

**Ministry of Health and
Long-Term Care**

Emergency Health
Services Branch
5700 Yonge Street, 6th Floor
Toronto ON M2M 4K5
Tel.: 416-327-7909
Fax: 416-327-7879
Toll Free: 800-461-6431

**Ministère de la Santé et des
Soins de longue durée**

Direction des services de
santé d'urgence
5700 rue Yonge, 6^e étage
Toronto ON M2M 4K5
Tél.: 416-327-7909
Télééc.: 416-327-7879
Appels sans frais: 800-461-6431



November 29, 2007

MEMORANDUM TO: Municipal EMS Directors and Managers
CAOs of Upper Tier Municipalities and
Designated Delivery Agents
Ornge

FROM: Malcolm Bates
Director
Emergency Health Services Branch

RE: **Training Bulletin, Issue Number 108 – version 1.0**
Do Not Resuscitate (DNR) Standard

I am pleased to present Training Bulletin, Issue Number 108 – version 1.0. This Training Bulletin has been developed to provide an opportunity for paramedics to review the key points from the updated DNR Standard. This Standard will replace the existing DNR Standard, as found in the *Basic Life Support Patient Care Standards* version 2.0. The updated DNR Standard will be implemented on February 1, 2008.

A new Do Not Resuscitate (DNR) Confirmation Form is an integral part of the application of the updated DNR Standard. This Form will direct the practice of paramedics and firefighters after February 1, 2008 in situations where a DNR order is part of a patient's treatment plan. Fire Departments will be developing Standard Operating Procedures (SOPs) that incorporate the use of the DNR Confirmation for firefighters. These SOPs will be similar to the DNR Standard for paramedics.

This Training Bulletin includes information on the changes to the DNR Standard and Form, a comprehensive list of Questions and Answers as well as Case Studies that paramedics can review to test their knowledge of the Standard and its application. Sufficient copies of this Training Bulletin will be printed by the Branch so that you can provide every paramedic in your service with a copy in advance of the February 1, 2008 implementation of the revised DNR Standard.

In the future, a CD-Rom will be released as a continuing education initiative to further enhance use of the revised Standard.

Training Bulletin, Issue 108 – version 1.0
Do Not Resuscitate (DNR) Standard

If you have any questions regarding the revised DNR Standard or the DNR Confirmation Form, please contact Ms. Cathy Francis, Manager of Education and Patient Care Standards at (416) 327-7843.



Malcolm Bates

- c:
- D. Brown, Senior Manager, Operations and Quality Management
 - Dr. A. Campeau, Manager, Land Ambulance Programs
 - Senior Field Managers/Field Managers, EHSB
 - C. Francis, Manager, Education and Patient Care Standards
 - CACC/ACS Managers
 - R. Nishman, Manager, Air Ambulance
 - J. Van Pelt, Manager, Investigations, Certification and Regulatory Compliance
 - Dr. C. Mazza, CEO, Ornge
 - Dr. B. Sawadsky, Ornge
 - R. Burgess, Chair, OBHG
 - Dr. M. Welsford, Chair, MAC
 - Regional Training Coordinators
 - Paramedic Program Coordinators

Training Bulletin

Do Not Resuscitate (DNR) Standard

November 2007

Issue Number 108 – version 1.0

Emergency Health Services Branch
Ministry of Health and Long-Term Care

Do Not Resuscitate (DNR) Standard

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Do Not Resuscitate (DNR) Standard

Introduction

Paramedics often respond to calls where a patient on their own or through a substitute decision-maker has decided in advance that they do not wish to be resuscitated in the event that they suffer a respiratory or cardiorespiratory arrest. These situations require paramedics to rapidly decide whether or not it is appropriate to honour a Do Not Resuscitate request presented to them.

The Ministry of Health and Long-Term Care is introducing an updated DNR Standard for paramedics. This standard will replace Policy 4.6, as found in the *Basic Life Support Patient Care Standards*. The updated DNR Standard will be implemented on February 1, 2008.

Prior to the introduction of Policy 4.6 in 1999, paramedics were expected to attempt resuscitation for all patients who experienced a respiratory or cardiorespiratory arrest, unless the patient met specific criteria for “legal” or “obvious” death. This sometimes prevented paramedics from honouring the end-of-life wishes of patients and their families.

The introduction of Policy 4.6 was a significant step in allowing paramedics to honour the wishes of patients and their families at the time of an expected death. Policy 4.6 however had some operational limitations. Most notably was that the policy was in effect only if the patient was being transported between institutions or from an institution to home. Policy 4.6 also required a physician or a physician’s delegate to be present at the sending institution to present paramedics with a copy of the DNR Order and the DNR/Validity Order Form.

The updated DNR Standard (February 2008) builds upon the previous policy by addressing these and other issues that were identified by a taskforce established by the Ministry of Health and Long-Term Care. The DNR Taskforce was made up of representatives from a number of organizations that are actively involved in the care of palliative patients. The taskforce’s mandate was to develop an updated DNR Standard for the Ministry through a consultative process with a wide range of land ambulance stakeholders involved in palliative care across the province.

The updated DNR Standard will significantly enhance a paramedic’s ability to honour the wishes of patients and their families when resuscitation is not part of the treatment plan for the patient. The standard has been designed to provide a standardized process for all paramedics to follow that is consistent across the province. This process will minimize any chance of error and reduce the risk of liability to paramedics.

A new Do Not Resuscitate (DNR) Confirmation Form is an integral part of the application of the updated DNR Standard. This Training Bulletin has been developed to provide an opportunity to review the key points from the updated DNR Standard and Form. This Form directs the practice of paramedics and firefighters after February 1, 2008 in situations where a DNR order is part of a patient’s treatment plan. Fire Departments will be developing Standard Operating Procedures (SOPs) that incorporate the use of the DNR Confirmation Form for firefighters. These SOPs will be similar to the DNR Standard for paramedics.

Do Not Resuscitate (DNR) Standard

The Do Not Resuscitate Standard currently is titled as Policy 4.6 in Section 1 (General Standard of Care) in the *Basic Life Support Patient Care Standards*. The Standard directs paramedic practice with respect to the management of situations where a patient, or the patient's substitute decision-maker in cases where the patient is not capable, has expressed the wish not to be resuscitated in the event that they experience a respiratory or cardiorespiratory arrest.

The DNR Standard outlines the process to be followed by paramedics to determine that a Do Not Resuscitate order is part of the current treatment plan for a patient and that the order is valid. Once the status of the DNR order has been determined, the Standard clearly identifies what actions a paramedic is to take including any treatments or interventions.

Definitions

Before the specifics of the DNR Standard are discussed, it is important that the definitions of two key terms used throughout the Standard are clarified. These terms may have different meanings to different groups and it is important for paramedics to understand the definitions as they pertain specifically to the DNR Standard.

- 1) **Do Not Resuscitate** – For the purposes of the DNR Standard, a Do Not Resuscitate or DNR order is defined as the existence of a current plan of treatment that reflects a patient's expressed wish when capable, or the consent of a substitute decision-maker when the patient is incapable, that cardiopulmonary resuscitation (CPR) not be included in the treatment plan. A DNR order may also be valid when it is a physician's current opinion that CPR will almost certainly not benefit a patient and it is therefore not part of the plan of treatment.
- 2) **Cardiopulmonary Resuscitation (CPR)** – CPR is defined as an immediate application of life-saving measures to a person who has suffered a sudden respiratory or cardiorespiratory arrest. These measures include the critical interventions described within both basic and advanced cardiac life support. When a valid DNR order exists, a paramedic, according to their scope of practice, will not initiate any of the interventions considered part of CPR.

