

EMS Subspecialty Certification Review Course

1.4.8 End of Life Issues

1.4.8.1 Hospice

1.4.8.2 DNR/DNI, Advanced Directives, Physician
Orders for Life Sustaining Treatment (POLST)

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Learning Objectives

Upon the completion of this program
participants will be able to:

1. Describe differences between DNR/DNI,
Advanced Directive, and POLST.
2. List the strengths and limitations of each.
3. Describe how these may be incorporated into
local protocols.



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Introduction

- As the population ages, more patients will be in hospice care
- Death may occur at home or in hospital
- Some patients do not want to be resuscitated
- Call to EMS to help palliate suffering or provide additional
resources
- Several methods for patients to express their wishes for end-
of-life care
- **EMS protocols need to incorporate all of them**



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Do Not Resuscitate/Do Not Intubate



Medical orders to not resuscitate or intubate generally apply for those who are pulseless and apneic, but in some states or regions may apply to other situations in advanced directive

- Limitations:
 - May be unclear what to do if **not** pulseless and apneic
 - seriously ill patient who cannot talk and w/o a surrogate present
 - Documentation often not with the patient during the arrest
 - Sometimes family may appear late w/o paperwork asking to halt or initiate efforts



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Advanced Directives

- Written document expressing future wishes for care decisions, often aggressive versus palliative
- Crafted while patient has decision making capacity
- Only applies once the patient cannot make decisions for themselves (ie, is revocable if capacity exists)
- Generally two types:
 - Living Wills
 - Durable Power of Attorney
- Some states have medical POA

APPOINTMENT OF HEALTH CARE AGENT
I appoint the following health care agent:
Health Care Agent _____
Address _____
Telephone Number: Home _____ Work _____
E-mail _____
IF YOU DO NOT HAVE A HEALTH CARE AGENT, HEALTH CARE PROVIDERS WILL ASK YOUR FAMILY OR AN ADULT WHO KNOWS YOUR PREFERENCES AND VALUES FOR HELP IN DETERMINING YOUR WISHES FOR TREATMENT.



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Advanced Directive

Living Will

- Expresses wishes of patient in the event of permanent coma or terminal illness
- In acute phase of illness seen by EMS, it is often unclear if the patient's illness will result in permanent coma
- Often **Imprecise and does not address many potential scenarios**

Durable Power of Attorney

- Gives the power of decision-making to another individual
- May be temporary or permanent
- EMS protocol may permit the surrogate to make decisions on the patient's behalf
- Surrogate must be readily available



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Physician Orders for Life-Sustaining Treatment (POLST)

- Communicates patient's preference in form of medical orders in transition between outpatient and inpatient settings, or drafted by patient request
- Delineates:
 - If resuscitation should be attempted
 - If and when transport to the hospital should occur
 - The desired intensity of interventions



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Hospice

- Focuses on End of Life issues
 - Pain, emotion, spiritual
- Typically < 6m to live not seeking curative care
- Have an assigned caregiver that can be called 24/7

Families can still call EMS

- The hospice RN can be a resource

EMS Medical directors can modify dispatch criteria for hospice



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Withholding / Terminating Resuscitation

- Patient's have the right to limit resuscitation
 - DNR orders allow patients to direct care when they can not communicate
 - Allow EMS providers to respect autonomy
 - Providers must know local policies and laws
- Living wills – outline life wishes
 - May or may not have DNR section
 - Designate a healthcare proxy



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Withholding / Terminating Resuscitation

- Potential issues
 - Proxy not available
 - Paperwork not available/doesn't meet local legal standards
- When in doubt, initiate a full resuscitation
 - Resuscitation can be terminated in hospital
- DNR does not mean **no** care should be provided
 - Compassionate care should always be practiced
 - Specific palliative care can be part of protocol



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Take-Home Points

- Living Will: Expresses wishes of patient in the event of permanent coma or terminal illness. Often imprecise.
- Power of Attorney: Designated surrogate for the patient. Ideal if they are available during EMS treatment
- POLST: Medical order delineating patient's wishes for: resuscitation, transport, aggressiveness of care



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