Emergency Medical Services

Intro to Illinois’ NEW IDPH Uniform DNR Advance Directive
By the end of this session, participants will be able to:

- Understand the POLST Paradigm and how patient wishes are determined and documented in a standard form.
- Determine how IDPH DNR/POLST documentation builds upon and improves existing advance directives.
- Recognize the importance of healthcare staff being properly educated regarding interpreting IDPH DNR/POLST forms during emergencies and other relevant circumstances.
Turn to Advance Directives **only** if the **patient** cannot make medical decisions:

**Current Advance Directives in Illinois:**

- IDPH DNR/POLST
- Power of Attorney for Health Care
- Mental Health Treatment Declaration
- Living Will
- Directions for Emergency Care
- Agent (rarely contains directions for physician)
- Directions + Agent (for physician)
- Directions (for physician)

Apply to ALL healthcare providers, including EMS
Illinois is changing the current IDPH DNR Advance Directive to meet the national POLST standards used in other states.

- POLST stands for “Physician Orders for Life-Sustaining Treatment”
- POLST reduces medical errors by improving guidance during life-threatening emergencies

IDPH DNR Advance Directive… now meets national POLST standards
POLST Use in the United States

The POLST Paradigm is now in the majority of states

National POLST Paradigm Programs

- **Endorsed Programs**
- **Developing Programs**
- **No Program**

*As of February 2013*
Concerns about other non-POLST Advance Directives

• Advance Directive may not be specific enough to guide EMS action in this particular situation
• Other Advance Directives may not be a medical order completed by the physician

• The new IDPH DNR/POLST form addresses all of these concerns
Benefits of IDPH DNR/POLST in Illinois

Promoting Patient-Centered Care

- Concrete Medical Orders that must be followed by healthcare providers
- Easily recognized standardized form for the entire state of Illinois
- A single form that goes with the patient from care setting to care setting
1. In 2000, Illinois used the “orange form” out of hospital DNR form. This was only for emergency transport and the DNR order had to be rewritten at each new facility.

2. In 2005, the IDPH Uniform **DNR Order form** was created that applied to all facilities and a patient only needed one form.

3. In 2006, Some facilities were confused if the form had to be used for every in-hospital DNR order (it did not), so it was renamed the IDPH Uniform **DNR Advance Directive**.

4. Now, it is still called the IDPH DNR Advance Directive, but **some people may also call it POLST** as a **shorthand**, since it uses that way of talking to patients and documenting wishes (the POLST “paradigm”) for life-threatening emergencies.
ALL versions of the form are still VALID!!

- Some persons may still have older versions of the form.
- A valid, completed form does not expire.
- The person does NOT have to have the original form – all copies of a valid form are also valid.
- The form should travel with the patient at all times.
What if there are 2 or more different forms?

- When a new form is created, it voids the past forms.
- Follow the instruction on the form with the most recent date.
Does the Color of the Form Matter?

• NO.
• It is recommended that the form be printed on pink paper – this is only to make it easier to see
• However, all copies of the form are valid, regardless of color
• 3 Primary Medical Order Sections
  – CPR for Full Arrest
    • Yes, Attempt CPR
    • No, Do Not Attempt CPR (DNR)
  – Orders for Pre-Arrest Emergency
    • Full Treatment
    • Limited Treatment
    • Comfort Only
  – Artificial Nutrition and Hydration
    • None
    • Trial period
    • Acceptable
The IDPH DNR/POLST Form in Illinois

**UNIFORM DNR ADVANCE DIRECTIVE**

**UNIFORM DO-NOT-RESUSCITATE (DNR) ADVANCE DIRECTIVE**

**PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)**

**HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT**

Follow these steps to complete the form:

1. **Patient Last Name**
2. **Patient First Name**
3. **Date of Birth**
4. **Gender** (M/F)
5. **Address**

