

QUESTIONS AND ANSWERS REGARDING THE NEWAYGO COUNTY MEDICAL CONTROL AUTHORITY "DO NOT RESUSCITATE ORDER"

WHAT IS THE PURPOSE OF THIS POLICY?

This policy is designed to address those situations in which patients have made a special request regarding withholding certain medical interventions in the event of an impending or actual cardiac arrest. A cardiac arrest is the medical term for when the heart stops beating and breathing ceases. The term "resuscitate" refers to CPR and other medical procedures performed in an attempt to re-start the heart (eg. defibrillation [electrical shock], medications and artificial ventilation).

WHY IS THIS POLICY NECESSARY?

As of August 1, 1996, new legislation allows EMS personnel to comply with a patient's wishes and honor a document, which would notify EMS personnel of the patient's wish to not initiate resuscitation. The law specifies that a particular form be developed with specific criteria and be utilized in each county. In order to comply with this law and acknowledge a patient's desire in these situations, Newaygo County EMS has developed a "Do Not Resuscitate Order".

IN WHAT SITUATIONS WILL EMS PERSONNEL HONOR A REQUEST TO NOT INITIATE RESUSCITATION?

Pre-hospital personnel in Newaygo County will honor a request to not initiate resuscitation only if a valid "Do Not Resuscitate" form is physically present with the patient or the patient has a clearly identified "Do Not Resuscitate" bracelet in place with the patient's name and address and physician's name and address noted. If a form is presented that is not clearly a valid "Do Not Resuscitate" order, EMS personnel will have to initiate care while they are contacting the physician in the emergency department to discuss the situation.

WHY ARE OTHER FORMS NOT ACCEPTABLE?

The Michigan Attorney General's office has determined that Advanced Directives and Living Wills, etc. do not apply in the out-of-hospital setting. At the time of a medical emergency, it is not reasonable to expect pre-hospital personnel to adequately evaluate the many types of documents/forms/written orders (which many times are not legible) for validity. The development of this specific document ("Do Not Resuscitate" Order) is an attempt to comply with the new Michigan Public Act No. 192 and 193 of 1996 in a

manner, which will be quickly recognized and accepted by pre-hospital personnel. The law specifies that the form must be "substantially similar" to the form specified in the law; the Newaygo County EMS form does that.

HOW DO WE COMPLETE THE FORM?

The "Do Not Resuscitate" Order must be completed in its entirety for it to be considered valid.

For this form to be valid:

1. The declarant (patient) must be over 18 years of age and of sound mind;
2. The order **MUST** be dated and signed by each of the following:
 - The declarant (patient) or another person who, at the time of the signing, is in the presence of the declarant and acting pursuant to the direction of the declarant.
 - The declarant's attending physician.
 - Two witnesses 18 year of age or older, at least one of which is not the declarant's spouse, parent, child, grandchild, sibling or presumptive heir. The names of those signing the form must be printed or typed below the corresponding signature.

At any time after the form is completed and witnessed, the declarant or an individual designated by the declarant may apply an identification bracelet to the declarant's wrist. The bracelet must be imprinted with the words "DO NOT RESUSCITATE ORDER", in a type size that is as easily read as practical, and include the name and address of the patient and the name and address of the patient's physician, if any.

A declarant who executes this "Do Not Resuscitate" order shall maintain possession of the order and must have the order accessible within his or her place of residence. The written form or the bracelet must be physically present with the patient.

An attending physician who signs a declarant's "Do Not Resuscitate" order shall immediately make a copy or obtain from the declarant a duplicate of the executed order and make that copy or duplicate part of the declarant's permanent medical record.

WHY IS THE COBRA NOTICE AND WAIVER REQUIRED?

Federal law requires that any patient that presents to an emergency department (regardless of the manner in which the patient arrives...by private car or ambulance) be given a screening examination by emergency department personnel sufficient to determine the nature of the medical problem and to ensure that an emergency medical condition does not exist. When an emergency medical condition does exist, the patient must be stabilized to the greatest extent possible. Obviously, this federal requirement may be in direct conflict with the patient's wishes as expressed by this "Do Not Resuscitate" order. By signing this waiver form, if the patient is transported to the hospital, the

emergency department will not be bound by the federal law, which would otherwise apply. This waiver form must be completed and made available to EMS personnel on their arrival to care for the patient and must be taken to the emergency department if the patient is transported.

WHAT SHOULD THE PATIENT OR PATIENT'S ADVOCATE DO WITH THE FORM?

