Colorado CPR Directives

Colorado Department of Public Health and Environment

Emergency Medical and Trauma Services Section
Course Objectives

- Upon completion of this class, you should be able to:
  - Identify the different types of CPR Directives that are permissible, valid, and should be honored.
  - Determine what information should be provided on a CPR Directive if it is to be considered valid.
  - Differentiate between declarant, individual, and “Authorized Agent”.
  - Demonstrate the procedures to be followed by EMS personnel when presented with a CPR Directive.
CPR (As Defined In the Statute)

• “Cardiopulmonary Resuscitation (CPR)”:
  – Measures to restore cardiac function or to support breathing in the event of cardiac or respiratory arrest or malfunction

• “CPR” includes, but is not limited to:
  – Artificial ventilation
  – Chest compression
  – Delivering electric shock
  – Placing tubes in the airway to assist breathing
  – Other basic and advanced resuscitative therapies
Other Important Definitions

- An "Authorized Agent“ is:
  - Court Appointed Guardian
  - Agent with healthcare decision-making authority appointed by power of attorney
  - Selected proxy
- The "Declarant“ is:
  - Individual named within the directive, or the authorized agent of that individual
- A “CPR Directive“ is:
  - Advance directive for administration of CPR
- A “Do Not Resuscitate Order (DNR)“ is:
  - Physician order not to perform CPR
- "Palliative“ refers to:
  - Measures taken to relieve pain and suffering
CO Regulatory Process

Colorado Revised Statutes

http://www.michie.com/Colorado

Title 15
“Probate, Trusts, and Fiduciaries”

Article 18.6
Directive Relating to Cardiopulmonary Resuscitation

6 CCR 1015-2
2010 Version “Rules”
Rules Pertaining to the Implementation of CPR Directives

2010 “Rules” - 6 CCR 1015-2

• More concise
• Aligns with the State Statutes
• Simplifies general protocols /procedures
• Clarifies “Rules and Responsibilities”
• Individuals have greater access to make a CPR Directive
Key Points 2010 Version

Section #1

- States the PURPOSE of a CPR Directive “form”
- Individuals right to accept or reject medical treatment
- Defines the authority of both the individual and EMS personnel

2010 Section #1
## Key Points 2010 Version

### Section 2

**Definitions**

<table>
<thead>
<tr>
<th>ADDED to 2010 version</th>
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<tbody>
<tr>
<td>“CPR Directive”</td>
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<tr>
<td>“Do NOT Resuscitate”</td>
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<tr>
<td>“Advance Directive”</td>
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<tr>
<td>“Individual”</td>
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<td>“Palliative”</td>
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Definition of “Authorized Agent” expanded
Key Points 2010 Version

CPR Directive Contents

Revocation

Bracelets or Necklaces

2010 Section #3
# Advance Directives

## CPR Directives
- Colorado Department of Public Health and Environment (CDPHE) website “template” ([www.coems.info](http://www.coems.info))
- Colorado “Blue” form

## Other Forms of Advance Directives
- Medical Orders for Scope of Treatment (M.O.S.T.)
- Physician Orders for Life-Sustaining Treatment (P.O.L.S.T.)
- Living Will
- Do Not Resuscitate (DNR)
- Five Wishes®
Colorado CPR Directives
EMS “GREEN” form

Patient Directive to withhold Cardiopulmonary Resuscitation (CPR)
State of Colorado

Authorized Agent’s Directive to withhold Cardiopulmonary Resuscitation (CPR)
State of Colorado

SEND FORM WITH PERSON WHenever TRANSFERRED OR DISCHARGED

Colorado Medical Orders for Scope of Treatment (MOST)

- FIRST follow three orders: THEN contact Physician, Advanced Practice Nurse (APN), or Physician Assistant (PA), for further orders if indicated.
- These Medical Orders are based on the person’s medical condition & wishes.
- Any section not completed implies full treatment for that section.
- May only be completed by, or on behalf of, a person 18 years of age or older.
- Everyone shall be treated with dignity and respect.

A CARDIOPULMONARY RESUSCITATION (CPR) Person has no pulse and is not breathing.
☐ No CPR Do Not Resuscitate/DNR/Allow Natural Death
☐ Yes CPR Attempt Resuscitation/CPR
When not in Cardiopulmonary arrest, follow orders B, C, and D

B MEDICAL INTERVENTIONS Person has pulse and/or is breathing.
☐ Comfort Measures Only: Use medication by any route, positioning, and other measures to relieve pain and suffering. Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. EMS-Contact medical control.
☐ Limited Additional Interventions: Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care: EMS-Contact medical control.
☐ Full Treatment: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care: EMS-Contact medical control.

