

## INFORMATION FOR EMS PROVIDERS ABOUT CPR DIRECTIVES

Colorado law allows individuals (also called “declarants” in legal documents) to make their end-of life wishes known to others in documents called “advance directives.” Advance directives are usually written when individuals are relatively healthy and go into effect when the individuals cannot “speak” for themselves.

There are many types of advance directives. Living wills, medical durable powers of attorney, do not resuscitate orders, Five Wishes®, and others are example of methods allowed by Colorado law to document end-of-life wishes. Cardiopulmonary Resuscitation (CPR) Directives are one other type of advance directive.

The initial CPR Directive rules were adopted by the Board of Health in the 1990s. Since that time, many changes have occurred in the provision of prehospital emergency care as related to advance directives. Consequently, the rules pertaining to the implementation of CPR Directives by EMS personnel needed to be updated and revised.

A taskforce of the Colorado Department of Public Health and Environment (CDPHE), which included representatives from the department’s Emergency Medical & Trauma Services Section, EMS field personnel, medical directors, attorneys, coroners, members of the Colorado Advance Directives Consortium and the Colorado Center for Hospice & Palliative Care, completed a revision of the regulations governing implementation of cardiopulmonary resuscitation (CPR) directives by emergency medical service personnel. Those rules were adopted by the Board of Health in March 2010 and are effective as of April 30, 2010. For more information, please visit [www.coems.info](http://www.coems.info).

### **General Review:**

The basic purpose and use of a CPR directive are unchanged. The directive is signed by an individual or his/her proxy or agent indicating what that person wants done to them in the event of cardiopulmonary arrest or malfunction. The directive continues to contain certain information to assist EMS personnel with identification of the individual, and the directive is countersigned by a physician. EMS personnel are immune from any civil or criminal liability when, in good faith, they withhold CPR on the basis of a valid CPR Directive.

### **Changes in the revised CPR Directive rules:**

In general, the regulations have been brought more closely in line with statutory language and intent. Significant changes and clarifications include:

- To make it easier for individuals to prepare CPR directives, there will no longer be a single standardized form (e.g., the “blue form” ). Rather, a template is provided on the EMTS section’s website, which can be printed and filled out by the individual or the individual can make his/her own form based on the information in the template. This template of information, as well as the current “blue form”

which may still be used, adhere to the Board of Health's requirements of items of identification of the person and signature by a attending physician.

[www.cdphe.state.co.us/em/Operations/CPRDirectives/template.pdf](http://www.cdphe.state.co.us/em/Operations/CPRDirectives/template.pdf)

- Additionally, other manners of making a CPR directive, including other documents or items of information that clearly express an individual's wishes with respect to CPR are permissible, valid, and should be honored.
- A valid CPR directive that has been photocopied, scanned, faxed, or otherwise reproduced shall be honored.
- Refusal of CPR does not mean refusal of care and/or transportation. A patient with a CPR directive is to be evaluated by EMS personnel and be provided appropriate and available palliative (comfort care) treatment and measures as directed by local protocol or on-line medical control.
- Procedures to be followed by EMS when presented with a CPR directive are provided. These include:
  - In cases of cardiac or respiratory arrest or impending arrest, inquire whether the individual has an available CPR directive.
  - When presented with a CPR directive, obtain reasonable assurance that the individual is the person to whom it applies.
  - When presented with any valid CPR directive, EMS personnel shall not attempt to resuscitate that individual. If CPR has been initiated, it shall be discontinued.
  - Local medical direction and prehospital protocols shall be followed.
- In the absence of a CPR directive, these rules do not require EMS personnel to initiate CPR. Appropriate local treatment protocols for these types of situations should be followed.

### ***Frequently asked questions?***

#### **How do the CPR Directive Rules define CPR?**

“Cardiopulmonary Resuscitation (CPR)” means measures to restore cardiac function or to support breathing in the event of cardiac or respiratory arrest or malfunction. “CPR” includes, but is not limited to, artificial ventilation, chest compression, delivering electric shock, placing tubes in the airway to assist breathing, or other basic and advanced resuscitative therapies.

