

SAEMS PREHOSPITAL PROTOCOLS

MEDICAL CARE DIRECTIVES

The purpose of this protocol is to ensure that procedures for applying the Prehospital Medical Care Directive (PMCD) Form for Withholding Care or other medical care directives, comply with ARS 36-3251.

<https://www.azag.gov/seniors/life-care-planning>

I. GENERAL

A. Patients must have one of the following documents or a valid alternative (see ID bracelet below). Immediately available:

i. **Prehospital Medical Directive (AKA orange form, or DNR)**

1. The presence of a valid PMCD allows prehospital care providers to withhold care on patients who wish not to be resuscitated following cardiac or respiratory arrest.
2. When such a document is produced by the patient, patient's guardian, or agent designated to act on the patient's behalf, it should conform to the current Arizona PMCD form.
3. If at any time the patient wishes to reverse the DNR order, they may do so by communicating their wish to the emergency provider.
4. If at any time the patient's guardian or agent (medical power of attorney/surrogate) wishes to reverse the DNR order, medical direction must be contacted. Resuscitative efforts should be initiated until clarification of the PMCD is made by a medical direction authority.
5. Specifications regarding the PMCD
 - a. The PMCD must be printed on an orange background and may be in either letter or wallet size. The form must include the wording mandated by ARS 36-3251.
 - b. An individual with a valid PMCD may wear an identifying bracelet on either the wrist or ankle. The bracelet must:
 - i. Be substantially like identification bracelets worn in hospital
 - ii. Be on an orange background and state in bold type:
 1. DO NOT RESUSCITATE
 2. PATIENT'S NAME
 3. PATIENT'S PHYSICIAN
 - c. The following classes of licensed health care practitioner can advise the patient on the impact of signing the form and are also able to sign the form:
 - i. Arizona Licensed Practical Nurse

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- ii. Arizona Registered Nurse
- iii. Arizona Nurse Practitioner
- iv. Arizona Licensed Medical Doctor
- v. Arizona Licensed Doctor of Osteopathy
- vi. Arizona Licensed Physician Assistant.

ii. Provider Orders for Life Sustaining Treatment (POLST) or Medical Orders for Life Saving Treatment (MOLST):

- 1. explicitly describes acceptable interventions for the patient in the form of medical orders, must be signed by a physician or other licensed medical provider to be valid.

iii. Advanced directives:

- 1. document that describes acceptable treatments under a variable number of clinical situations including some or all the following: what to do for cardiac arrest, whether artificial nutrition is acceptable, organ donation wishes, dialysis, etc. Frequently does not apply to emergent or potentially transient medical conditions.
- B. In the absence of formal written directions (MOLST, POLST, DNR, advanced directives), a person on scene with power of attorney for healthcare, or healthcare proxy, may prescribe limits of treatment.
- C. Emergency medical personnel are not required to accept or interpret medical care directives other than the PMCD such as a Durable Health Care Power of Attorney or a Living Will.
- D. Any of the documents described above are valid when they meet all of the following criteria:
 - i. Intact condition - it should not been cut, broken or shows signs of being repaired (and)
 - ii. Displays the patient's name and the physician's name.
- E. If there is question about the validity of the document/instrument, the best course of action is to proceed with the resuscitation until additional information can be obtained to clarify the best course of action and contact on-line medical direction.

II. PROCEDURE

- A. If the patient has a valid DNR, no CPR or airway management should be attempted. Comfort measures should still be offered. If resuscitative efforts were initiated and a valid DNR was recovered later, efforts may be discontinued.
- B. If the patient has a MOLST, POLST, or advanced directive, initiate CPR and airway management and contact on-line medical direction for consideration or termination of resuscitation.
- C. Contact online medical direction if for any reason an intervention prohibited by an advanced directive is being considered.
- D. Proper police agencies shall be notified when:

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1. resuscitative efforts are withdrawn
2. a valid PMCD is presented and resuscitative efforts are withheld.

III. SPECIAL CONSIDERATIONS

- A. Emergency medical system and hospital emergency department personnel who make a good faith effort to identify the patient and who rely on an apparently genuine PMCD form or photocopy of a PMCD form on orange paper are immune from liability to the same extent and under the same conditions as prescribed in statute. If a person has any doubt as to the validity of a PMCD form or the medical situation, that person shall proceed with resuscitative efforts as otherwise required by law. Emergency medical system personnel are not required to accept or interpret medical care directives that do not meet the requirements of A.R.S. 36-3251
- B. PMCD does not apply to Mass Casualty Incidents or medical emergencies involving children and disabled adults on public or private school property. A PMCD can be recognized on the campus of the Arizona State School for the Deaf and Blind (ASDB) because it is also a licensed health care facility.
- C. Authorization for the withholding of cardiopulmonary resuscitation does not include the withholding of other medical interventions prior to cardiac or respiratory arrest, such as IV fluids, oxygen, or other measures deemed necessary to provide comfort or alleviate pain.
- D. In the event a patient is being transported for such medical care, The PMCD may be validated by EMS personnel and the original left with the patient, patient's guardian, or agent.
- E. Documentation regarding the validity of a PMCD must be included on the agency's patient care reporting document.
- F. If the patient has a health care power of attorney, the patient's designated agent shall act as the patient's surrogate
- G. If no power of attorney exists individuals in the indicated order of priority, who are available and willing to serve as the surrogate, who then have the authority to make health care decisions for the patient and who shall follow the patient's wishes if they are known:
 - i. The patient's spouse, unless the patient and spouse are legally separated.
 - ii. An adult child of the patient. If the patient has more than one adult child, the health care provider shall seek the consent of a majority of the adult children who are reasonably available for consultation.
 - iii. A parent of the patient.
 - iv. If the patient is unmarried, the patient's domestic partner.
 - v. A brother or sister of the patient.