern Colorado services [See page 1]
<b>PURPOSE:</b> To define guidelines when a patient has an advanced medical directive
<b>PROCEDURE AND GUIDELINES:</b> <ul style="list-style-type: none"> <li>A. Types of Advance Medical Directives include : <ul style="list-style-type: none"> <li>1. <b>Do Not Resuscitate (DNR).</b></li> <li>2. <b>A Colorado Living Will.</b></li> <li>3. <b>Colorado CPR Directive.</b></li> <li>4. <b>Medical Orders for Scope of Treatment (MOST document).</b></li> </ul> </li> <li>B. Copies of above documents with signatures of the patient, or patient's representative and attending physician are acceptable. Bracelets and or necklaces are acceptable.</li> <li>C. Verify that the information on the form or, if present, on the back of necklace or bracelet, reasonably appears to be appropriate for the patient (look at race, sex, date of birth, eye and hair color). If possible, try to verify identity of patient by an additional source (e.g., family member, driver's license or other readily available sources).</li> <li>D. If there is any question of the validity of the document or the identity of the patient, initiate full resuscitation measures and contact medical direction for guidance. Be sure to inform the base of the Advance Directive form, bracelet, or necklace, and the condition and history of the patient.</li> <li>E. Upon verification of the advance direction to withhold CPR; withhold CPR. If CPR has been started, it should be stopped.</li> <li>F. If a death occurs outside of a health care facility or if tissue donation has been declared, then contact law enforcement.</li> <li>G. Comfort care interventions may be administered and transported as appropriate to the patient's needs.</li> <li>H. In addition to the standard documentation, the following information must be documented by the pre-hospital provider on the trip report: <ul style="list-style-type: none"> <li>1. Type of Advance Directive found (document, bracelet or necklace)</li> <li>2. Name of attending physician, if known</li> <li>3. Special circumstances which justify initiating resuscitation if this was done despite the presence of the Advance Directive.</li> </ul> </li> <li>I. The patient may revoke the CPR Directive at any time by oral expression of revocation or by destruction of the Advanced Directive, bracelet or necklace. If the Advanced Directive was executed by a guardian, agent or proxy decision-maker, then the Advanced Directive may be revoked by the guardian, agent or proxy decision-maker.</li> </ul>

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**ADDITIONAL CONSIDERATIONS:**

1. **Do Not Resuscitate (DNR)** orders are generally intended to be written by a physician for a patient whose medical condition is such that commencement of resuscitation efforts would be futile
2. **A Colorado Living Will** (“Declaration as to Medical or Surgical Treatment”) requires a patient to have a terminal condition, as certified in the patient’s hospital chart by two physicians. For the document to become operative, the patient must be unresponsive because of a terminal condition for a period of seven days. In most cases, these do not impact pre-hospital care, but become effective in the hospital setting. “Durable Medical Power of Attorney” or “Health Care Proxy” are documents which can be very complex and require careful review and verification of validity, and application to the patient’s existing circumstances. Therefore, the consensus is that resuscitation should be initiated until the document can be reviewed by a physician or the patient’s situation can be discussed with the base physician by field personnel.
3. The **Colorado CPR Directive** is a specific situation under Colorado law which provides for CPR to be withheld or withdrawn.
4. **MOST (Medical Orders for Scope of Treatment)** is a DNR or CPR Directive AND a Living Will in one. The MOST form can be signed by a MD or other designated provider such as a PA or NP. Copies of the MOST form are acceptable to bring with the patient, it does not have to be the original.