



End of Life Care

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- Advance directives
 - Provide means for communication of patients' wishes at their ends of life
- Determination of obvious death
 - When resuscitation is not likely to result in meaningful benefit to the patient
- Termination of resuscitation
 - When further resuscitation is not likely to result in meaningful benefit to the patient

Note: There is additional information contained throughout the presentation in the notes section of the PowerPoint



- Patients have the right to end of life care consistent with their wishes
- Laws are in place to facilitate EMS compliance with these wishes
- Advance directives provide means for communication of these wishes
- Some advance directives may be honored directly by EMS and others may require medical control consultation



- EMS may honor:
 - MOLST or eMOLST
 - NYS form DOH-5003
 - Sections on resuscitation and intubation
 - Section on IV therapy and transportation to the hospital
 - Non-hospital DNR
 - NYS form DOH-3474
 - Bracelet
- EMS requires medical control to honor:
 - Living will
 - Health care proxy



- Medical Orders for Life Sustaining Treatment
 - Valid for all of NYS
 - Replacing non-hospital DNR
- MOLST (DOH-5003) is a bright pink form
- Must be signed by a physician to be valid
- Photocopies are acceptable
- eMOLST is an electronic version of the form that may be printed
 - Electronic signatures on the printed eMOLST form are considered valid



- Originally, these were only used in Monroe and Onondaga counties as part of a pilot program
- Some old forms may still include language to restrict use to these two counties
 - *Ignore* this restriction if it is printed on the form*
 - MOLST forms are valid statewide

*Chapter 197 of the Laws of 2008 signed by Gov. David Paterson make MOLST forms valid statewide and render the restriction to Monroe and Onondaga Counties obsolete. This is reflected in NYS DOH Policy 08-07.



- This section **ONLY** applies to those in cardiac arrest (not breathing and no pulse)
- One box indicates that the patient wishes to be DNR (AND - Allow Natural Death is also listed as a term)
- One box indicates that full resuscitation should be initiated
- **YOU MUST** read the form to assure you follow the patient's wishes and the doctor's order



- This section applies to patients, even if they are not in cardiopulmonary arrest
- Instructions may extend beyond simply intubation
- The “Instructions for Intubation and Mechanical Ventilation” are to be honored by EMS
- It can be difficult to watch a patient in respiratory distress who has a MOLST that indicates DNI – if you have any questions, please call medical control



- General: Advance Directives (2-3) protocol indicates that the provider should honor any valid directive on the signed document, copy, or printed MOLST/eMOLST
 - IV fluids may be indicated or withheld
 - Transport to the hospital may be withheld
- If there is a question regarding the most appropriate action to take, based on instructions on the MOLST/eMOLST, consult medical control



- Non-Hospital Order Not to Resuscitate (DOH-3474) is being replaced by MOLST/eMOLST
- This form, or the accompanying NYS approved bracelet or necklace, may still be in use and is still considered valid
- This document *only* applies to patients who are in cardiac arrest (no breathing and no pulse)
- A valid, signed form must be honored unless it is known that it has been revoked



- If there are multiple non-hospital DNR and/or MOLST/eMOLST forms present, the valid document with the most recent date implementation/review should be honored
- Only the MOLST/eMOLST has direction regarding intubation so that form should be honored regarding DNI/ventilation
- Check section F of the MOLST/eMOLST to determine when the document was last reviewed



- DNR orders *only* apply if the patient is in cardiac arrest
- MOLST/eMOLST may indicate additional treatment restrictions
- No other limitations of care should be assumed



- Legal document designating an individual to make health care decisions for a patient when he or she cannot
- Directives from a health care proxy cannot be honored by EMS
- Contact medical control for direction regarding treatment wishes conveyed by a health care proxy



- Legal document indicating a patient's wishes regarding medical care in circumstances when they cannot express informed consent
- This is not a physician order
- Directives indicated on a living will cannot be honored by EMS
- Contact medical control for direction regarding treatment wishes conveyed by a living will



- Not specific to healthcare
- Can grant broad power for an individual to make decisions one's behalf or be limited to decisions regarding certain legal or financial matters
- In NYS, there must be a separate Health Care Proxy form completed in order to designate a surrogate decision maker for healthcare-related issues



- Outlines criteria for withholding or stopping resuscitation efforts for cases in which resuscitation is not likely to result in meaningful benefit to the patient
- Any single criterion is sufficient to determine obvious death in the apneic and pulseless patient:
 - Valid DNR, MOLST, or eMOLST indicating no resuscitation
 - Signs, such as decomposition, rigor mortis, dependent lividity (livor mortis), or injury incompatible with life
 - Traumatic arrest without organized ECG activity (see notes)
 - Patient submerged for greater than one hour in any water temperature



- Outlines *standing order* criteria for stopping resuscitation efforts for cases in which further resuscitation is not likely to result in meaningful benefit to the patient
- For this protocol, all of the following criteria must be met:
 - Age 18 or older
 - Arrest not witnessed by a bystander or by EMS
 - No bystander administered CPR
 - No AED or manual shock delivered
 - No return of spontaneous circulation at any time
 - At least 20 minutes of resuscitation has been provided



- Is difficult... be honest and empathic
- Notifying the family of the death of a loved one is a difficult, yet acquired skill
- Providers should be familiar with the appropriate communication skills required and have practice with the delivery of bad news