

641—142.5(144A) Guidelines for non-EMS health care providers, patients, and organizations. In order to encourage understanding and implementation of OOH DNR orders and protocols throughout Iowa and honor a qualified patient's wishes and intent regarding the provision of life-sustaining procedures in an out-of-hospital setting consistent with the requirements of Iowa Code chapter 144A, the following guidelines should be considered.

142.5(1) Attending physicians who issue OOH DNR orders. The attending physician should ensure that the following are accomplished:

- a. Establish that the patient is qualified because the patient:
 - (1) Is an adult; and
 - (2) Has a terminal condition.
- b. Explain to the patient or the individual legally authorized to act on the patient's behalf the implications of an OOH DNR order.
- c. If the qualified patient or individual legally authorized to act on the patient's behalf decides that the patient should not be resuscitated, the attending physician may issue the OOH DNR order on the prescribed uniform order form. The order will direct health care providers to withhold or withdraw resuscitation.
- d. Explain to the qualified patient or the individual legally authorized to act on the patient's behalf how the OOH DNR order is revoked.
- e. Include a copy of the order in the qualified patient's medical record.
- f. Provide a copy of the order to the qualified patient or the individual legally authorized to act on the patient's behalf.

142.5(2) Qualified patients or legally authorized persons. A qualified patient or a person legally authorized to act on a qualified patient's behalf should:

- a. Make an informed decision concerning resuscitation in the face of a terminal condition.
- b. Ensure that the qualified patient's family members are aware of this decision and inform them of the location of the OOH DNR order and the purpose of an OOH DNR identifier.
- c. Understand the process for revocation as described in rule 641—142.6(144A).

142.5(3) Non-EMS health care providers. A non-EMS health care provider contemplating resuscitation for a patient should:

- a. Evaluate the patient's status and needs through an assessment consistent with the provider's training, certification and licensure.
- b. Determine that the presenting condition is within the scope of the patient's terminal condition and is not the result of a motor vehicle collision, fire, mass casualty or other cause of a sudden accident or injury.
- c. Determine the existence of an OOH DNR order or that the patient is wearing an OOH DNR identifier.
- d. Honor the OOH DNR order or OOH DNR identifier worn by the patient.
- e. Discontinue resuscitation if the OOH DNR order or OOH DNR identifier worn by the patient is discovered after resuscitation has begun.
- f. Provide comfort care to the patient at all times.
- g. If uncertainty exists regarding the validity or applicability of the OOH DNR order or identifier, the health care provider shall provide the necessary and appropriate resuscitation.
- h. Document compliance or noncompliance with the OOH DNR order and the reasons for not complying with the order, including evidence that the order was revoked or uncertainty regarding the validity or applicability of the order or OOH DNR identifier.

142.5(4) Hospitals. A hospital licensed under Iowa Code chapter 135B:

- a. Shall not be precluded from honoring an OOH DNR order entered in accordance with this chapter and in compliance with established hospital policies and protocols.
- b. Should, to avail itself of the immunities provided within Iowa Code chapter 142, establish such policies and protocols to address an OOH DNR order or identifier encountered on a person who presents to the emergency department or in any other area within the facility if the person presents as a patient or visitor.

c. Should integrate policies and procedures with the OOH DNR protocol for hospital-based ambulance service programs, if present.

142.5(5) *Other health care organizations.* A nursing home, home health care agency, hospice, or other health care organization should establish policies and protocols consistent with these rules to address admitted patients who have OOH DNR orders.