Do Not Resuscitate Confirmation Form



Ministry of Health
and Long-Term Care



Office of the
Fire Marshal

Serial Number _____

Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2008 *Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – please print clearly	
Surname	Given Name

1. **“Do Not Resuscitate”** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
 - Chest compression;
 - Defibrillation;
 - Artificial ventilation;
 - Insertion of an oropharyngeal or nasopharyngeal airway;
 - Endotracheal intubation;
 - Transcutaneous pacing;
 - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

<p>The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</p> <p><input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>

<p>Check one <input checked="" type="checkbox"/> of the following:</p> <p style="text-align: center;"> <input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N. </p>
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Print name in full	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

Do Not Resuscitate Confirmation Form (continued)

A new Form, the Do Not Resuscitate (DNR) Confirmation Form, has been developed for use in conjunction with the updated DNR Standard. The DNR Confirmation Form, when completed and signed by a medical doctor (M.D.), Registered Nurse (R.N.), Registered Nurse in the Extended Class [R.N. (EC)] or Registered Practical Nurse (R.P.N.) will confirm that the existing plan of treatment documented in the patient's health care record does not include CPR.

The DNR Confirmation Form, when completed, provides direction to both paramedics and firefighters with respect to what patient care interventions may or may not be initiated for the patient during the time that they are responsible for patient care. Paramedics and firefighters are not required to review or confirm the actual DNR order on the patient's health care record as the signatory of the Form is responsible to ensure that the order exists and that it is current.

The DNR Confirmation Form has a number of unique features that make it simple to use for patients and their families, health care providers and paramedics. The Form is a single page, single copy, bilingual document. An English version of the Form is on one side of the page while a French version is located on the other side. This convenient feature negates the need to maintain separate inventories of the Form in both languages.

Each DNR Confirmation Form will be imprinted with a unique seven-digit serial number in the upper right hand corner. There are several advantages to having a serial number on the Form. Having a unique serial number assists paramedics in determining the authenticity of the Form as only designated health care providers and institutions will have access to ordering the numbered Forms. Paramedics who are presented with a Form without the serial number should question the authenticity of the Form and not accept it as a valid Form. Having a unique serial number on the Form will also assist in patient tracking should the need arise. Paramedics are to document the serial number of the Form on the Ambulance Call Report (ACR) completed for the call for future reference. Future versions of the ACR will include a field specifically to document the DNR Confirmation Form serial number. In the interim, this number can be recorded in the Remarks/Orders area.


The DNR Confirmation Form is considered a "durable document". This means the Form can be used as many times as necessary. This adds convenience as a health care provider is not required to complete and sign a new Form each time a patient is transported in an ambulance. In addition, once the Form has been completed and signed by the patient's health care provider, additional photocopies can be made, allowing for the safe keeping of the original document. Furthermore, the DNR Confirmation Form has no specified expiry date. By implication, the expiry date of the Form coincides with the date of the patient's death unless the patient's treatment plan changes to include cardiopulmonary resuscitation or the patient, or substitute decision-maker on behalf of the patient, expresses a wish that CPR be initiated in the event of a respiratory or cardiorespiratory arrest. The rescinding of the DNR order may be made by the patient or substitute decision-maker at any time and may not necessarily be documented in the patient's health care record.


Do Not Resuscitate Confirmation Form (continued)

Determining the Validity of a Do Not Resuscitate Confirmation Form

Paramedics must confirm that all of the mandatory applicable fields on a DNR Confirmation Form are completed and that the Form is signed by a designated health care provider. Incomplete Forms cannot be considered valid and if an incomplete Form is received, paramedics will not be permitted to honour the Do Not Resuscitate request.

Each section of the DNR Confirmation Form will be described in detail below. This exercise will assist paramedics in determining the validity of a Form being presented to them and provide additional clarity on the information required in specific areas on the Form.

 Ontario Ministry of Health and Long-Term Care

 Office of the Fire Marshal

Serial Number _____

Do Not Resuscitate Confirmation Form

To Direct the Practice of Paramedics and Firefighters after February 1, 2008
Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – please print clearly	
Surname	Given Name

1. "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:

- Chest compression;
- Defibrillation;
- Artificial Ventilation;
- Insertion of an oropharyngeal or nasopharyngeal airway;
- Endotracheal intubation;
- Transcutaneous pacing;

Unique Serial Number

The signature below confirms with respect to the above-named patient, that the following condition (check one) has been met and documented in the patient's health record.

- A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.
- The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one of the following:

M.D. R.N. R.N. (EC) R.P.N.



Print name in full	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

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Each DNR Confirmation Form will be imprinted with a seven-digit unique serial number in the upper right hand corner. Forms without this serial number cannot be considered valid. As indicated earlier, paramedics must document this serial number in the appropriate area on the ACR for every patient transported with a valid DNR Confirmation Form.



Do Not Resuscitate Confirmation Form (continued)

 Ontario Ministry of Health and Long-Term Care	 Office of the Fire Marshal	Serial Number _____						
<p>Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2008 <i>Confidential when completed</i></p>								
<p>When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below:</p>								
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Patient's name – please print clearly								
Surname	Given Name							
<p>1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:</p> <ul style="list-style-type: none"> • Chest compression; • Defibrillation; • Artificial ventilation; • Insertion of an oropharyngeal or nasopharyngeal airway; • Endotracheal intubation; • Transcutaneous pacing; • Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists. <p>2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.</p>								
<p>The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</p> <p><input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>								
<p>Check one <input checked="" type="checkbox"/> of the following:</p> <p style="text-align: center;"> <input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N. </p>								
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This section of the DNR Confirmation Form contains a statement describing the purpose of the Form. It is this statement that provides direction to paramedics and firefighters, enabling them to honour a DNR order made on behalf of the patient identified in the “Patient’s name” field found directly below the statement.

The statement in this section also sets forth the patient care interventions that will or will not be initiated by paramedics when the Form is completed and signed by a designated health care provider.

Do Not Resuscitate Confirmation Form (continued)

 Ontario	Ministry of Health and Long-Term Care		Office of the Fire Marshal						
		Serial Number _____							
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Surname	Given Name								
<p>1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:</p> <ul style="list-style-type: none"> • Chest compression; • Defibrillation; • Artificial ventilation; • Insertion of an oropharyngeal or nasopharyngeal airway; • Endotracheal intubation; • Transcutaneous pacing; • Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists. <p>2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.</p>									
<p>The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</p> <p><input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>									
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Point 1 of this section, located directly below the patient’s name, includes the definition of “Do Not Resuscitate” as it relates to the DNR Standard. In addition, it provides a list of specific examples of interventions that are considered a part of cardiopulmonary resuscitation and as such, are not to be initiated by paramedics for a patient with a valid DNR Confirmation Form.



It is important to note that the direction provided to paramedics within the definition of “Do Not Resuscitate” uses the specific language “will not initiate” when speaking to interventions that are considered part of cardiopulmonary resuscitation. If a treatment that would normally be considered a resuscitative measure was initiated as part of the patient’s ongoing plan of treatment prior to the arrival of the paramedic crew, the treatment is to be maintained. If the paramedic crew is presented with a valid DNR Confirmation Form on their arrival and the patient’s condition deteriorates, no additional interventions that would be considered part of CPR are to be initiated by the crew.

Do Not Resuscitate Confirmation Form (continued)

An example of this type of situation may involve a patient who is normally breathing with the assistance of a ventilator due to their underlying medical condition. Paramedics would be expected to maintain positive pressure ventilation as it is part of the patient's ongoing treatment plan. If the patient were to suffer a cardiac arrest while in the care of the paramedics however, no further resuscitation interventions would be initiated as these interventions would not be considered part of the previously on-going treatment.

