General Principles

1. Colorado law recognizes the right of patients to make decisions regarding their care in the event of respiratory of cardiac arrest.
2. Patients may obtain and have signed by a physician a Do Not Resuscitate or CPR Directive form that specifically spells out their wishes under certain circumstances.
3. Colorado law also recognizes that patients may make their wishes known in other ways. Any definitive expression of the patient's wishes should be obeyed. This may include, but is not limited to, "unofficial" forms, bracelets, necklaces, and tattoos.
4. A CPR Directive may be implemented for a minor only after a physician issues a "Do Not Resuscitate" order and the parents of the minor (if married and living together), custodial parent, or legal guardian execute(s) a CPR Directive for the minor.
5. CPR Directive does not only apply to patients in full cardiac arrest, but should also be honored by withholding resuscitation in patients who are seriously ill or near arrest.

Procedure

1. Perform initial patient assessment.
2. Verify that the CPR Directive or Do Not Resuscitate Order matches the patient. If possible, try to verify identity of patient by an additional source (e.g., family member, driver's license or other readily available sources).
3. Upon verification of the CPR Directive, withhold CPR. If CPR has been started, it should be stopped.
4. If there is any question of the validity of the document or the identity of the patient, initiate full resuscitation measures and contact the base for guidance. Be sure to inform the base of the CPR Directive form, bracelet, or necklace, and the condition and history of the patient.
5. Complete documentation, including attaching a copy of monitor strips on each copy of the run report.
6. Provide appropriate emotional support to family if possible.

7. If the death occurs outside of a health care facility or if tissue donation has been declared, then the coroner is to be immediately contacted via law enforcement. If the declarant has indicated on the CPR Directives form a desire to donate any tissues, appropriate authorities should be notified.
8. The following resuscitation measures are to be withdrawn or withheld from a person who has a valid CPR Directive:
    a. CPR and chest compressions.
    b. Endotracheal intubation or other advanced airway management.
    c. Artificial ventilation.
    d. Defibrillation.
    e. Cardiac resuscitation measures and medications.
9. The following interventions may be administered or provided:
    a. Assist in maintenance of airway (non-advanced airway management, such as positioning).
    b. Suctioning.
    c. Oxygen.
    d. Pain medication.
    e. Control bleeding.
    f. Ambulance transportation.
10. In addition to the standard documentation, the following information should be documented when possible by the prehospital provider on the run report:
    a. Patient's status (e.g. condition found, medical history obtained).
    b. Type of "CPR Directive" found (document, bracelet or necklace).
    c. CPR Directive number.
    d. Name of attending physician, if known.
    e. Special circumstances which justify initiating resuscitation if this was done despite the presence of the CPR Directive.
    f. Monitor strips in at least two leads.

Additional Considerations

1. The patient may revoke the CPR Directive at any time by oral expression of revocation or by destruction of the CPR Directive form, bracelet or necklace. If a guardian, agent or proxy decision-maker executed the CPR Directive, then the guardian, agent or proxy decision-maker may revoke the CPR Directive.
2. CPR is to be initiated if the CPR Directive form, necklace or bracelet is not readily available, (i.e., being worn by or physically present with the patient). The bracelet or necklace is only available to the patient after the form has been properly executed. Removal of the bracelet or necklace may be construed as revocation. Therefore, if the bracelet or necklace is readily accessible but not on the patient, any question as to whether or not the Directive has been revoked should result in resuscitation until the situation is clarified.
3. Consult with Medical Control if you have questions about terminating CPR and transport. If not in full arrest, patients with CPR Directives may still be transported to provide comfort measures.
4. In the absence of the existence of a CPR Directive, a person's consent to CPR shall be presumed. The statutorily authorized CPR Directive is only one manner for a patient to document resuscitation preferences. Other "Do Not Resuscitate" forms and advance directives may be honored but base contact is required.
5. Under Colorado Law, refraining from performing CPR, when there is a CPR Directive, does not constitute assisting a suicide, and caregivers who honor a CPR Directive by withholding CPR are protected from legal liability.
6. Some CPR Directives specify which procedures and medications may be used under certain circumstances. Be sure to read the form carefully before withholding any treatment.