

SITUATION: Patient expression of wishes about cardiopulmonary resuscitation (CPR) or end of life decision making.

DNR – Do Not Resuscitate order

MOLST – Medical Orders for Life Sustaining Treatment

POLST – Physician Orders for Life Sustaining Treatment

POA – Power of Attorney

Assessment

Inclusion/Exclusion Criteria

1. Patients must have one of the following documents or a valid alternative (such as identification bracelet indicating wishes) immediately available. Note that some specifics can vary widely from state to state:
 - a. Physician Orders for Life Sustaining Treatment (POLST) or Medical Orders for Life Sustaining Treatment (MOLST): explicitly describes acceptable interventions for the patient in the form of medical orders, must be signed by a physician or other empowered medical provider to be valid,
 - b. Do Not Resuscitate (DNR) order: identifies that CPR and intubation are not to be initiated if the patient is in arrest or peri-arrest; the interventions covered by this order and the details around when to implement them can vary widely.
 - c. Advanced directives: document that describes acceptable treatments under a variable number of clinical situations including some or all of the following: what to do for cardiac arrest, whether artificial nutrition is acceptable, organ donation wishes, dialysis, and other parameters; the directives frequently do not apply to emergent or potentially transient medical conditions.
 - d. As specified from state to state, in the absence of formal written directions (MOLST, POLST, DNR, advanced directives), and in the presence of a person with power of attorney for health care or health care proxy, that person may prescribe limits of treatment
2. One of the documents above is valid when it meets all of the following criteria:
 - a. Conforms to the state specifications for color and construction.
 - b. Is intact: it has not been cut, broken or shows signs of being repaired.
 - c. Displays the patient's name and the physician's name.
3. If there is question about the validity of the form or instrument, the best course of action is to proceed with the resuscitation until additional information can be obtained to clarify the best course of action.
4. If a patient has a valid version of one of the above documents, it will be referred to as a "valid exclusion to resuscitation" for the purposes of this protocol.
5. If the patient has a valid exclusion to resuscitation, then no CPR or airway management should be attempted. This does not exclude comfort measures including medications for pain as appropriate.