Point 2 in this section demonstrates that comfort (palliative) care remains a crucial part of the care that paramedics provide to a patient despite the existence of a valid DNR Confirmation Form. This section describes the types of interventions that will be initiated even in cases where a valid DNR Confirmation Form exists. These types of interventions are considered palliative and are employed for symptom relief to make the patient as comfortable as possible. Some interventions, such as epinephrine for anaphylaxis, are aggressive treatments that may be considered life-saving in order to manage an unforeseen and immediately correctable condition. It should be considered and utilized when appropriate as it is not included on the list in Point 1.

Do Not Resuscitate Confirmation Form (continued)



 Ontario Ministry of Health and Long-Term Care	 Office of the Fire Marshal	Serial Number _____						
<p>Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2008 <i>Confidential when completed</i></p>								
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The health care provider who completes and signs the DNR Confirmation Form is confirming that one of the two conditions indicated in this section has been met and is documented in the health care record of the patient named on the Form. This requires that the signatory exercise due diligence by confirming that the information is correct before signing the Form. Paramedics are not expected to investigate the condition under which a DNR order is made nor are they required to actually review or confirm the DNR order written in the patient's health care record.

A check in the first tick box indicates that a plan of treatment exists in the patient's health record and that this plan does not include CPR. Secondly, it indicates that the plan of treatment reflects the patients expressed wish when capable or the consent of a substitute decision-maker when the patient has been deemed incapable.

Do Not Resuscitate Confirmation Form (continued)

The second tick box is checked when it is a physician's opinion that CPR will almost certainly not benefit the patient and that the decision not to include CPR in the patient's treatment plan was discussed with the patient or the substitute decision-maker when the patient is incapable. A nurse can check this box and sign the Form if they know that this was the condition under which the patient's plan of treatment (that does not include CPR) was developed. It is the responsibility of the health care provider signing the Form to ensure that the documentation in the health care record supports the information indicated in the DNR Confirmation Form.

	Ministry of Health and Long-Term Care		Office of the Fire Marshal	Serial Number _____						
<p>Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2008 <i>Confidential when completed</i></p>										
<p>When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below:</p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Patient's name – please print clearly</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Surname</td> <td style="width: 50%; padding: 2px;">Given Name</td> </tr> </table>					Patient's name – please print clearly		Surname	Given Name		
Patient's name – please print clearly										
Surname	Given Name									
<p>1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:</p> <ul style="list-style-type: none"> • Chest compression; • Defibrillation; • Artificial ventilation; • Insertion of an oropharyngeal or nasopharyngeal airway; • Endotracheal intubation; • Transcutaneous pacing; • Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists. <p>2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.</p>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</td> </tr> <tr> <td style="width: 20px; padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;">The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</td> </tr> </table>					The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.		<input type="checkbox"/>	A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.	<input type="checkbox"/>	The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.
The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.										
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<input type="checkbox"/>	The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.									
Check one <input checked="" type="checkbox"/> of the following:										
<input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Print name in full</td> </tr> <tr> <td style="width: 50%; padding: 2px;">Surname</td> <td style="width: 50%; padding: 2px;">Given Name</td> </tr> <tr> <td style="padding: 2px;">Signature</td> <td style="padding: 2px;">Date (yyyy/mm/dd)</td> </tr> </table>					Print name in full		Surname	Given Name	Signature	Date (yyyy/mm/dd)
Print name in full										
Surname	Given Name									
Signature	Date (yyyy/mm/dd)									
<ul style="list-style-type: none"> • Each form has a unique serial number. • Use of photocopies is permitted only after this form has been fully completed. 										
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This section of the DNR Confirmation Form requires that the signatory indicate their professional designation by checking the appropriate tick box, printing their surname and given name(s) in the areas indicated, signing and dating the Form.

On-Scene Directives

On the scene of any call, regardless of the patient's condition, paramedics are expected to follow the appropriate standards of care indicated in the *Basic Life Support Patient Care Standards*.

Concurrently, when a paramedic becomes aware of the existence of a DNR Confirmation Form, they will obtain the Form from the patient, family member or caregiver at the scene. It should be noted that the validity of the DNR Confirmation Form is not dependent on the presence of the health care provider who completed and signed the Form being on the scene. Once the Form is obtained, the paramedic should review it carefully to ensure that it is valid as indicated by the presence of the serial number and by the completion of all of the required fields that were identified in the previous sections. If it is determined that the DNR Confirmation Form is not valid for any reason, paramedics must continue to provide care to the patient in accordance with the *Basic Life Support Patient Care Standards* and the *Advanced Life Support Patient Care Standards*.

In addition to obtaining the completed DNR Confirmation Form and determining the validity of the Form, paramedics must make all reasonable efforts to ensure that the patient named on the Form is the person to whom they are attending to. While it is preferable to have confirming documentation to identify the patient, it may not be feasible or practical to obtain this in all instances. Paramedics may have to rely on verbal confirmation by the person at the scene who presented the DNR Confirmation Form to assist confirming the identity of the patient.

Patient Not in Respiratory or Cardiorespiratory Arrest on Arrival

After arriving at a scene, where a valid DNR Confirmation Form is presented to the paramedic crew and it is determined that the patient is not experiencing respiratory or cardiorespiratory arrest, the paramedics will provide palliative care as required in addition to any other assessments and interventions (other than interventions considered part of CPR) necessary until arrival at the destination.

Non-Medical Escort

If respiratory or cardiorespiratory arrest appears likely during the transport of the patient and someone other than an escort from a sending facility requests to accompany the patient in the ambulance, paramedics will, if feasible, confirm that the person is aware of the valid DNR Confirmation Form. The person accompanying the patient is to be made aware of and understand the procedures that will not be initiated should the patient experience a respiratory or cardiorespiratory arrest during transport as well as the process with respect to the receiving facility. Paramedics should also ensure that the person wishing to accompany the patient is aware that alternate modes of transportation may be appropriate for them if they are uncomfortable accompanying the patient in the ambulance under these circumstances.

On-Scene Directives (continued)

Patient Death Prior to Paramedic Arrival

In circumstances where a paramedic is presented with a valid DNR Confirmation Form on arrival at a scene and it is determined that the patient is vital signs absent, transport of the patient is not to be initiated. The Central Ambulance Communications Centre (CACC)/Ambulance Communications Service (ACS)/Ornge CC (air ambulance Communications Centre) is to be notified immediately of the situation and advised of the existence of a DNR Confirmation Form. Paramedics are to follow local procedures for the handling of the deceased and the certification of death. There is no requirement to patch to a base hospital in this event.

Transport Directives

Death Occurs During Ambulance Transport

If a patient with a valid DNR Confirmation Form experiences a cardiorespiratory arrest during ambulance transport, paramedics will confirm that death has occurred by checking respirations and pulse for a minimum of three (3) minutes from the time that the arrest was noted. Do not begin CPR. If the respirations and pulse remain absent after three (3) minutes, document the time of death and advise the CACC/ACS/Ornge CC of the situation including the existence of the DNR Confirmation Form. There is no requirement to patch to a base hospital in this event.

Continue to transport the deceased to the receiving facility or to a facility as directed by the CACC/ACS/Ornge CC. The receiving facility, if applicable, should be notified that a patient with a valid DNR Confirmation Form has died during transport. Paramedics should follow local procedures for handling a deceased patient.

Post-Call Procedures

Patient Alive at Destination

If a patient transported with a valid DNR Confirmation Form to a health care facility does not experience a respiratory or cardiorespiratory arrest enroute, the paramedic crew will provide the receiving staff with a verbal report regarding the patient's condition as well as notifying them of the existence of a DNR Confirmation Form. The DNR Confirmation Form and the completed ACR, if applicable, is to be provided to the receiving facility staff.

Death Occurs Prior to Arrival at Destination

If a patient being transported with a valid DNR Confirmation Form dies prior to arrival at the destination, paramedics will provide a verbal report to the receiving facility staff which includes the time that death occurred, the circumstances surrounding the death and the existence of a valid DNR Confirmation Form. The DNR Confirmation Form and the completed ACR, if applicable, is to be provided to the receiving facility staff.

