Missouri
Outside the Hospital
Do Not Resuscitate
Order

Boone County Fire Protection District
EMS Education
4 Times to Withhold CPR

• Obviously mortal wound such as decapitation

• Rigor mortis

• Livor mortis also known as dependent lividity or venous pooling

• Valid “do not resuscitate” or “DNR” order
Missouri Revised Statutes

Chapter 190  
Emergency Services  
Section 190.603

August 28, 2011

Outside the hospital do-not-resuscitate order may be executed, when--maintained in medical records--transfers with patient.

190.603. 1. A patient or patient's representative and the patient's attending physician may execute an outside the hospital do-not-resuscitate order. An outside the hospital do-not-resuscitate order shall not be effective unless it is executed by the patient or patient's representative and the patient's attending physician, and it is in the form promulgated by rule of the department.

2. If an outside the hospital do-not-resuscitate order has been executed, it shall be maintained as the first page of a patient's medical record in a health care facility unless otherwise specified in the health care facility's policies and procedures.

3. An outside the hospital do-not-resuscitate order shall be transferred with the patient when the patient is transferred from one health care facility to another health care facility. If the patient is transferred outside of a hospital, the outside the hospital DNR form shall be provided to any other facility, person, or agency responsible for the medical care of the patient or to the patient or patient's representative.
19 CSR 30-40.600 Outside the Hospital Do-Not-Resuscitate (OHDNR)

PURPOSE: This rule establishes a procedure to be followed by personnel to comply with the outside the hospital do-not-resuscitate protocol when presented with an outside the hospital do-not-resuscitate identification or an outside the hospital do-not-resuscitate order.

As used in this rule, the following terms shall mean:

(A) “Attending physician”—
   1. A physician licensed under Chapter 334, RSMo, selected by or assigned to a patient who has primary responsibility for treatment and care of the patient;
   2. If more than one (1) physician shares responsibility for the treatment and care of a patient, one (1) such physician who has been designated the attending physician by the patient or the patient’s representative shall serve as the attending physician;

(B) “Cardiopulmonary resuscitation” or “CPR,” emergency medical treatment administered to a patient in the event of the patient’s cardiac or respiratory arrest and shall include cardiac compression, endotracheal intubation and other advanced airway management arti-

less than twenty-four (24) consecutive hours in any week of three (3) or more unrelated individuals suffering from illness, disease, injury, deformity, or other abnormal physical conditions; or a place devoted primarily to provide for not less than twenty-four (24) consecutive hours in any week medical or nursing care for three (3) or more unrelated individuals. Hospital does not include any long-term care facility licensed under sections 198.003 to 198.186, RSMo;

(G) “Outside the hospital do-not-resuscitate (OHDNR) identification” or “outside the hospital DNR identification,” a standardized identification card, bracelet, or necklace of a single color, form, and design that signifies that the patient’s attending physician has issued an outside the hospital do-not-resuscitate order for the patient and has documented the grounds for the order in the patient’s medical file;

(H) “Outside the hospital do-not-resuscitate (OHDNR) order” or “outside the hospital DNR order,” a written physician’s order signed by the patient and the attending physician, or the patient’s representative and the attending physician, which authorizes emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation

or

2. A guardian or limited guardian appointed under Chapter 475, RSMo, to have responsibility for an incapacitated patient.

(2) A properly executed OHDNR order—
(A) Shall be completed on an OHDNR order form with an optional instruction form.

The OHDNR order form and instruction form are included herein and available at the Emergency Medical Services Bureau office, online at www.dhss.mo.gov/EMS, or obtained by mailing a written request to the Missouri Department of Health and Senior Services, EMS Bureau, PO Box 570, Jefferson City, MO 65102-0570. The instruction form may be photocopied on the back side of the OHDNR order form or attached as a separate page to the OHDNR order form;
(B) Shall only be effective when the patient has not been admitted to or is not being treated within a hospital or has not yet come to the emergency department as defined in the Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. section 1395dd, and the regulation 42 C.F.R. section 489.24(a) and referenced in the Centers for Medicare and Medicaid Services State Operations Manual Appendix V – Interpretive Guidance – In-Hospital Critical Care.
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Form
Cardiopulmonary Resuscitation

Emergency medical treatment administered to a patient in the event of the patient’s cardiac or respiratory arrest, and shall include cardiac compression,

endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications, and related procedures.
Patient Representative Definition

