

Pennsylvania's Out-of-Hospital Do-Not-Resuscitate Order and Physician Orders for Life-Sustaining Treatment

Similarities and Differences

The [Out-of-Hospital Nonresuscitation Act](#) (20 Pa.C.S. 5481-5488) which was effective January 2007, allows Emergency Medical Services (EMS) personnel who respond to a patient in cardiac or respiratory arrest in an outpatient setting to immediately withhold cardiopulmonary resuscitation (CPR) if they observe an Out of Hospital - Do Not Resuscitate order ([OOH-DNR](#)).

This is an order that has been issued by a person's attending physician, stating the patient qualifies for the order and [specific conditions are met](#). It must be signed and dated by the attending physician and by the patient or legal medical decision-maker. An OOH-DNR bracelet or necklace may also be issued but only if a previously issued OOH-DNR hard-copy order has been executed. The approved official form/necklace/bracelet is to be obtained from the approved [PA vendor](#). A copy of the approved form will not be honored by EMS.

According to protocol, this is the only order that allows EMS providers to withhold CPR/resuscitation. Any other order, including Physician Orders for Life-Sustaining Treatment (POLST), may not be followed and CPR should be initiated until medical command is contacted. However, the presence of the bright pink POLST form would simplify any discussion related to termination of resuscitation efforts with a medical command physician.

Pennsylvania's OOH-DNR and the POLST are similar in that they both address resuscitation and are to be considered as medical orders. Currently POLST is widely used and supported throughout our state in acute and long-term care, hospice and palliative care, inpatient and outpatient care. If a patient is unable to be engaged in the completion of either the OOH-DNR or the POLST, either document can be signed by a surrogate. The OOH-DNR requires the signature of the attending physician while the POLST may be signed by a physician, physician assistant or a certified registered nurse practitioner.

A critical difference between the OOH-DNR order statute and the POLST is the medical precondition to the issuance an OOH-DNR order that requires a patient to be in an end-stage medical condition or permanently unconscious. The POLST form is intended to be used by patients who are seriously ill or frail and whose health care professionals wouldn't be surprised if they died within a year.

The OOH-DNR order is limited to resuscitation. The POLST is specifically designed to document an individual's treatment choices for end-of-life care whether the choice is for resuscitation or no resuscitation. POLST orders also extend to addressing choices for full or limited medical treatment or comfort measures only. It is designed to be portable, travel with the patient and be respected in multiple care settings.

EMS providers frequently transport patients near the end of life from one facility to other sites, including another hospital, an inpatient hospice unit, skilled nursing facility, personal care home, or private residence. Specific communication prior to transfer is recommended to help assure that patient wishes are respected before, during and after transport.

Communication is also encouraged between a transferring facility and the receiving facility to provide notification that an OOH-DNR order or a POLST is in place and to confirm that resources necessary for continuity of care are available at the receiving facility.