


EL DORADO COUNTY EMS AGENCY

FIELD POLICIES

Effective: July 1, 2015

Reviewed: July 2017, 2019

Revised: N/A



EMS Agency Medical Director

HOSPICE PATIENTS

DEFINITIONS:

Allow Natural Death Order- A hospice form that is interchangeable with a DNR and is used for terminally ill patients currently under hospice care. This form must be completed and signed to be considered valid. **See Appendix A. for example**

Respite Care- is the term used to refer to the act of leaving a loved one with special needs in the temporary care of another party.

General Inpatient Care – term used for an increased level of hospice care requiring Pt. to be transported to an inpatient facility (specific hospital or SNF) for short term management of symptoms not manageable in the current place of residence.

PURPOSE:

To provide guidance for prehospital personnel in situations involving patients in hospice care.

PROCEDURE:

1. Patients who are terminally ill and under hospice care as evidenced by the initiation of call for service by hospice personnel may be transported from one care facility to another for the means of respite or other necessary care or procedures.
2. If at any time, a patient or a patient's legal representative request transport to the nearest emergency department, the prehospital personnel will comply with the request. The Base Station shall be contacted and apprised of the situation and will notify initiating hospice of the change in transport destination
3. If there is any question in either of the above items the prehospital personnel shall contact hospice at 530-621-7820 (West-Slope Only). For hospice situations on the East Slope contact the Base Station.

APPENDIX A



Patient Name: EXAMPLE DOB: _____

Allow Natural Death (DNR)

**Request to Limit the Scope of Emergency Medical Care
Do Not Resuscitate**

- I understand Allow Natural Death (DNR) means that if I stop breathing or my heart stops beating, no medical procedure to restart breathing or heart functioning will be initiated.
- I understand this decision will not prevent me from receiving other emergency medical care prior to my death.
- I understand I may change my decision at any time.
- I give permission for this information to be given to care providers, doctors, nurses or other personnel as necessary to carry out my wishes.

I hereby agree to the ALLOW NATURAL DEATH (DNR) order.

Patient/Legal Representative Signature _____
Date

Witness _____
Date

Attending Physician Signature _____
Date

NOT VALID

Medical Director Signature - *Jeanine Ellinwood, MD* _____
Date

Revocation Provision - I hereby revoke the Allow Natural Death (DNR) order.

Patient/Legal Representative Signature _____
Date