**CARDIOPULMONARY RESUSCITATION (CPR)**

- Patient has no pulse and is not breathing.
- Attempt Resuscitation/CPR (Detecting CPR means intubation and mechanical ventilation in Section B is selected).
- Do Not Attempt Resuscitation/DNR

**MEDICAL INTERVENTIONS**

- Comfort Measures Only (Allow Natural Death). Relieve pain and suffering using the least aggravation by appropriate route, positioning, wound care, and other measures. Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments.
- Transfer if comfort needs cannot be met in current location. Treatment Plan: Maximise comfort through symptom management.
- Limited Additional Interventions

When in a cardiac-arrest arrest, follow orders B and C.

**ARTIFICIALLY ADMINISTERED NUTRITION**

- Offer food by mouth, if feasible and as desired.
- No artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- Long-term artificial nutrition by tube.

**DOCUMENTATION OF DISCUSSION** (Check all appropriate boxes below)

- Patient
- Agent under health care power of attorney
- Parent of minor
- Health care surrogate decision maker (See page 2 for priority list)

**Signature of Patient or Legal Representative**

- Signature (required)
- Name (print)
- Date

**Signature of Witness to Consent**

I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and has witnessed the giving of consent by the above person or the above person has acknowledged this signature or mark on this form.

- Signature (required)
- Name (print)
- Date

**SIGNATURE OF ATTENDING PHYSICIAN**

My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient's medical condition and preferences.

- Print Attending Physician Name (required)
- Phone
- Attending Physician Signature (required)
- Data (required)

For more information, visit the IDPH Statement of Illinois law at:

http://www.idph.state.il.us/public/book/bhshv.htm

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The Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive is always voluntary and is for persons with advanced or serious illness or frailty. This order records your wishes for medical treatment in your current state of health. Once initial medical treatment begins and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive form (POAH) is recommended for all capable adults, regardless of their health status. POAOH allows you to document in detail your future health care instructions and name a Legal Representative to speak for you if you are unable to speak for yourself.

**Advance Directive Information**

- I also have the following advance directives (optional):
  - Health Care Power of Attorney
  - Living Will Declaration
  - Mental Health Treatment Preference Declaration

**Health Care Professional Information**

- Name
- Phone Number
- Date Prepared

**Completing the Uniform Do Not Resuscitate (DNR) Advance Directive Form**

- The completion of a DNR form is always voluntary, cannot be mandated and may be changed at any time.
- A DNR form should reflect current preferences of persons with serious illnesses of frailty. It also encourages compliance of a POAHC.
- Verbal instructions are acceptable with follow-up signature by attending physician in accordance with facility/community policy.
- Use of original form is encouraged. Photocopies and scans in any color of paper also are legal and valid forms.

**Reviewing a Do Not Resuscitate (DNR) Advance Directive Form**

This DNR form should be reviewed periodically and
- The patient is transferred from one care setting or care level to another,
- There is a substantial change in the patient’s health status,
- The patient’s treatment preferences change,
- The patient’s primary care professional changes.

**Yielding or Revoking a Do Not Resuscitate (DNR) Advance Directive Form**

- A patient with capacity can void or revoke the form, and/ or request alternative treatment.
- Changing, modifying or revising a DNR form requires completion of a new DNR form.
- A DNR form is replaced or becomes invalid.
- The written “VOID” written in the care of change and re-sign.
- If included in an electronic medical record, follow all voiding procedures of facility.

