

Do Not Attempt to Resuscitate (DNAR)

Do not initiate resuscitation in the following situations prior to contacting Medical Control or Coroner:

- Obvious signs of death
 - Body decomposition
 - Lividity
 - Rigor mortis
 - Fetal maceration
- Presence of legal documents stating resuscitation should be withheld
 - POLST (Physician Orders for Life Sustaining Treatment)
 - MOLST (Medical Orders for Life Sustaining Treatment)
 - Advanced Directive, Living Will, DNR
- Guidance from a healthcare proxy or power of attorney to withhold resuscitation in the absence of formal written directions
- Patient's personal physician is present at the scene and decides that resuscitation is not to be initiated¹

- Disturb as little evidence as possible in case it becomes a crime scene
- Obtain EKG rhythm strip showing asystole in at least two leads² (unnecessary if injuries are incompatible with life)
- Include EKG rhythm strip in patient care report (or document why it was not obtained)

Document on-scene findings:

- Medical history
- Medications
- Last time patient was spoken to
- Trauma or deformity
- Unusual findings/circumstances
- Position found
- Skin temperature
- Pupils
- Names of significant bystanders

Contact Medical Control or Coroner for DNAR and/or Time of Termination³

¹ If the patient's physician decides that resuscitation should not be initiated, the on-scene should pronounce the patient after they have confirmed cessation of spontaneous circulatory and respiratory function. If the on-scene physician decides that resuscitation should be initiated, usual procedures should be followed (as per JPASD Protocol) unless the on-scene physician agrees to assume responsibility for patient care after discussion with the online Medical Control physician. See JPASD Introduction for further details.

² EKG electrodes may be placed posteriorly on patient's limbs if necessary

³ Medical Control physicians are authorized to withhold or terminate resuscitation (DNAR) and to provide a Time of Termination (TOT). Physicians are not authorized to pronounce a patient (i.e. provide a Time of Death) unless they are present at the scene, have witnessed, and can confirm cessation of spontaneous circulo-respiratory function.

For traumatic DNAR, see the **Adult Traumatic Prehospital Termination of Resuscitation** protocol.