BCEHS | BC Emergency Health Services

PROCEDURE	
Title: **Advance Directives, Medical Orders for Scope of Treatment and No Cardiopulmonary Resuscitation Orders**	
Approved by: Vice President, Medical Programs	Approved: June 20, 2017 Next Review: 2022

This procedure relates to policy **Advance Directives, Medical Orders for Scope of Treatment and No Cardiopulmonary Resuscitation Orders** (BCEHS OPS 005).

Procedure

1. All reasonable steps should be taken to determine if there is an Advance Directive, Medical Order for Scope of Treatment or No CPR medical order in place for the patient.

2. Medical Orders for Scope of Treatment are not currently standardized across health authorities in BC. **Staff should familiarize themselves with local forms** (see Appendix A for electronic links and Appendix B for high level summary).

3. If there are reasonable grounds to believe that an Advance Directive exists, it must be followed. Medical Orders for Scope of Treatment must be signed and be less than one year old. An indication of the existence of a No CPR Medical Order must be verified with the appropriate documentation, or the presence of a MedicAlert® *No CPR* bracelet or necklet.

4. The presence of an Advance Directive, Medical Order for Scope of Treatment or No CPR order must be documented on the Patient Care Report (PCR). Copies of supporting documentation must be filed with the PCR. Where ParaCare has been deployed, digital photos are acceptable.

5. If a dispatcher, nurse or hospice worker verbally relays a medical order directing no CPR, from a physician to a paramedic, CPR must not be provided. In such cases, record on the PCR (i) the name of the person relaying the order, (ii) the physician's name, and (iii) the date and time the order was received.

6. In the unlikely event that an advance directive and a MOST or No CPR Order provide conflicting instructions, paramedics should note that the Emergency Health Services Act, section 11, absolutely prohibits medical care if the advance directive refuses consent to provide such care.

7. Refer to the attached algorithm (Appendix C).

Overriding an Advance Directive or Medical Order for Scope of Treatment

A competent patient can always make decisions regarding their own health care.

Advance Directives allow patients to state their decisions in writing regarding future healthcare treatments in the event they are either unable or not considered competent to communicate them. There are limited situations in which Advance Directives can be overridden. (For example, there may have been significant changes in medical knowledge, practice or technology since the Advance Directive was written.)

Medical Orders for Scope of Treatment are developed as part of a conversation between a physician (or, in some cases, a Nurse Practitioner) and the patient or the patient's substitute decision- maker. Medical Orders are required to be regularly reviewed with the physician (or relevant Nurse Practitioner) and, unless there has been substantive change, cannot typically be overridden by a substitute decision-maker.

An Advance Directive or Medical Order for Scope of Treatment **should not be overridden** without appropriate consultation and direction. In this or any situation where paramedics are uncertain regarding clinical interventions or CPR to be withheld, or where they believe that a medical order is inappropriate, EPOS should be contacted for clinical support.

APPENDIX A

Advance Directives, Medical Orders for Scope of Treatment and No Cardiopulmonary Resuscitation Orders | BCEHS Procedure

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MOST Forms available on the BCEHS Intranet at
https://intranet.bcas.ca/policy/manuals-guidelines-sops/index.html

Fraser Health Authority
Island Health
Northern Health Authority
Interior Health Authority
Vancouver Coastal Health Authority

GOALS OF CARE Forms available on the BCEHS Intranet at
https://intranet.bcas.ca/policy/manuals-guidelines-sops/index.html

Providence Health Care
BC Cancer Agency

Province of British Columbia (Ministry of Health) NO CPR Form

APPENDIX B

Advance Directives, Medical Orders for Scope of Treatment and No Cardiopulmonary Resuscitation Orders | BCEHS Procedure

VANCOUVER COASTAL HEALTH AUTHORITY VCH.0379|Oct.2015	
	Attempt CPR. In the event of an acute medical event, maximum therapeutic effort including referral to Critical Care and intubation
	Do not Attempt CPR
M1	No CPR. Supportive care, symptom management and comfort measures. Allow natural death.
M2	No CPR. M1 plus therapeutic measures and medications to manage acute conditions within the limits of the residential or other facility or program to which the patient / resident is admitted.
M3	No CPR. M2 plus admission to an acute care hospital (if not already admitted) for medical / surgical treatment as indicated. No referral to Critical Care.
C1	No CPR. Maximum therapeutic effort as in M3 including referral to Critical Care but **not including** intubation and ventilation.
C2	No CPR. Maximum therapeutic effort as in C1 including referral to Critical Care and **including** intubation and ventilation.

FRASER HEALTH AUTHORITY ADDI105016A Oct 2012	
	Attempt CPR. Automatically designated as C2
	Do not Attempt CPR
M1	Supportive care, symptom management & comfort measures. Allow natural death. Transfer to higher level of care only if patient's comfort needs not met in current location.
M2	Medical treatments available within location of care. Current location_____. Transfer to higher level of care only if patient's comfort needs not met in current location.
M3	Full Medical treatments excluding critical care.
C1	Critical Care interventions excluding intubation.
C2	Critical Care interventions including intubation.