(1) An attorney in fact designated in a durable power of attorney for health care for a patient determined to be incapacitated under sections 404.800 to 404.872, RSMo; or (2) A guardian or limited guardian appointed under Chapter 475, RSMo, to have responsibility for an incapacitated patient.
Emergency medical services personnel are authorized to comply with the OHDNR protocol when presented with OHDNR identification or an OHDNR order. The Outside the Hospital Do Not Resuscitate (OHDNR) protocol includes the following standardized methods or procedures:

(1) An OHDNR order shall only be effective when the patient has not been admitted to or is not being treated within a hospital or has not yet come to the emergency department as defined in the Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. 1395dd, and the regulation 42 C.F.R. 489.24(a) and referenced in the Centers for Medicare and Medicaid Services State Operations Manual Appendix V – Interpretive Guideline – Responsibilities of Medicare Participating hospitals in Emergency Cases (Rev. 1, 05-21-04);

(2) Emergency medical services personnel shall not comply with an OHDNR order or the OHDNR protocol when the patient or patient’s representative expresses to such personnel in any manner, before or after the onset of a cardiac or respiratory arrest, the desire to be resuscitated;

(3) An OHDNR order shall not be effective during such time as the patient is pregnant;
(4) A properly executed OHDNR order authorizes emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from the patient in the event of cardiac or respiratory arrest. Emergency medical services personnel shall not withhold or withdraw other medical interventions, such as intravenous fluids, oxygen, or therapies other than cardiopulmonary resuscitation such as those to provide comfort care or alleviate pain. Nothing in this regulation shall prejudice any other lawful directives concerning such medical interventions and therapies;

(5) If any doubt exists about the validity of the OHDNR identification or an OHDNR order, resuscitation shall be initiated and medical control shall be contacted;

(6) If the OHDNR order or OHDNR identification is presented after Basic or Advanced Life Support procedures have started, the emergency medical services personnel shall honor the form and withhold or withdraw cardiopulmonary resuscitation from a patient who is suffering cardiac or respiratory arrest;

After noting the properly executed OHDNR order or OHDNR identification, no cardiac monitoring is necessary and no medical control contact is necessary; and Emergency medical services personnel shall document review of the OHDNR order and/or OHDNR identification in the patient care record.
FAQ (part 1)

Is my existing DNR form now illegal?  
No, any existing DNR form is still valid. It does not carry liability protection provided for the form developed in the statute or regulation.

Can the next of kin act as a surrogate and sign the new purple OHDNR form?  
No, only the patient or “patient representative” may sign the form. There is no language allowing surrogate in the statute.

What is a patient representative?  
As defined, a patient representative is, (1) An attorney in fact designated in a durable power of attorney for health care for a patient determined to be incapacitated under sections 404.800 to 404.872, RSMo; or (2) A guardian or limited guardian appointed under Chapter 475, RSMo, to have responsibility for an incapacitated patient.”

Are there instruction that will tell me how to complete the form?  
Yes, the form’s reverse side has instruction on how to complete the form.
FAQ (conclusion)

The form on the website is purple, but I don’t have a color printer. What should I do? *Complete the form on your computer and print it on purple card stock.*

Is there a specific color of purple designated? *No, any purple paper is accepted*

Can my OHDNR form be used while I am in the hospital? *The form is developed only to be used outside the hospital. That decision would need to be made by the hospital*
Boone County Fire Protection District
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Outside the Hospital Do-Not-Resuscitate Identification Card

I affirm that I have authorized an Outside the Hospital Do-Not-Resuscitate Order for this patient and have documented the grounds for the order in this patient’s medical file.

Attending Physician Signature: ___________________________
Attending Physician (print): ___________________________
Address: ___________________________ Phone: ________
Date: _____________________________

I, __________________________ (name) authorize emergency medical services personnel to withhold or withdraw cardiopulmonary resuscitation from me in the event I suffer cardiac or respiratory arrest.

I understand that if my heart stops beating or I stop breathing, no medical procedure to restart heart function or breathing will be instituted.

I understand that I may revoke this order at anytime.

Patient or Patient’s Representative
Signature: ___________________________ Date: ___________________________
Key Points

• Respiratory arrest counts

• “CPR” includes intubation, medications, ventilation and chest compressions

• “Come to the emergency department” language

• Medallions and ID cards

• First page of chart; photocopy or fax is okay

• Any color purple; should be cardstock

• Revocation by patient representative

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References

http://health.mo.gov/safety/ems/forms.php

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