#### **Where do individuals (declarants) get a CPR directive?**

Colorado law allows a CPR directive to be a written document. A sample document or template that can be prepared as a CPR directive is available on the Colorado Department of Public Health and Environment's website at [www.coems.info](http://www.coems.info) or an individual can write his or her own CPR directive. Many clinics, doctor's offices,

hospitals and commercial vendors have forms which can be used to document end-of-life wishes. There is no requirement for use of one specific form.

**Can individuals still use the “blue” CPR directive form?**

Yes. Individuals can still use the “blue” form which has been recognized for years by EMS personnel and other healthcare providers. These forms are available from:

Progressive Services  
1925 S Rosemary St. Unit #H  
Denver, CO 80231  
(303) 923-0000  
[www.printwithpsi.com](http://www.printwithpsi.com)

**What information is required on a self written CPR directive?**

CPR directives made pursuant to the Board of Health rules must contain the following information:

- name, date of birth, sex, eye and hair color, and race or ethnic background;
- if applicable, the name of the hospice program in which the individual is enrolled;
- the directive concerning the administration of CPR to the individual;
- the signature or mark of the individual or authorized agent;
- the date on which the CPR directive was signed by the individual or authorized agent;
- the name, address, telephone number, and signature of the attending physician; and
- a written statement and signature(s) indicating a decision regarding tissue donation upon a patient's death, consistent with the revised uniform anatomical gift act.

**Are other forms of CPR directives allowed?**

Yes. Any document or item of information or instruction that clearly communicates the individual’s wishes or intent regarding CPR may be regarded as valid and the individual’s wishes honored. A CPR directive bracelet or necklace may be regarded as valid.

**Am I required to follow a CPR directive?**

Yes. Any CPR directive that is apparent and immediately available to EMS personnel and which directs that resuscitation not be attempted constitutes lawful authority to withhold or discontinue CPR.

**Can individuals change their mind or revoke a CPR directive?**

Yes. A CPR directive may be revoked at any time by the individual who is the subject of such directive.

**Can someone else revoke a CPR directive?**

Only those CPR directives executed originally by a guardian, agent, or proxy decision maker may be revoked by that same guardian, agent, or proxy decision maker. The individual may revoke his or her own CPR directive at any time.

**If I encounter a valid CPR directive, what should I do?**

A valid CPR directive that indicates the person wishes that CPR be withheld constitutes lawful authority to withhold or discontinue CPR.

- Obtain reasonable assurance that the individual is the person to whom it applies.
- Do not attempt to resuscitate that individual.
- “CPR” includes, but is not limited to, artificial ventilation, chest compression, delivering electric shock, placing tubes in the airway to assist breathing, or other basic and advanced resuscitative therapies.
- If CPR has been initiated, it shall be discontinued.
- Local medical direction and prehospital protocols should be followed.

**What if the individual has a CPR directive but he/she is not in cardiac arrest?**

A valid CPR directive and refusal of CPR does not mean refusal of care. An individual with a CPR directive should be evaluated by EMS personnel and be provided appropriate and available palliative treatment and measures. These treatments and palliative care may include but are not limited to:

- Appropriate medications
- Maintain open airway, non-invasive
- Provide suction
- Provide oxygen
- Control bleeding
- Be supportive to patient and family

**What if it is a copy and not the original?**

A valid CPR directive that has been photocopied, scanned, faxed or otherwise reproduced should be honored. Original signatures are no longer required.

**Does a CPR directive expire?**

No. The individual may revoke the CPR directive, but it does not expire.

**Is it considered “failure to act” if I follow a CPR directive?**

EMS personnel, who, in good faith, comply with a CPR directive, cannot be subject to civil or criminal liability or regulatory sanction for such compliance, pursuant to Section 15-18.6-104, C.R.S.

**What if I am just not sure the patient has a valid CPR directive?**

If there is any question about the validity of a CPR directive or the identity of the individual, resuscitation should be initiated. Consult with your local medical direction and follow your local protocols at all times.