Documentation Requirements

An Ambulance Call Report will be completed by the paramedic crew in accordance with the requirements of the *Ambulance Service Documentation Standards* and the *Basic Life Support Patient Care Standards*. In all cases where a patient is transported with a valid DNR Confirmation Form, the unique serial number, any additional information pertaining to the Form and the events surrounding the call must be documented on the ACR.

Summary

The updated Do Not Resuscitate Standard and the DNR Confirmation Form have been developed to better meet the needs of patients and their families in all settings when Do Not Resuscitate is part of their current treatment plan. The process has been designed to be easier to use by both paramedics and health care providers responsible for the care of patients. The updated Standard promotes a standardized process for paramedics to follow that ensures consistency across the province.

A list of “Frequently Asked Questions” that provide additional information regarding the DNR Standard and several case studies have been included with this Training Bulletin. Paramedics are encouraged to complete the case studies and evaluate their knowledge of the updated Do Not Resuscitate Standard using the answer keys that have been provided. Paramedics are encouraged to review this Training Bulletin as required to maintain their familiarity and working knowledge of the Standard. Regular review of all Standards relevant to paramedic practice will help ensure the delivery of the highest quality of care to all patients.

Any questions regarding the Do Not Resuscitate Standard or the Do Not Resuscitate Confirmation Form should be directed to your ambulance service management for clarification.

Appendix 1

Do Not Resuscitate (DNR) Standard



Do Not Resuscitate (DNR) Standard

Purpose:

To provide directives for paramedics when they are responsible for patient treatment and/or transport and are provided with, by or on behalf of a patient, a Valid Ontario Ministry of Health and Long-Term Care (MOHLTC) Do Not Resuscitate (DNR) Confirmation Form (see Appendix).

References:

- *Ambulance Act and Ontario Regulation 257/00*
- *Health Care Consent Act, 1996*
- *Substitute Decisions Act, 1992*
- *A Model to Guide Hospice Palliative Care – Based on National Principles and Norms of Practice, Canadian Hospice Palliative Care Association, 2002*

Appendix:

MOHLTC Do Not Resuscitate (DNR) Confirmation Form

Definitions:

For purposes of this standard:

1. **Capable** – A person is considered to be mentally capable with respect to a treatment if:
 - (a) the person is able to understand the information that is relevant to making a decision concerning the treatment, and,
 - (b) the person is able to appreciate the reasonably foreseeable consequences of a decision or lack of decision regarding the treatment.
2. **Cardiopulmonary Resuscitation (CPR)** - An immediate application of life-saving measures to a person who has suffered sudden respiratory or cardiorespiratory arrest. These measures include but are not limited to basic or advanced cardiac life support interventions such as:
 - Chest compression;
 - Defibrillation;
 - Artificial ventilation;
 - Insertion of an oropharyngeal or nasopharyngeal airway;
 - Endotracheal intubation;
 - Transcutaneous pacing;
 - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
3. **Comfort (Palliative) Care** – Therapies which aim to relieve suffering and improve the quality of living and dying i.e. necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesics), ASA, or benzodiazepines.
4. **Do Not Resuscitate** – means that the paramedic (according to scope of practice) will not initiate any of the interventions listed in the definition of CPR, above.

Definitions (continued):

5. **DNR Confirmation Form** – The Form set out in the Appendix.
6. **Health Care Facility** – a facility including but not limited to:
 - a hospital defined under the *Public Hospitals Act*, *Private Hospitals Act* and *Mental Hospitals Act* including psychiatric facilities;
 - nursing homes under the *Nursing Homes Act*;
 - approved homes under the *Homes for Special Care Act* (homes for care of persons requiring nursing, residential or sheltered care);
 - managed in-home programs for the terminally ill (e.g. Hospital-in-the-Home, Home Care Programs, Palliative Care Programs);
 - other facilities where a physician or physician’s delegate is available (e.g., outpost nursing stations, physician’s offices, Community Health Centres (CHCs), Health Service Organizations (HSOs), etc.).
7. **Health Care Provider** – A member of a health profession regulated under the *Regulated Health Professions Act*.
8. **Paramedic** – is the same as defined under the *Ambulance Act*, and for the purposes of this standard includes an Emergency Medical Attendant as defined under the *Ambulance Act*.
9. **Patient** – a person who a) receives first aid, emergency or other medical treatment from a paramedic or, b) is transported in an ambulance by a paramedic.
10. **Substitute Decision-Maker (SDM)** - a person who is legally authorized to give or refuse consent to a treatment on behalf of a person who is incapable with respect to the treatment.
11. **Treatment** - any action or service that is provided for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment or plan of treatment.
12. **Valid DNR Confirmation Form** – A DNR Confirmation Form with pre-printed serial number that has been completed, **in full**, with the following information:
 - (a) The patient’s name (including both surname and first name) to whom the Form applies.
 - (b) A tick box that has been checked to identify that one of the following conditions has been met:
 - A current plan of treatment exists that reflects the patient’s expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient’s plan of treatment.
 - The physician’s current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.
 - (c) A tick box that has been checked to identify the professional designation of the Medical Doctor (M.D.), Registered Practical Nurse (R.P.N.), Registered Nurse (R.N.), or Registered Nurse in the Extended Class (R.N.(EC)) who has signed the Form.

Definitions (continued):

- (d) Printed name of the M.D., R.P.N., R.N., or R.N. (EC) signing the Form.
- (e) A signature by the appropriate M.D., R.P.N., R.N., or R.N. (EC).
- (f) The date that the Form was signed, which must be the same as or precede the date of request for ambulance service.

A Valid DNR Confirmation Form may be a fully completed original, or a photocopy of a fully completed original.

I. General Directives:

A. Where a paramedic is responsible for patient treatment during transport:

1. A paramedic, upon obtaining a Valid DNR Confirmation Form and subject to paragraph 2 below, **will not** initiate cardiopulmonary resuscitation (CPR) on the patient in the event that the patient experiences respiratory or cardiorespiratory arrest.
2. A paramedic **will** initiate CPR on a patient who has experienced respiratory or cardiorespiratory arrest when:
 - (a) a Valid DNR Confirmation Form is not obtained; or
 - (b) the patient with a Valid DNR Confirmation Form appears to the paramedic to be capable and expresses clearly a wish to be resuscitated in the event that he/she experiences a respiratory or cardiorespiratory arrest; or
 - (c) the patient with a Valid DNR Confirmation Form appears to the paramedic to be capable and expresses a wish to be resuscitated in the event that he/she experiences respiratory or cardiorespiratory arrest, but the request is vague, incomplete or ambiguous such that it is no longer clear what the wishes of the patient are; or
 - (d) the Substitute Decision-Maker (SDM) has rescinded the Valid DNR Confirmation Form by stating he/she wants the patient to have CPR; or
 - (e) there is confusion about who the SDM is and/or one or more people present at the time is demanding that CPR be initiated on the patient; or
 - (f) it would, due to the immediate circumstances, be clearly unreasonable to honour the directions in the Valid DNR Confirmation Form, including but not limited to the case where a combative or aggressive person present at the time is demanding that CPR be initiated on the patient and the paramedic perceives that to not do so would put his/her safety at risk.
3. Subject to General Directives 2(d), 2(e) and 2(f) of this standard, if a patient with a Valid DNR Confirmation Form suffers a respiratory or cardiorespiratory arrest and another person initiates CPR regardless of the Valid DNR Confirmation Form, a paramedic will attempt to honour the Valid DNR Confirmation Form and use his/her best judgement in attempting to reason with the person. The paramedic will not assist the person with CPR, or change transport priority or receiving destination.

