

address of at least one adult witness and record it in the patient record. Record the corresponding Base Station record number in the patient care record.

5. In cases where child abuse and/or neglect is suspected, request the Houston Police Department (HPD) to immediately investigate. If indicated, HPD may take the child into protective custody to enable HFD to provide the necessary care and transportation to a medical facility. Additionally, ensure CPS is contacted in all cases.
6. All units shall notify the Base Station for any non-transport of a pediatric patient. The Base Station will maintain a record of all pediatric non-transports.
7. Refusals can only be made by legally designated guardians, not by EMS personnel.

#### 6.17 Out-of-Hospital DNR Orders

- A. Health and Safety Code Chapter 166 defines the Out-of-Hospital Do-Not-Resuscitate (DNR) law for the State of Texas. A DNR order may exist as a written order or as an identification device such as a bracelet or necklace. HFD EMS personnel shall honor an Out-of-Hospital DNR form provided:
  1. They can establish the identity of the patient as the person who executed the DNR order or for whom the DNR order was executed, and;
  2. It is a valid Out-of-Hospital DNR order; and
  3. It is an original or copy of the Texas Department of State Health Services form.
- B. An Out-of-Hospital DNR order is considered to be valid if it includes:
  1. Written responses in the places designated on the form for the names, signatures and other information required of persons executing or witnessing the execution of the order.
  2. A date in the place designated on the form for the date the order was executed.
  3. The signature of the declarant or persons executing the order and the attending physician's signature in the appropriate places.
  4. Once the original order has been properly executed and signed in the appropriate places, a photocopy or other complete facsimile of the completed form may be used for any purpose for which the original written order may be used. Reference *Example 6-1* for DNR example.
  5. The DNR Form was revised in 2010. The older TDH Standard OOH DNR form (revised May 17, 2000) is still a valid form and shall be honored.
- C. If these conditions (A,B) are not met, do not honor the Out-of-Hospital DNR order. Begin or continue resuscitation procedures.
- D. The DNR order (Written form or identification device), when available, must accompany the person during transport.
- E. Honor Out-of-Hospital DNR forms that appear to be valid unless the person or persons found at the scene:
  1. Identify themselves as the declarant or as the attending physician, legal guardian, parent, spouse or adult child of the person or agent of the person having a durable power of attorney for health care who executed the Out-of-Hospital DNR order on behalf of the person; **and**
  2. Request that CPR or certain life sustaining procedures be initiated or continued.
- F. An Out-of-Hospital DNR order is effective until it is revoked. There is no expiration.
- G. Honor DNR orders if:
  1. The patient presents with no pulse; or
  2. The patient presents with a pulse but no respirations; and
  3. There is a valid DNR order as described above.
- H. DNR orders will not be honored if:
  1. The order is not considered to be valid; or
  2. There is suspicion of homicide, suicide or other non-natural cause of death; or
  3. The patient is pregnant.

- I. In the event the patient expires prior to EMS arrival or during on-scene assessment and the DNR order is valid and uncontested, notify the tactical dispatcher of a fatality in order that HPD and the Medical Examiner's office are notified.
- J. If a patient expires during transport and the DNR is valid and uncontested:
  - 1. Honor the DNR and withhold resuscitative measures.
  - 2. Notify the Base Station. The Base Station will contact the receiving facility and advise them of the patient's expiration.
  - 3. Proceed to the receiving facility in a non-emergency fashion.
- K. In all cases where a patient is encountered for whom a DNR order is presented, notify Base Station to comply with reporting requirements of TDSHS.
- L. **When unsure of the correct action, contact an EMS Supervisor.**
- M. Out-of-State DNR Forms will be honored. DNR Orders in charts at Nursing Homes, etc. will be honored.
- N. State of Texas DNR bracelets will be honored and regarded as properly executed DNR forms.
- O. Advance Directives may be honored as a DNR provided it is apparent to the member that the patient suffers from an irreversible and terminal medical condition.
- P. A verbal declaration from a patient's physician (either in person or over the phone if identified as the patient's physician by the healthcare facility) with regard to DNR status or the wish to terminate resuscitative efforts should be treated as a DNR and should be appropriately documented on the run record.
- Q. A correctly completed DNR form will consist of completion of either:
  - 1. Any one of Sections A, B, C, D, or E, in addition to the "Two Witnesses" section, the "Physician's Statement" section and completed signatures at the bottom of the page, OR;
  - 2. Section F in addition to the completed signatures at the bottom of the page.