PROVIDENCE HEALTH CARE CPF 0700 Oct 2013	
	Attempt CPR. In the event of serious acute illness: Maximum therapeutic effort including referral to Critical Care.
	Do not attempt CPR
M1	No CPR. Supportive care such as nursing care, relief of pain, control of fever, provision of fluids and continued management of standing chronic conditions.
M2	No CPR. M1 plus therapeutic measures and medications to manage acute conditions within the limits of the residential care facility or program to which the patient/resident is admitted.
M3	No CPR. M2 plus admission to an acute care hospital (if not already admitted) for medical /surgical treatment as indicated. No referral to critical care.
C1/ C2	No CPR. Maximum therapeutic effort as in M3 including referral to critical care.

BC CANCER AGENCY March 2015	
	Attempt CPR. Automatically designated as "Do Critical Care"
	Do not attempt CPR
Supportive Care only	Symptom management & comfort measures. Allow natural death. DNR.
Additional Measures	Supportive care plus additional therapeutic measures eg. Antibiotics and other medications, intravenous therapy, tube feeding. DNR.
Major Intervention	Full medical treatments including any major or surgical intervention excluding critical care. DNR.
Critical Care but no intubation	Critical care interventions excluding intubation. CPR. Non-invasive ventilation Y/N
Do Critical Care	Critical care interventions (transfer to CCU/ICU) including intubation. CPR.

ISLAND HEALTH AUTHORITY 01-01-102834-0 Feb 2016	
M1	Supportive care, symptom management and comfort measures only. *Care is for physical, psychological and spiritual preparation for an expected or imminent death. Do not transfer to a higher level of care unless to address comfort measures that cannot be met in current location. Allow a natural death.*
M2	Medical treatments within current location of care, **excluding** critical care interventions, CPR and intubation. *Transfer to a higher level of care only if patient's medical treatment needs cannot be met in current location. Goals of care and interventions are for cure or control of symptoms of illness. No critical care interventions.*
M3	Medical treatments including transfer to higher level of care, ***excluding*** critical care interventions, CPR and intubation. *Medical treatments are for cure or control of symptoms of illness. Transfer to a higher level of care may occur if required for diagnostics and treatment.*
C0	Critical Care Interventions, ***excluding*** CPR and intubation. *Patient is expected to benefit from and is accepting of any appropriate investigations and interventions that can be offered **excluding CPR, and intubation**.*
C1	Critical Care Interventions, ***excluding*** CPR but ***including*** intubation. *Patient is expected to benefit from and is accepting of any appropriate investigations and interventions that can be offered **excluding CPR**.*
C2	Appropriate Critical Care Interventions, ***including*** **CPR, and intubation.** *Patient is expected to benefit from and is accepting of investigations and interventions that can be offered.*

INTERIOR HEALTH AUTHORITY 829641 Dec 2015	
M1	Supportive care, symptom management and comfort measures only: Allow a natural death. Care is for physical, psychological and spiritual preparation for an expected or imminent death. Do not transfer to a higher level of care unless to address comfort measures that cannot be met in current location.
M2	Medical treatments within current location of care, excluding critical care interventions, CPR, intubation a/o defibrillation. Current location _____. Allow a natural death. Transfer to a higher level of care only if patient's medical treatment needs cannot be met in current location. Goals of care and interventions are for cure or control of symptoms of illness that do not require critical care intervention, CPR, defibrillation and/or intubation.
M3	Medical treatments including transfer to higher level of care but excluding critical care interventions, CPR, defibrillation and/or intubation. Allow a natural death. *Medical treatments are for cure or control of symptoms of illness. Transfer to a higher level of care may occur if required for diagnostics and treatment.*
C0	Critical care interventions, excluding CPR, defibrillation and intubation. Patient is expected to benefit from and is accepting of any appropriate investigations and interventions that are offered **except CPR, defibrillation and intubation.**
C1	Critical care interventions including intubation, but excluding CPR, and defibrillation. Patient is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered **except CPR and/or defibrillation.**
C2	Critical care interventions, including CPR, defibrillation and/or intubation. Patient is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered.

NORTHERN HEALTH AUTHORITY 10-111-5171 (LC-Rev-04/14)	
	Attempt CPR. Automatically designated as C2
	Do not Attempt CPR
M1	Supportive care, symptom management & comfort measures. Allow natural death. Transfer to higher level of care only if patient's comfort needs not met in current location.
M2	Medical treatments available within location of care. Current location_____. Transfer to higher level of care only if patient's comfort needs not met in current location.
M3	Full Medical treatments excluding critical care.
C0	Critical care interventions exclusive of CPR, intubation and/or defibrillation. Patient is expected to benefit from and is accepting of any appropriate investigations and interventions that can be offered **except CPR, intubation and defibrillation.**
C1	Critical Care Interventions excluding intubation.
C2	Critical Care Interventions including intubation.

APPENDIX C

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ADVANCE DIRECTIVE / MOST / NO CPR FLOWCHART

Adults only (age 19 and above)