I. General Directives (continued):

4. For the purpose of providing comfort (palliative) care to patients, a paramedic (according to scope of practice) will provide interventions or therapies considered necessary to provide comfort or alleviate pain, including but not limited to those listed on the DNR Confirmation Form.
5. If a paramedic has received into his/her care a patient from outside of Ontario, DNR orders will be honoured by the paramedic, if and only if, a Valid DNR Confirmation Form has been provided and all requirements of this standard have been met.
6. A paramedic will consider the potential implications of transferring more than one patient at the same time by ambulance, if one or more of these patients has a Valid DNR Confirmation Form and appears likely to suffer a respiratory or cardiorespiratory arrest. The paramedic will use his/her best judgment in determining how to most effectively meet the needs of these patients and will confer with ambulance dispatch as required, regarding transport and destination requirements.

B. Where a paramedic is not responsible for patient treatment during transport

i.e. a health care provider escort from a sending facility accompanies the patient and is responsible for patient treatment during transport, including honouring DNR directives. The paramedic will:

1. take patient treatment direction from the escort (exception – escort initiates CPR regardless of a Valid DNR Confirmation Form (see General Directives 2(f) and 3.);
2. follow other relevant BLS directives, guidelines and protocols as applicable e.g. termination of resuscitation, withholding resuscitation, handling and transport of the deceased, transport priority coding.

II. On-Scene Directives:

When a paramedic is aware of the existence of a DNR Confirmation Form:

A. For a patient not in respiratory or cardiorespiratory arrest:

1. The paramedic will conduct the primary survey. Concurrent with conducting the primary survey, the paramedic will:
 - (a) Obtain the DNR Confirmation Form to be carried by the paramedic during the call.
 - (b) Review the Form to ensure that it is a Valid DNR Confirmation Form.
 - (c) Confirm that the patient being transferred is the patient to whom the Valid DNR Confirmation Form applies.
2. If respiratory or cardiorespiratory arrest appears likely during transport and someone else is to accompany the patient in the ambulance, the paramedic will, if feasible, confirm that the accompanying person:
 - (a) is aware of the Valid DNR Confirmation Form;
 - (b) has an understanding about the procedures that the paramedic **will not** carry out should the patient suffer a respiratory or cardiorespiratory arrest during transport;

II. On-Scene Directives (continued):

- (c) has an understanding about procedures that the paramedic **will** carry out should the patient suffer a respiratory or cardiorespiratory arrest during transport;
- (d) is aware of alternate modes of transport other than riding with the patient in the ambulance.

B. For a patient in respiratory or cardiorespiratory arrest upon arrival of the paramedic at the originating location:

1. The paramedic will conduct the primary survey and determine that death has occurred (i.e. confirm that respirations and pulse are absent for at least 3 minutes from the time that respiratory or cardiorespiratory arrest was noted by the paramedic).

Concurrent with conducting the primary survey, the paramedic will:

- (a) Obtain the DNR Confirmation Form.
 - (b) Review the Form to ensure that it is a Valid DNR Confirmation Form.
 - (c) Confirm that the patient is the patient to whom the Valid DNR Confirmation Form applies.
2. Once it has been determined that death has occurred, the paramedic will:
 - (a) not initiate transport;
 - (b) advise the CACC/ACS/Ornge CC (air ambulance Communications Centre);
 - (c) follow local procedures for handling of the deceased;
 - (d) document the following patient information in the comments area on the ACR:
 - whether or not the patient had a Valid DNR Confirmation Form;
 - if the patient had a Valid DNR Confirmation Form, document the serial number;
 - any other information pertinent to the Valid DNR Confirmation Form and events surrounding the arrest.

III. Transport Directives (While the patient is in the care of a paramedic crew):

A. When a patient who has a Valid DNR Confirmation Form is being transported and experiences respiratory or cardiorespiratory arrest enroute, the paramedic will:

1. determine that death has occurred (confirm that respirations and pulse are absent for at least 3 minutes from the time that respiratory or cardiorespiratory arrest was noted);
2. document the time of death;
3. advise the CACC/ACS/Ornge CC. Request that CACC/ACS/Ornge CC notify the receiving facility, if applicable, that the patient has a Valid DNR Confirmation Form, and that the patient has died enroute;
4. transport the deceased to the receiving facility or as directed by the CACC/ACS/Ornge CC.

III. Transport Directives (continued):

B. When a patient who has a Valid DNR Confirmation Form is being transported and does not experience respiratory or cardiorespiratory arrest:

1. the paramedic **will** provide comfort (palliative) treatment as necessary.

C. If the paramedic is required under the General Directives to initiate CPR, despite a Valid DNR Confirmation Form (e.g. patient expresses a wish to have CPR; a SDM requests CPR; one or more of General Directives 2b) to f) circumstances exist), the paramedic will:

1. explain to the patient/SDM/family/other person e.g. friend, Personal Assistant (as applicable), the reason for and implications of the decision;
2. advise the CACC/ACS/Ornge CC of a change in patient status and that the Valid DNR Confirmation Form is not being honoured and explain why;
3. in the event of a respiratory or cardiorespiratory arrest, follow the appropriate Medical Directive for Cardiac Arrest in accordance with the current *Advanced Life Support Patient Care Standards*; transport Priority 4 to the closest facility capable of providing the necessary medical treatment or to a facility as directed by the CACC/ACS/Ornge CC;
4. at the appropriate time, document on the ACR the reason for initiating CPR and the explanation provided to the patient/SDM/family/other person.

IV. Post-Transport Directives:

A. If a patient with a Valid DNR Confirmation Form was transported alive to a hospital:

The paramedic will provide the health care provider at the hospital with:

1. a verbal report which includes notification regarding the existence and status of a Valid DNR Confirmation Form;
2. a completed copy of the ACR;
3. the Valid DNR Confirmation Form that was carried by the paramedic;
4. additional information pertinent to the Valid DNR Confirmation Form.

B. If a patient with a Valid DNR Confirmation Form was transported alive to a health care facility (other than a hospital) or to a residence:

The paramedic will provide the health care provider/SDM/or other person at the scene, as applicable:

1. a verbal report which includes notification regarding the existence and status of a Valid DNR Confirmation Form;
2. the Valid DNR Confirmation Form that was carried by the paramedic;
3. additional information pertinent to the Valid DNR Confirmation Form.

IV. Post-Transport Directives (continued):

Documentation required for A. and B.:

The following patient information must be documented in the comments area on the ACR:

1. patient has a Valid DNR Confirmation Form;
2. the Valid DNR Confirmation Form's serial number;
3. any other information pertinent to the Valid DNR Confirmation Form.

C. If a patient with a Valid DNR Confirmation Form experienced respiratory or cardiorespiratory arrest and dies while under the care of a paramedic:

On arrival at the receiving facility, the paramedic will provide the health care provider with:

1. a verbal report which includes the time that death was determined, the circumstances surrounding the death, and notification regarding the existence and status of a Valid DNR Confirmation Form;
2. a completed copy of the ACR;
3. the Valid DNR Confirmation Form that was carried by the paramedic;
4. any other information pertinent to the Valid DNR Confirmation Form and events surrounding the arrest.

Documentation required for C.:

The following patient information must be documented in the comments area on the ACR:

1. patient had a Valid DNR Confirmation Form;
2. the Valid DNR Confirmation Form's serial number;
3. any other information pertinent to the Valid DNR Confirmation Form and events surrounding the arrest.

