



## An incompetent adult...

- 1) is under the influence of alcohol or drugs
- 2) has an altered mental status
- 3) has a serious illness or injury that may affect judgment
- 4) has a mental illness or intellectual disability





Advanced Directives or Do Not Resuscitate Orders (DNRs)

## Check whether or not the DNR is:

- 1) Physically present
- 2) Accompanied by a doctor's written instructions
- 3) Written clearly and concisely and signed by the patient

3

SUPERIOR HEATS			
	PREHOSPITAL DO NOT ATTENDING PHYSICIAN In completing this prehospital DNR form, please ch	RESUSCITATE ORDERS	
	personnel is indicated. Please check Part A and opt prehospital personnel are indicated. To give a valic completed by the patient's attending physician and	tions from Part B if specific interventions by I prehospital DNR order, this form must be	
	A)Do Not Resuscitate (DNR): No Cardiopulmonary Resuscitatio	in or Advanced Cardiac Life Support be	
	B) Modified Support: Prehospital personnel administer	the following checked options:	
	Oxygen administrat Full airway support: Venipuncture: IV cry	ion intubation, airways, bag/valve/mask ystalloids and/or blood draw	
	External cardiac pac Cardiopulmonary re Cardiac defibrillator Pneumatic anti-shoc	suscitation	
	Ventilator ACLS meds	(medications (physician specify)	
	Prehospital personnel are informed that (print patie should receive no resuscitation (DNR) or should rec is medically appropriate and is further documented patient's permanent medical record. Informed com patient's legitimate surrogate is documented on the is in full force and effect as of the date indicated being the state of the state of t	eive Modified Support as indicated. This directive by a physician's order and a progress note on the sent from the capacitated patient or the incapacitated patient's permanent medical record. The DNR order	
	Attending Physician's Signature		
	Print Attending Physician's Name	Print Patient's Name and Location (Home Address or Health Care Facility)	2500
	Attending Physician's Telephone		
	Date	Expiration Date (6 Mos from Signature)	AT
	Figure 3-1 Example of an EMS do not resus	citate (DNR) order.	12/ 3
			- All
			3 - 8

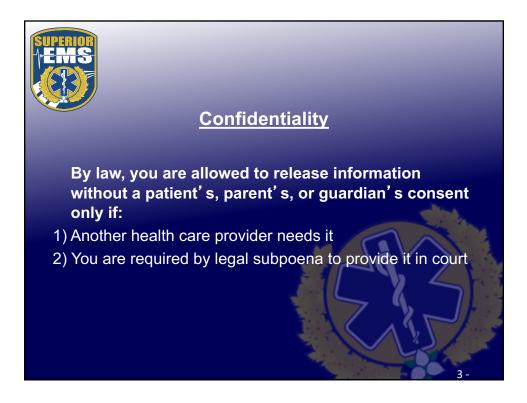
	ESPONSIBILITY WHEN PATIE	
This is to certify that I,		am refusing the service(s)
	ervice and its staff and absolve the Service	
,	iny and all responsibility from any ill effe	cts or adverse outcomes which may
result from this action.		
c;	Witness	
Signed	vv intess	





## Legal Aspects of Emergency Care

- <u>Common Assault</u> Obtain consent before touching a patient's clothing or body
- <u>Abandonment</u> Once care is started, you must continue until equally trained or higher-trained personnel take over
- <u>Negligence</u> Your care must adhere to a standard of care





## **Volunteer Service Acts**

While off duty, you may not be legally required to stop and assist at a scene, but there is a recognized duty to assist according to your level of certification when you do render help.