C Antibiotics
☐ No antibiotics. Use other measures to relieve symptoms.
☐ Use antibiotics when comfort is the goal.
☐ Use antibiotics.

Additional Orders:

D ARTIFICIALLY ADMINISTERED NUTRITION AND HYDRATION
☐ No artificial nutrition/hydration by tube. (NOTE: Special rules for proxy by statute on page 3)
☐ Patient has executed a “Living Will” ☐ Patient has not executed a “Living Will”
☐ Defined trial period of artificial nutrition/hydration by tube.
(Length of trial: ___________ Goal: ___________)
☐ Long-term artificial nutrition/hydration by tube.

Additional Orders:

E DISCUSSED WITH:
☐ Patient
☐ Agent under Medical Durable Power of Attorney
☐ Proxy (per statute C.R.S. 15-185.5-103/6)
☐ Guardian
☐ Other:

[SECTION RESERVED FOR FUTURE USE]

SUMMARY OF MEDICAL CONDITION(S):

Physician/APN/PA Signature (mandatory) Print Physician/APN/PA Name, Address and Phone Number Date

Colorado License #: HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY


Template found at www.coems.info
Key Points 2010 Version

- Local protocols
  - Medical direction
  - Provides guidance for EMS personnel
- CPR Directive “forms”

2010 Section #4
Key Points 2010 Version

2010 Section #5

Compliance

Immunity

In absence of directive
The following scenarios are intended to show how these rules/regulations apply to field situations. Be prepared to discuss these in class.
Scenario ONE
Scenario #1, Version A

• 88 year old male at home
  – Cardiac arrest, collapse witnessed by family
  – Family provided CPR Directive
  – CPR Directive signed by individual

What do you do?
Scenario #1, Version B

- 88 year old male at home
  - Cardiac arrest, collapse witnessed by family
  - Family provided CPR Directive
  - CPR Directive is a legible photocopy of the original (with the proper signatures)

What do you do?
Scenario #1, Version C

• 88 year old male at home
  – Cardiac arrest, collapse witnessed by family
  – Family provided patient’s bracelet
    (like the one shown)

What do you do?
Scenario #2, Version A

- 77 year old female with hospice care giver present
  - Awake, alert, very slow heart-rate, feels weak
  - PT verbally revokes her CPR Directive
  - PT becomes unconscious
- What do you do?
Scenario #2, Version B

• 77 year old female at home
  – Awake, alert, very slow heart-rate, feels weak
  – PT becomes unconscious
  – Family provides CPR Directive from another state

• What do you do?

OUT of State
CPR Directive

Jane P. Doe
Scenario #2 Version C

- 77 year old female at Hospice
  - Awake, alert, very slow heart-rate, feels weak
  - PT becomes unconscious
  - Hospice employees can’t locate the patient’s CPR Directive

- What do you do?
Scenario #3, Version A

• 58 year old male in public
  – Feels ill, dizzy, weak
  – Becomes unconscious
  – CPR Directive in his wallet
  – Declarant did NOT sign Directive
  – Physician did NOT sign Directive

• What do you do?
Scenario #3, Version B

• 58 year old male in public
  – PT becomes unconscious
  – Family members disagree regarding PT treatment:
    • Daughter wants you to resuscitate and transport
    • Son provides CPR Directive signed by both his father, and his physician. Son states: “he does not want to be resuscitated”

• What do you do?
  YES
  NO!
Scenario #3, Version C

• 58 year old male in public
  – PT becomes unconscious
  – Daughter has proof that she is authorized agent
  – Daughter presents properly signed Directive
  – Daughter wants to **REVOKE** Directive
  – Daughter wants EMS personnel to start CPR

• What do you do?
Scenario FOUR
Scenario #4

• 9 year old female at home
  – Child in respiratory distress upon arrival
  – Child has a terminal illness (cancer)
  – Parents are both Authorized Agents
  – Parents only want “Palliative” care as stated on their properly signed CPR Directive

• What do you do?
Death and Dying

- Generally recognized process for both the patient and the survivors
  - Denial
  - Anger
  - Bargaining
  - Depression
  - Acceptance

- Understanding what the families and the patients experience can help you deal with the stress they feel as well as your own
Daily Concepts

• What you will see in the field
  – How you handle CPR Directives now………and beyond

• WHEN IN DOUBT
  – Follow local protocols and procedures
  – Call for medical direction
Points To Take Home

- CO CPR Directives have been revised
- There are several types of CPR directives
- CPR Directive must be immediately available
- Directive can be revoked by the person or their authorized agent
- EMS authorized to follow CPR directive
- EMS can call receiving hospital for guidance
Questions?
Colorado CPR Directives

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