Once the "Do Not Resuscitate" form has been completely filled out, the form should be kept in a location (preferable with or near the patient) where it will be immediately accessible in the event of a medical emergency. The forms should be immediately presented to EMS personnel as soon as they arrive on the scene. If the patient elects to also use a bracelet, that must be with the patient.

WHY MUST THE "DO NOT RESUSCITATE" FORM BE SIGNED BY THE PATIENT'S PHYSICIAN?

Decisions regarding care to be provided in the event of a medical emergency can often be difficult decisions to make. The requirement that the patient's physician sign the form will help insure that the patient and physician have talked about this decision. This way, hopefully, the patient is making an educated, well-informed decision and will have had the opportunity to have any questions answered by the physician. The law requires that the physician sign the form, except in those situations when the "Do Not Resuscitate" decision is based on a religious belief against medical care.

WHAT SHOULD BE DONE IF THE "DO NOT RESUSCITATE" DECISION IS BASED ON RELIGIOUS BELIEFS?

A person who is "an adherent of a church or religious denomination whose members depend on spiritual means through prayer alone for healing" may execute a "Do Not Resuscitate" order without requiring a physician's signature. A different form is required for that purpose. A copy of that form may be obtained from Newaygo County EMS.

WHAT SHOULD THE PATIENT DO IF HE/SHE CHANGES THE DECISION ABOUT RESUSCITATION?

Any competent patient is able to make a change in decisions such as this at any time. If a patient who has previously completed a form wishes to change the level of care to be provided in a medical emergency, he/she may do so at any time. If the change is to request a full resuscitation/care, the previously completed form (and any bracelet) can just be discarded. The patient's physician should be informed of that decision.

WHAT IS THE "AMBULANCE TRANSPORTATION GUIDELINES" PAGE FOR?

This page has been developed to provide persons and facilities (e.g. nursing homes, foster care homes, etc.) with suggested guidelines on what to do regarding EMS activation or requests for transport in particular situations which might arise affecting patients with "Do Not Resuscitate" orders in place. For example, when a patient who has requested to not be resuscitated by completion of this document suffers a cardiac arrest, it is best to notify the patient's personal physician rather than calling 911. There is also room on the form to list important medical telephone numbers to assist locating those numbers quickly.

WHAT SHOULD A FAMILY MEMBER OR HEALTH CARE WORKER DO IF A PATIENT WHO HAS COMPLETED ONE OF THESE FORMS EXPERIENCES AN ACUTE MEDICAL PROBLEM OR EMERGENCY?

If a person who has signed one of these forms develops an acute medical problem or emergency for which they would like treatment, call 911 to initiate a response from EMS. EMS personnel will provide whatever supportive medical care the patient requires within the guidelines the patient has indicated.

WHAT SHOULD A FAMILY MEMBER OR HEALTH CARE WORKER DO IF A PATIENT WHO HAS COMPLETED ONE OF THESE FORMS EXPERIENCES A CARDIAC ARREST?

If a person who has signed this form and indicated a desire not to undergo a full resuscitation experiences a cardiac arrest, 911 **should not be called**. In that situation, the patient's personal physician should be contacted.

WHAT CAN PHYSICIAN OFFICES DO TO FACILITATE USE OF THIS POLICY?

Physicians in Newaygo County are encouraged to work with their patients who have expressed a desire to not receive resuscitation in the event of a cardiac arrest to see that all of those patients have completed this form. Personal physicians are very important to the appropriate education of patients in working through this decision-making process. **Multi-physician groups are encouraged to communicate to all physicians in the group the names of those patients who have completed this form.** That communication is especially important when physicians are taking after-hours call for associates.

HOW WILL THIS POLICY AFFECT THE LEVEL OF CARE PROVIDED TO PATIENT IN OTHER SITUATIONS?

This policy will **in no way** affect the level or type of care which patients will receive in any situation other than a respiratory or cardiac arrest. Patients will continue to receive all other types of appropriate supportive care as would normally be expected.

IS THIS FORM ONLY EFFECTIVE IN MICHIGAN?

Because this form complies with the new state law, it will be honored by EMS personnel any place in Michigan. It does not apply outside the state.

WHO SHOULD WE CALL IF THERE ARE QUESTIONS ABOUT THIS FORM?

Any questions about this policy, its implementation, or the form should be directed to Newaygo Medical Control Authority at (231) 924—1105.