**Illinois Health Care Surrogate Act (715 ILCS 40/25) Priority Order**

1. Patient’s guardian of person
2. Patient’s spouse or partner of a registered civil union
3. Adult child
4. Parent

For more information, visit the IDPH Statement of Illinois law at:

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Section “A”: Cardio-Pulmonary Resuscitation

Code Status – only when pulse AND breathing have stopped

- There are multiple kinds of emergencies. This section only addresses a full arrest event (no breathing or pulse), and answers “Do we do CPR or not?”
- **NEW!** Patients can use this form to say YES to CPR, as well as to refuse CPR.
Section A

CPR: Yes or No

- Note that this form allows persons to say either
  - they want CPR for a full arrest
  - they have a DNR order for full arrest
- This is different than past forms which were only DNR for full arrest. Now, persons have more ways to tailor the form to their wishes.
  - Persons with advanced age or other disabilities are sometimes concerned they will not receive the same emergency services as non-disabled persons, despite having a good quality of life.
  - Some persons may have created a DNR form during a period of serious illness, but once they recover they may want to create a form requesting CPR that would void the past form.
Section “A”: Cardio-Pulmonary Resuscitation

Code Status – applies when breathing AND pulse have stopped

- If the person chooses “Attempt Resuscitation” you do NOT need to look at any other box on this form. Initiate CPR and “Go.”

- If the person checks “DNR” and is in full arrest, “Stop” and do not begin CPR.
The DNR order in Section A is only for full arrest (death). It does not apply to a patient is still breathing or has a pulse.

The three categories in Section B explain the intensity of emergency treatment for patients who are still breathing or have a pulse.
Stoplight Metaphor for Medical Interventions

Stop – Caution – Go

- **Stop** (Patient Refusal)
- **Caution** (Limited Treatment)
- **Go** (Full Treatment)
Section “B”: Medical Interventions

If “Comfort Measures Only” is checked, maximize comfort and address all pain or distress.

Recognize the patient has indicated that they prefer not to be transferred, but once EMS has been called, they may need to be transferred anyway.

Work with Medical Control to determine appropriate course of action. Try to maximize comfort in existing location and transfer only if comfort needs cannot be met in existing location.
• If called, EMS will transfer patient to hospital if indicated
• If “Limited Additional Interventions” is checked, transfer patient using basic medical treatments if indicated, but do NOT intubate (CPAP, BiPAP are OK)
Section “B”: Medical Interventions

- If called, EMS will transfer patient to hospital if indicated
- If “Intubation and Mechanical Ventilation” is checked, provide full treatment
  - If “yes – attempt CPR” is marked in Section A, do everything and ignore Section B (if something else is marked here it is a mistake!)
- A patient may want DNR for full arrest but still want everything done if they still are breathing or have a pulse.
• “Additional Orders” is used to customize the form for individual medical conditions when necessary. Be sure to follow any instructions here.
Section “C”: Artificially Administered Nutrition

- EMS providers can ignore this section.
EMS providers are looking for 2 signatures in section D.

- Patient or legal representative
- Witness

If signed by the patient’s legal representative, supporting documentation that identifies the legal representative does NOT need to be attached or verified.
The form needs the signature of a physician to be valid.

You may see that the physician’s signature has been written by a nurse who also uses her/his own initials. This is acceptable and does not affect the validity of the form.
Requirements to Make the Form Valid

3 Signatures are Required

- Patient name
- Resuscitation orders (Section “A”)
- Signatures
  - Patient or Legal Representative signature
  - Witness signature
  - Provider signature, name, and date

- All other information is optional
Who Can Revoke these Orders?

- The **patient** at any time
- For all other situations, it is a complicated process that may take more time to figure out.
- If you have time, work with Medical Control.
  - A PoA or Surrogate should not be allowed to overturn decisions made, documented, and signed by the patient.
- If you don’t have time, you are **legally protected** if you follow the orders on the form in good faith.
**THIS SIDE FOR INFORMATIONAL PURPOSES ONLY**

Patient Last Name | Patient First Name | MI

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  - [ ] Living Will Declaration
  - [ ] Mental Health Treatment Preference Declaration

<table>
<thead>
<tr>
<th>Contact Person Name</th>
<th>Contact Phone Number</th>
</tr>
</thead>
</table>

**Health Care Professional Information**

<table>
<thead>
<tr>
<th>Preparer Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparer Title</td>
<td>Date Prepared</td>
</tr>
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</table>
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THANK YOU!

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