EXAMPLE 6-1

Figure: 25 TAC §157.25 (h)(2)

OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER
TEXAS DEPARTMENT OF STATE HEALTH SERVICES



This document becomes effective immediately on the date of execution for health care professionals acting in out-of-hospital settings. It remains in effect until the person is pronounced dead by authorized medical or legal authority or the document is revoked. Comfort care will be given as needed.

Person's full legal name \_\_\_\_\_ Date of birth \_\_\_\_\_ [ ] Male [ ] Female

A. Declaration of the adult person: I am competent and at least 18 years of age. I direct that none of the following resuscitation measures be initiated or continued for me: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Person's signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_

B. Declaration by legal guardian, agent or proxy on behalf of the adult person who is incompetent or otherwise incapable of communication:

I am the: [ ] legal guardian; [ ] agent in a Medical Power of Attorney; OR [ ] proxy in a directive to physicians of the above-noted person who is incompetent or otherwise mentally or physically incapable of communication.

Based upon the known desires of the person, or a determination of the best interest of the person, I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_

C. Declaration by a qualified relative of the adult person who is incompetent or otherwise incapable of communication: I am the above-noted person's:

[ ] spouse, [ ] adult child, [ ] parent, OR [ ] nearest living relative, and I am qualified to make this treatment decision under Health and Safety Code §166.088.

To my knowledge the adult person is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent or proxy. Based upon the known desires of the person or a determination of the best interests of the person, I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_

D. Declaration by physician based on directive to physicians by a person now incompetent or nonwritten communication to the physician by a competent person: I am the above-noted person's attending physician and have:

[ ] seen evidence of his/her previously issued directive to physicians by the adult, now incompetent; OR [ ] observed his/her issuance before two witnesses of an OOH-DNR in a nonwritten manner.

I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Attending physician's signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_ Lic # \_\_\_\_\_

E. Declaration on behalf of the minor person: I am the minor's: [ ] parent; [ ] legal guardian; OR [ ] managing conservator.

A physician has diagnosed the minor as suffering from a terminal or irreversible condition. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

TWO WITNESSES: (See qualifications on backside.) We have witnessed the above-noted competent adult person or authorized declarant making his/her signature above and, if applicable, the above-noted adult person making an OOH-DNR by nonwritten communication to the attending physician.

Witness 1 signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_

Witness 2 signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_

Notary in the State of Texas and County of \_\_\_\_\_. The above noted person personally appeared before me and signed the above noted declaration on this date: \_\_\_\_\_.

Signature & seal: \_\_\_\_\_ Notary's printed name: \_\_\_\_\_ Notary Seal

[ Note: Notary cannot acknowledge the witnessing of the person making an OOH-DNR order in a nonwritten manner ]

PHYSICIAN'S STATEMENT: I am the attending physician of the above-noted person and have noted the existence of this order in the person's medical records. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_ License # \_\_\_\_\_

F. Directive by two physicians on behalf of the adult, who is incompetent or unable to communicate and without guardian, agent, proxy or relative: The person's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgment, considered ineffective or are otherwise not in the best interests of the person. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Attending physician's signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_ Lic# \_\_\_\_\_
Signature of second physician \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_ Lic# \_\_\_\_\_

Physician's electronic or digital signature must meet criteria listed in Health and Safety Code §166.082(c).

All persons who have signed above must sign below, acknowledging that this document has been properly completed.

Person's signature \_\_\_\_\_ Guardian/Agent/Proxy/Relative signature \_\_\_\_\_
Attending physician's signature \_\_\_\_\_ Second physician's signature \_\_\_\_\_
Witness 1 signature \_\_\_\_\_ Witness 2 signature \_\_\_\_\_ Notary's signature \_\_\_\_\_

This document or a copy thereof must accompany the person during his/her medical transport.