APPENDIX – Do Not Resuscitate Confirmation Form



Serial Number _____

Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2008 *Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – please print clearly	
Surname	Given Name

1. **“Do Not Resuscitate”** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
 - Chest compression;
 - Defibrillation;
 - Artificial ventilation;
 - Insertion of an oropharyngeal or nasopharyngeal airway;
 - Endotracheal intubation;
 - Transcutaneous pacing;
 - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

<p>The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</p> <p><input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>			
<p>Check one <input checked="" type="checkbox"/> of the following:</p> <p style="text-align: center;"> <input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N. </p>			
<p>Print name in full</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Surname</td> <td style="width: 50%; border: none;">Given Name</td> </tr> </table>		Surname	Given Name
Surname	Given Name		
Signature	Date (yyyy/mm/dd)		

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

Appendix 2

Frequently Asked Questions



Do Not Resuscitate (DNR) Standard

Frequently Asked Questions

1. What does DNR mean?

DNR stands for Do Not Resuscitate, which means that no resuscitative interventions (CPR) will be employed in the event that a person experiences respiratory or cardiorespiratory arrest. These interventions have been listed on the DNR Confirmation Form.

2. I have heard other acronyms and terms such as “No CPR”, “DNAR” (Do Not Attempt Resuscitation) and/or “AND” (Allow Natural Death). Do they mean the same thing?

The terms in principle mean the same thing. Some people use these terms in an attempt to more precisely describe the health care interventions employed. Most of the time CPR is unsuccessful at restoring a person back to a point at which the person can sustain his/her own heart beat and breathing. This is especially true for patients with advanced progressive life-limiting illness. So, to say “No CPR” or “DNAR” is more precise terminology. The main reason that DNR was chosen instead of these other terms is because the Taskforce believed that it would be the most recognizable and understandable term for first responders, families and other caregivers.

3. Why was it necessary to develop an updated Standard and a new Form?

The previous Standard and Form required a physician or nurse to be present at the time the Form was provided to the paramedic. It was of limited use for people living at home since having one of these regulated health care providers present in the home at the time of transfer was often difficult. The new Standard will allow the DNR Confirmation Form to be signed once by a physician or nurse and remain “durable”, that is, stay with the patient and be able to be used more than once.

4. Will the DNR Confirmation Form be available in English and French?

Yes. It will have English on one side and French on the other.

5. Will use of the Form be implemented across the province on one specific date or will it be implemented in stages?

Implementation will occur on one specific date, February 1, 2008. All stakeholders are to be prepared for this effective date and ensure that the correct documentation is provided to paramedics upon the implementation of the updated DNR Standard.

6. How will health care providers acquire DNR Confirmation Forms?

The DNR Confirmation Form can be viewed at www.gov.on.ca in the “Resources-Forms” area, however it cannot be printed or filled on-line due to the unique serial number that is pre-printed on each Form. To obtain a supply of the Form in preparation for the February 1, 2008 implementation date, stakeholders should fax their request to:

MOHLTC Forms Warehouse: (416) 327-0329

Form Number: 4519-45 (07/10)

Catalogue Number: 7530-5678

Requests should be submitted on official letterhead for the designated health care provider / institution. Orders are limited to a maximum of 1000 and will be provided at no cost.

Note: Each Form contains a unique 7-digit serial number.

7. What Forms are to be used by stakeholders until the implementation of the revised DNR Standard and new DNR Confirmation Form?

Stakeholders should continue to stock and utilize the current DNR / Validity Order Forms until January 31, 2008 at 00:00. The DNR / Validity Order Form can be ordered through the MOHLTC Forms Warehouse by quoting Form Number: 3698-45 or Catalogue Number: 7350-5558.

8. What if a paramedic is presented with a new DNR Confirmation Form before February 1, 2008?

The new DNR Confirmation Forms are not to be utilized prior to the implementation of the revised DNR Standard on February 1, 2008. DNR Confirmation Forms presented prior to this date are not to be accepted by paramedics.

9. What if a paramedic is presented with a DNR Order/Validity Form after February 1, 2008?

DNR Order/Validity Forms are not to be accepted by paramedics after the implementation of the updated DNR Standard and DNR Confirmation Form on February 1, 2008.

10. How will this new information be shared with all stakeholders?

There are a number of stakeholder groups being utilized around the province to ensure that this information will be distributed to those who need it.

11. Will the DNR Confirmation Form be available for use on-line (electronically)?

No, since there is a unique serial number that is imprinted on each Form, it is not currently possible to make the Forms available in any format other than hard copies.

12. Who will be allowed to acquire DNR Confirmation Forms?

Access to Forms will be restricted to health care facility staff and regulated health care providers authorized to sign the Form.

13. How will a patient's identity be confirmed as there are no fields for an Ontario Health Care Card number or birth date on the Form?

The person's full name will be sufficient to clearly identify the person to whom the Form applies. Paramedics and firefighters will also conduct usual due diligence in ensuring that the patient is the patient to whom the DNR Confirmation Form belongs.

14. Will paramedics and firefighters use the same Standard/procedure?

Essentially yes. Paramedics are governed by the MOHLTC, pursuant to the provisions of the *Ambulance Act*. Firefighters are managed by the municipalities of Ontario and their fire departments, each of which will have their own policies and procedures to direct their practice. Paramedics and firefighters will use the same Form and the same or similar processes. Paramedics will follow the DNR Standard within the current version of the Basic Life Support Standards, while each fire department will need to establish a new standard operating procedure incorporating the DNR Confirmation Form to their current practices for distribution to firefighters.

15. In the event of an expected death where the patient's plan of treatment does not include CPR (and they have a signed DNR Confirmation Form) should the family call 9-1-1, will paramedics and firefighters still be sent to this emergency call?

Yes. All emergency calls for service will be assessed and dispatched accordingly, regardless of any documentation that may be on the scene. It is the responsibility of the responding paramedics and firefighters to assess the situation upon their arrival, determine the validity of the DNR Confirmation Form and take the necessary next steps. Ambulance Communications Officers are trained to provide over-the-phone CPR instructions; however these can be declined by the caller, if desired.

16. How will the DNR Confirmation Form be presented to the paramedics/firefighters?

This will depend on the setting of patient care. If the patient is in a health care institution (e.g. hospital or long-term care facility), it is probable that a health care provider will present it to the paramedic/firefighter. However, if the patient is living at home, it is likely that he/she (or the SDM on behalf of an incapable patient or another family member or caretaker e.g. personal assistant) will present it to the paramedic/firefighter directly.

17. What will need to be done in cases where there is a delay in the family or facility staff presenting the paramedic/firefighter with the fully completed DNR Confirmation Form and the patient experiences respiratory or cardiorespiratory arrest?

For the paramedic/firefighter to not perform CPR on a patient who is in respiratory or cardiorespiratory arrest, he/she MUST receive a fully completed DNR Confirmation Form. This Form is the only directive that gives permission to paramedics and firefighters to not perform CPR on patients who have a DNR order and have experienced respiratory or cardiorespiratory arrest. If there is a delay in obtaining the fully completed DNR Confirmation Form and the patient experiences respiratory or cardiorespiratory arrest, the paramedic/firefighter will initiate CPR and continue it until such time as the DNR Confirmation Form is produced and the paramedic/firefighter determines it to be valid. CPR will then be discontinued. Alternatively, paramedics should follow local policies where they exist for termination of resuscitation.

18. What if there is confusion at the scene regarding the DNR Order? Will paramedics be required to call their base hospital physician or supervisor for advice?

Those are always options available to paramedics. However, the provisions of the Standard are meant to govern paramedic actions in these situations.

19. Will the attending paramedics/firefighters ever need to review the current treatment plan to confirm that a DNR Order actually exists?

No. Before the DNR Confirmation Form is provided to the paramedic or firefighter, the physician or nurse will be responsible for ensuring that the plan of treatment is current and does not include CPR.

20. Who will be able to be an “escort” from a “sending facility”?

A Registered Nurse, Registered Practical Nurse or other health care provider, approved by the sending facility and who is aware of the patient’s condition can serve as an escort.

21. Will there be a possibility of a paramedic/firefighter performing partial resuscitation measures (e.g. defibrillation but not chest compressions)?

