



North Region EMS System

Policy
Section
#

Patient Care

PC 103

Date 3/2020

Title

**Advanced Directives: DNR, POLST,
Power of Attorney, Living Will**

Page

1 of 3

Purpose

To provide guidance regarding applicability of advanced directives in the prehospital setting.

Policy

- 1) The U.S. Patient Self-Determination Act recognizes patients have the right to make healthcare decisions. An advance directive is a document that expresses those choices. Illinois has 4 advance directives: health care power of attorney; living will; mental health treatment, and Do-Not-Resuscitate (DNR)/ Practitioner Orders For Life-Sustaining Treatment (POLST).
 - a. EMS personnel shall make a reasonable attempt to verify the identity of the patient (e.g., identification by another person or identifying bracelet) named in a valid DNR Advance Directive.
 - b. Revocation of a written DNR Advance Directive shall be made only in one or more of the following ways:
 - i. Advance Directive is physically destroyed by the physician who signed it or the person who gave written consent; or
 - ii. Advance Directive is verbally rescinded by physician who signed it or person who gave written consent and word "VOID" is written in large letters across the front of Advance Directive, and Advance Directive is signed and dated by physician who signed it or the person who gave written consent to the Advance Directive.
- 2) Power of Attorney (POA) for Healthcare:
 - a. Illinois law allows persons to appoint someone ("agent") to act on their behalf in making healthcare decisions.
 - b. Durable POA for Healthcare supersedes a Living Will.
 - c. Appointed via a "Durable POA for Health Care" form.
 - d. Can be anyone other than the patient's physician.
 - e. An attorney is not needed to execute the form.
 - f. The POA's ability to make decisions are usually designated to begin when the patient is unable to make decisions. If the patient is alert and consents to treatment, treat the patient.
 - i. The POA may make choices regarding acceptance or refusal of treatment, transport, and hospital preference.
 - ii. The POA can consent to a DNR order, but the DNR order must be written by an authorized provider.
 - g. If someone claims to have a POA for healthcare:
 - i. Begin treatment per SOPs.
 - ii. Immediately inform OLMC Resource Hospital that a POA for the patient is present. Follow orders of OLMC physician.
 - iii. Ask for the Illinois POA for Health Care form.



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Page

2 of 3

- iv. Document name of POA on the PCR. Bring the POA form to the hospital, if the patient is transported.
 - v. If doubt about identity, validity, authority, or OLMC cannot be established, treat per SOP and transport ASAP.
- 3) Do Not Resuscitate (DNR)/Practitioner Orders for Life-Sustaining Treatment (POLST)
 - a. In Illinois, DNR/POLST orders should be documented on the IDPH Uniform POLST Advance Directive, however previous version of this document may be honored. Providers must also honor photocopies of DNR/POLST. In the event a provider is given a DNR/POLST form from a facility or out of state, contact OLMC for guidance.
 - b. To be considered a valid document, the following are required:
 - i. Name of the patient
 - ii. Name and signature of authorized practitioner
 - iii. Effective date
 - iv. The phrase “Do Not Resuscitate” or “Practitioner Orders for Life-Sustaining Treatment” or both
 - v. Evidence of consent
 - 1. Signature of patient
 - 2. Signature of legal guardian
 - 3. Signature of durable power of attorney for health care agent; or
 - 4. Signature of surrogate decision-maker
 - 5. Signature of witness
 - c. A POLST form is used to document choices for medical interventions (full, selective, comfort focused treatment), nutrition, and cardiopulmonary resuscitation (attempt CPR, DNR).
 - i. DNR refers to the withholding of cardiopulmonary resuscitation (CPR) in pulseless and apneic patients, including electrical therapy such as cardioversion, defibrillation, and pacing, manually/mechanically assisted ventilation and invasive airway management.
 - ii. A DNR order does not authorize withholding of treatment if the patient is not in cardiopulmonary arrest; treat per Region X SOP and in conjunction with specific instructions documented on POLST form.
 - iii. All EMS personnel may honor valid DNR orders.
 - d. This policy includes, but is not limited to, cardiac arrest in long term care facilities, hospice and home care patients, and patients who arrest during inter-hospital transfer or transportation to/from home.
 - e. Online Medical Control must be contacted when a DNR is honored.



North Region EMS System

Policy Section #	Patient Care	Date 3/2020
Title	Advanced Directives: DNR, POLST, Power of Attorney, Living Will	
Page	3 of 3	

4) Withholding Resuscitative Efforts

- a. Cardiopulmonary resuscitation (CPR) should be withheld if:
 - i. The patient is declared dead by coroner/medical examiner or the patient's physician
 - ii. The patient has a valid DNR and OLMC has been contacted.
 - iii. Any of the following signs of biological death are present:
 1. Decapitation
 2. Decomposition/incineration/mummification/putrefaction
 3. Profound dependent lividity
 4. Rigor mortis without profound hypothermia/frozen state
 5. Thoracic/abdominal transection
- b. Provider must document reason for withholding resuscitation in patient care report.

5) Refer to Coroner Notification policy.

6) A Living Will cannot be recognized by EMS personnel on its own.

7) Contact OLMC Resource Hospital if any questions/concerns.

8) System personnel will receive education on this policy when joining the system, when changes to the policy are made, and when annual quality assurance measures performed by the provider agency and EMS System Resource Hospital, or sentinel events, indicate a need for focused re-education, that will be provided via written materials and/or during scheduled continuing education classes.

References

<https://www.congress.gov/bill/101st-congress/house-bill/4449>
<http://www.dph.illinois.gov/sites/default/files/forms/polst-051717.pdf>
<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?ActID=2113&ChapterID=60&SeqStart=2600000&SeqEnd=-1>
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