No. The DNR Confirmation Form and corresponding procedures were developed with the intent to expand currently existing policies so that the DNR needs of as many people as possible could be met. Many “partial resuscitation measures” would exceed the scope of most paramedics and firefighters. These types of requests can frequently result in demands that are difficult to interpret and impossible to meet. In this situation it is best to implement full resuscitation until a physician at the receiving emergency department can talk to the substitute decision-maker.

22. Why is there no expiry date or a “sunset” clause for the DNR Confirmation Form?

Ontario’s *Health Care Consent Act* is quite clear that the last known wishes of a patient are all that is required to direct treatment. Therefore, there is no need to set an expiry date. By implication, the DNR Confirmation Form expiry date is equivalent to the date of the patient’s death or the date at which the plan of treatment changes to include CPR. In the case of the latter event, the DNR Confirmation Form would not be provided to the paramedic/firefighter.

23. Why is the patient or Substitute Decision-Maker (SDM) not required to sign the DNR Confirmation Form?

Patient or SDM consent for the patient’s plan of treatment will have been obtained and documented in the patient’s health care record. The DNR Confirmation Form is simply documentation by a physician or nurse of what is already known so that the plan with respect to CPR can be continued by paramedics and firefighters.

24. Will other institutions or medical transfer services be able to use the DNR Confirmation Form for their own internal purposes?

The DNR Confirmation Form was developed specifically for use by ambulance service paramedics and firefighters in Ontario. Should any other institution, including a private transfer service, wish for their own purposes to use the DNR Confirmation Form in any manner whatsoever (including adopting all or part of the language of the Form for its own use or permitting its employees to honour the Form), such institution or service does so at its own risk.

25. Will flight paramedics be able to honour the DNR Confirmation Form?

Yes, they will be subject to the same Standard as paramedics in land ambulance services.

26. Will it be possible for a physician or nurse to complete the DNR Confirmation Form on behalf of a person who has an advance directive in which he/she has expressed a wish to not receive CPR? This would be for a person with no known condition that would be expected to cause respiratory or cardiorespiratory arrest.

The DNR Confirmation Form was developed with the intention of responding to the specific needs of people who are dying as a result of progressive disease. For these people, it is anticipated that a DNR Confirmation Form will be completed by a physician or nurse because their current plans of treatment do not include CPR because their current condition has been deemed incurable.

However, for a person who does not have any current health condition that might be expected to cause his/her death, there is nothing to stop him/her from creating an advance directive which includes a DNR clause as part of an advance care plan. If such an advance care plan exists to indicate a person's wish to not receive CPR, even if the person is "healthy", a physician or nurse would be able to complete the DNR Confirmation Form on the person's behalf as long as all preconditions are met i.e. there is documentation in the person's health care record to verify the patient's wish.

27. If a living patient has been receiving one or more treatments (e.g. intubation) that are listed on the DNR Confirmation Form as being treatments paramedics/firefighters are not to initiate, will paramedics/firefighters be required to stop these treatments upon assuming the patient into their care?

No. The DNR Standard stipulates that "... a paramedic or firefighter **will not initiate** basic or advanced cardiopulmonary resuscitation (CPR)...". There are many instances where patients are being *maintained* by intensive treatments (e.g. a person with a quadriplegia already requiring a home ventilator for life maintenance) for non-resuscitative purposes. To require paramedics/firefighters to withdraw these treatments in order to honour a DNR Confirmation Form would be inappropriate. Paramedics/firefighters will be permitted to maintain treatments that have already been initiated. However, if this patient has a valid DNR Confirmation Form and he/she goes into respiratory or cardiorespiratory arrest, no additional interventions of those listed in Section 1 of the DNR Confirmation Form will be started.

28. How will paramedics/firefighters manage a call where the patient has a valid DNR Confirmation Form, but upon arrival the patient is dead?

Do not begin resuscitative measures. Follow On-Scene Directives according to the DNR Standard. Follow local policy for managing the deceased including the notification of the coroner, physician and/or palliative/home care team as may be required. In the event that the patient is in a public place, follow applicable provincial Regulations and the *Basic Life Support Patient Care Standards*.

29. Why are paramedic signatures not required on the DNR Confirmation Form?

There is no need for the paramedic to sign the DNR Confirmation Form. The unique serial number on the Form will be documented on the ACR, which will be adequate for tracking purposes.

30. Under what circumstances will it be possible to revoke the DNR Confirmation Form?

The DNR Confirmation Form can be revoked when:

- the patient withdraws consent and expresses a wish to have CPR. Even if the request is vague or uncertain, paramedics and firefighters will err on the side of life and initiate CPR if there is any question about the validity of the DNR Confirmation Form;
- the SDM revokes the DNR Confirmation Form and requests CPR;
- a physician or nurse has determined that the plan of treatment has changed and now includes CPR.

If the paramedic/firefighter cannot determine whether or not the DNR Confirmation Form is valid, they will err on the side of life and initiate CPR.

31. When completing a DNR Confirmation Form what should physicians and nurses ensure is documented in the patient's health care record?

Physicians and nurses need to ensure that a patient's plan of treatment does not include CPR before completing the DNR Confirmation Form and that there is sufficient documentation in the patient's health care record to verify this. A physician or nurse who has done this and completed a DNR Confirmation Form should then document the Form's unique serial number in the patient's health care record.

32. What documentation will be required of paramedics with the DNR Confirmation Form?

The DNR Confirmation Form was developed with the intent of being "durable" (i.e. for repeated use) so that the transfer process would be simplified for patients and families. But to do this, a method of documentation was required that would record that the Form exists. Each DNR Confirmation Form will be individualized with a unique serial number that will correspond to a particular patient. The unique serial number will need to be recorded in the "Remarks" section of the ACR as evidence that a valid DNR Confirmation Form was presented to the paramedics for the patient being transported. The ACR will be modified in the future to include a field for the DNR Confirmation Form's unique serial number.

33. Will paramedics need to attach a copy of the DNR Confirmation Form to the Ambulance Call Report (ACR)?

No. Documenting the unique serial number of the DNR Confirmation Form on the ACR will be adequate.

34. If the original DNR Confirmation Form (not a photocopy) is the only version provided to the paramedics, what should be done with it?

The original DNR Confirmation Form should be left with receiving facility staff who will then be responsible for ensuring it stays with the patient (if the patient is returned to the sending facility or location), or is added to the patient's chart (if the patient is admitted).

Appendix 3

Case Studies



Do Not Resuscitate (DNR) Standard for Paramedics

Case Studies

Case Study #1

You and your partner are assigned Code 4 to a private residence for a 57 year old female who is reported by the caller to be short of breath. When you arrive at the scene, you are met at the door by a man who leads you to a back bedroom. Here you find the patient being comforted by a woman who introduces herself as the patient's daughter. She further tells you that her mother, Mrs. Jones, is in the end stages of lung cancer and returned home from the hospital 4 days ago as it was her wish to die at home. Mrs. Jones' daughter hands you a piece of paper which you immediately recognize as a DNR Confirmation Form.

1. For a patient not in respiratory or cardiorespiratory arrest, what actions are to taken by paramedics when they are aware of the existence of a DNR Confirmation Form?

2. What information must be included on a DNR Confirmation Form for it to be considered valid by a paramedic?

Do Not Resuscitate (DNR) Standard for Paramedics

Case Studies

Case Study #1 (continued)

3. According to the DNR Standard, what interventions can be initiated by paramedics for patients despite there being a valid DNR Confirmation Form?

4. You are now prepared to transport the patient to hospital. The daughter indicates that she would like to accompany her mother in the ambulance. You have determined through your assessment of the patient that respiratory or cardiorespiratory arrest is likely during transport.

What information needs to be discussed and confirmed with the daughter prior to commencing transport?

Do Not Resuscitate (DNR) Standard for Paramedics

Case Studies

Case Study #2

While on standby, you and your partner are assigned Code 4 to a house for a patient that is reported to have collapsed. You are met on your arrival by a man who identifies himself as the patient's son. He tells you that his father has collapsed in the washroom and that he cannot get him up off the floor. He seems almost apologetic as he tells you that he just didn't know what to do.

1. What actions will you undertake when you arrive at the patient's side?

You determine that the patient is vital signs absent and you begin to initiate CPR. Suddenly the patient's son presents you with a Form and states that his father wanted no heroic efforts if he were to die. You recognize the Form presented to you as a DNR Confirmation Form.

2. What actions should you now take in light of this new development?

Following your review of the Form you determine that it is valid and the son confirms the identity of the patient.

3. What steps are required to confirm that death has occurred?

4. Once it has been determined that death has occurred, what actions are to be taken by a paramedic?

Do Not Resuscitate (DNR) Standard for Paramedics

Case Studies

Case Study #3

You and your partner are transporting a patient from one hospital to another following some routine diagnostic tests. The patient's granddaughter is accompanying the patient on the trip. The transfer papers include a DNR Confirmation Form which you determine to be valid.

While enroute the patient's condition begins to deteriorate. While you are managing this new situation the patient states: "I don't want to die". Before you can clarify this statement, the patient suddenly becomes unresponsive. A rapid assessment reveals that the patient is vital signs absent. The granddaughter looks at you, obviously confused by this sudden and unexpected turn of events.

1. Given the current situation, what actions must you undertake?

Appendix 4

Case Studies

Answer Key



Do Not Resuscitate (DNR) Standard for Paramedics

Case Studies – Answer Key

Case Study #1

You and your partner are assigned Code 4 to a private residence for a 57 year old female who is reported by the caller to be short of breath. When you arrive at the scene, you are met at the door by a man who leads you to a back bedroom. Here you find the patient being comforted by a woman who introduces herself as the patient's daughter. She further tells you that her mother, Mrs. Jones, is in the end stages of lung cancer and returned home from the hospital 4 days ago as it was her wish to die at home. Mrs. Jones' daughter hands you a piece of paper which you immediately recognize as a DNR Confirmation Form.

1. For a patient not in respiratory or cardiorespiratory arrest, what actions are to be taken by paramedics when they are aware of the existence of a DNR Confirmation Form?

Conduct a primary survey. Concurrent with conducting the primary survey, the paramedic will:

- (a) Obtain the DNR Confirmation Form;**
- (b) Review the DNR Confirmation Form to ensure that it is valid;**
- (c) Confirm that the patient is the patient to whom the valid DNR Confirmation Form applies.**

(II On-scene Directives – A 1.)

2. What information must be included on a DNR Confirmation Form for it to be considered valid by a paramedic?
 - (a) patient's name (both surname and first name) to whom the Form applies;**
 - (b) a tick box is checked to identify the condition under which the DNR Order was made;**
 - (c) a signature of an appropriate health care provider;**
 - (d) printed name of the health care provider who signed the Form;**
 - (e) a tick box has been checked to identify the professional designation of the health care provider who signed the Form;**
 - (f) the date that the Form was signed (must be the same as or precede the date of the request for ambulance service).**

Paramedics also need to ensure that the DNR Confirmation Form has a unique pre-printed serial number on it for it to be considered valid.

(Definitions – 12)

Do Not Resuscitate (DNR) Standard for Paramedics

Case Studies – Answer Key

Case Study #1 (continued)

3. According to the DNR Standard, what interventions can be initiated by paramedics for patients despite there being a valid DNR Confirmation Form?

For the purposes of providing comfort (palliative) care to patients, a paramedic (according to scope of practice) will provide interventions or therapies considered necessary to provide comfort or alleviate pain, including but not limited to those listed on the DNR Confirmation Form.

(I General Directives – A 4.)

4. You are now prepared to transport the patient to hospital. The daughter indicates that she would like to accompany her mother in the ambulance. You have determined through your assessment of the patient that respiratory or cardiorespiratory arrest is likely during transport.

What information needs to be discussed and confirmed with the daughter prior to commencing transport?

The paramedic will, if feasible, confirm that the accompanying person:

- (a) is aware of the valid DNR Confirmation Form;**
- (b) has an understanding about the procedures that the paramedic will not carry out should the patient suffer a respiratory or cardiorespiratory arrest during transport;**
- (c) has an understanding about procedures that the paramedic will carry out should the patient suffer a respiratory or cardiorespiratory arrest during transport;**
- (d) is aware of alternate modes of transport other than riding along with the patient in the ambulance.**

(II On-Scene Directives – A2.)

Do Not Resuscitate (DNR) Standard for Paramedics

Case Studies – Answer Key

Case Study #2

While on standby, you and your partner are assigned Code 4 to a house for a patient that is reported to have collapsed. You are met on your arrival by a man who identifies himself as the patient's son. He tells you that his father has collapsed in the washroom and that he cannot get him up off the floor. He seems almost apologetic as he tells you that he just didn't know what to do.

1. What actions will you undertake when you arrive at the patient's side?

- **Begin your Primary Survey.**

You determine that the patient's vital signs are absent and you begin to initiate CPR. Suddenly the patient's son presents you with a Form and states that his father wanted no heroic efforts if he were to die. You recognize the Form presented to you as a DNR Confirmation Form.

2. What actions should you now take in light of this new development?

- **review the DNR Confirmation Form to ensure that it is valid**
- **confirm that the patient is the person to whom the valid DNR Confirmation Form applies**

(II On-scene Directives – A 1.)

Following your review of the Form you determine that it is valid and the son confirms the identity of the patient.

3. What steps are required to confirm that death has occurred?

Stop CPR. Confirm that respirations and pulse are absent for at least three (3) minutes from the time that respiratory or cardiorespiratory arrest was noted by the paramedic. This does not require the heart monitor to be attached.

(II On-Scene Directives – B.1.)

4. Once it has been determined that death has occurred, what actions are to be taken by a paramedic?

- (a) **do not initiate transport**
- (b) **do not patch to the base hospital**
- (c) **advise dispatch of the situation**
- (d) **follow local procedures for handling the deceased**
- (e) **complete an ACR including information pertinent to the DNR Confirmation Form and events surrounding the arrest**

(II On-Scene Directives – B.2.)

Do Not Resuscitate (DNR) Standard for Paramedics

Case Studies – Answer Key

Case Study #3

You and your partner are transporting a patient from one hospital to another following some routine diagnostic tests. The patient's granddaughter is accompanying the patient on the trip. The transfer papers include a DNR Confirmation Form which you determine to be valid.

While enroute the patient's condition begins to deteriorate. While you are managing this new situation the patient states: "I don't want to die". Before you can clarify this statement, the patient suddenly becomes unresponsive. A rapid assessment reveals that the patient is vital signs absent. The granddaughter looks at you, obviously confused by this sudden and unexpected turn of events.

1. Given the current situation, what actions must you undertake?
 - **Begin CPR as the patient's statement to you just prior to going unresponsive must be considered a request to be resuscitated, even though the request was vague.**
 - **Explain to the granddaughter the reason for and the implications of your decision not to honour a valid DNR Confirmation Form.**
 - **Advise dispatch of a change in patient status and that the valid DNR Confirmation Form is not being honoured and explain why.**
 - **Follow the appropriate Medical Directive for Cardiac Arrest in accordance with current *Advanced Life Support Patient Care Standards*.**
 - **Transport Priority 4 to the closest facility capable of providing the necessary medical treatment or to a facility as directed by an Ambulance Communications Officer.**
 - **At the appropriate time, document on the ACR the reason for initiating CPR and the explanation provided to the family member.**

(I General Directives – A. 2(c) and III Transport Directives – C.)