



LifeCircle™
SOUTH DAKOTA

Partners Improving End of Life Care

Cardiopulmonary Resuscitation Directive

SDCL 34-12F & ARSD 44:05:06

<http://legis.state.sd.us/statutes/DisplayStatute.aspx?Statute=34-12F&Type=StatuteChapter>

SD Cardiopulmonary Resuscitation Directive for DNR

- An advance medical directive pertaining to the administration of cardiopulmonary resuscitation, which is a medical order based on informed consent, signed by or on behalf of an individual and a physician, a physician assistant, or a nurse practitioner, directing emergency medical services personnel to not perform resuscitative measures in the event of a respiratory or cardiac arrest or malfunction. (from statute)

SDCL 34-12F

- Adopted 2004, amended 2005
- Allows cardiopulmonary resuscitation directives, DNR
- At least 40 states have similar laws
- Allows EMS personnel to withhold or withdraw certain treatment
- Protects EMS personnel from liability for following the patient's wishes
- ARSD 44:05:06 effective 9-5-2005

comfort
ONE



Comfort One

- Started in Montana, also used in Wyoming, Idaho & Alaska
- Commended by National Association of EMS Directors and National Association of EMS Physicians
- Uses both a document and a unique bracelet
- Presence of **either** is sufficient



**EMS
CARIOPULMONARY
RESUSCITATION
DIRECTIVE**



PATIENT INFORMATION (Type or Print)

Patient Name: _____ # _____

Address: _____ City: _____ State: _____ Zip: _____

D.O.B: _____ Gender: M- F- Eye Color: _____ Hair Color: _____

Race/Ethnic Background: _____

Hospice Program Name (if applicable): _____

Attending Physician, Physician Assistant, or Nurse Practitioner Name, Address & Phone Number:

CERTIFICATION OF COMFORT ONE STATUS/EMS-CPR ADVANCE DIRECTIVE

This form constitutes reliable documentation that the above identified patient is certified as a **COMFORT ONE** patient and as such directs EMS personnel, health care providers and health care facilities to not resuscitate the patient in accordance with the South Dakota EMS Cardiopulmonary Resuscitation Directive Statute.

DO NOT RESUSCITATE

Patient Signature: _____ Date: _____

My signature below constitutes and confirms standing orders to emergency medical services personnel, health care providers and health care facilities to follow the **COMFORT ONE** / South Dakota EMS Cardiopulmonary Resuscitation Directive protocols. I affirm that this order is written in accordance with accepted medical and ethical guidelines.

Physician, Physician Assistant, or Nurse Practitioner Signature: _____ Date: _____

Important Information to Patient, Revocation

INFORMATION TO PATIENT

This form certifies you as a **COMFORT ONE** patient under South Dakota law. If this form or **COMFORT ONE** bracelet is presented to pre-hospital emergency response personnel, they are required to provide the care described on the reverse side. Emergency medical care will be directed at preventing avoidable suffering and providing supportive comfort measures. It is understood that as a **COMFORT ONE** patient you will be allowed to die in the natural course of your illness or disease.

REVOCATION

The **COMFORT ONE** status of the patient may be revoked, at any time by the patient or the person authorized to make medical decisions for the patient. Written notice of the revocation shall be provided in writing as soon as practical to the Department, the attending physician and to those who have actual notice of the CPR directive.

If this form or a bracelet is not immediately available the patient will be resuscitated!

PATIENT'S COPY

34-12F-8 Revocation of directive

- An EMS cardiopulmonary resuscitation directive may be revoked at any time by the person who is the subject of the directive or by any other person who is, pursuant to the laws of this state or any other state, authorized to make medical treatment decisions on behalf of the person who is the subject of the directive.

Emergency Medical Technicians (EMTs) and Paramedics

- Are not Doctors
- Work in the field
- Follow protocols
- **Therefore, Comfort One directives are NOT customizable**

Comfort One outlines on the reverse side of the form what care EMS will provide for patients

- Even though advanced resuscitation is not provided, all efforts are focused on comfort for the patient and family

The reverse side of the Comfort One document states what can and what can not be done

INFORMATION FOR EMERGENCY MEDICAL SERVICES PERSONNEL

If you are presented with the **Comfort One** form or encounter a patient wearing a **Comfort One** bracelet, South Dakota law requires that you follow the **Comfort One**/South Dakota EMS Cardiopulmonary Resuscitation Directive protocols.

For a **Comfort One** patient, emergency medical services personnel:

Will do for a Comfort One patient:

For a **Comfort One** patient, emergency medical services personnel:

WILL:

- Assist in maintenance of an open airway, **excluding** advanced airway procedures such as the insertion of PtL, combitubes or endotracheal intubation;
- Provide suction;
- Provide oxygen;
- Provide pain medications as directed by patient's physician, physician assistant, or nurse practitioner;
- Control bleeding;
- Provide comfort care; and
- Be supportive to patient and family.

Will Withhold or Withdraw:

If someone else has already begun resuscitating a **Comfort One** patient prior to your arrival you:

WILL WITHHOLD OR WITHDRAW:

- Chest Compressions;
- Defibrillation;
- Advanced airway procedures;
- Assisted breathing; or
- Administration of resuscitation medications.



- EITHER document (white page) or bracelet must be present
- Once signed by both patient & healthcare provider (MD keeps yellow page), it's effective both outside of healthcare facilities (EMS) and inside such facilities
- In facility, it's treated as a physician's order, until revoked

34-12F-6. Directive for person admitted to health care facility

- An EMS cardiopulmonary resuscitation directive for any person who is admitted to a health care facility shall be implemented as a physician's order concerning resuscitation as directed in the EMS cardiopulmonary resuscitation directive, pending any further order by a physician.



Summary

- South Dakota's out of hospital DNR order
- Protects EMS providers from liability & allows them to follow the patient's wishes, respects autonomy
- Document must be signed by patient and healthcare provider and pink copy sent to Department of Public Service by clinic or agency
- EMS recognizes either the form or bracelet, if neither is present, they will resuscitate

Order forms

- Can be ordered only by a physician or representative
- SD EMS

[http://www.state.sd.us/dps/EMS/EMT Information/dnr form request.htm](http://www.state.sd.us/dps/EMS/EMT_Information/dnr_form_request.htm)



CARDIOPULMONARY RESUSCITATION DIRECTIVES

Cardiopulmonary Resuscitation Directive (DNR) is an advance medical directive pertaining to the administration of cardiopulmonary resuscitation, which is a medical order based on informed consent, signed by or on behalf of an individual and a physician, a physician assistant, or a nurse practitioner, directing emergency medical services personnel to not perform resuscitative measures in the event of a respiratory or cardiac arrest or malfunction.

Click on the law for the specific definition.

[Cardiopulmonary Resuscitation Directive 34-12F](#)-defines terms and criteria for DNR Directives.

[EMS cardiopulmonary resuscitation directives 44:05:06](#)-defines terms and criteria for EMS personnel.

[comfort ONE Patient Information Form](#)-view Cardiopulmonary Resuscitation Directive form.

(Requires Adobe Reader)

[comfort ONE bracelet](#)-click to view ordering information.

To request forms please complete the on-line application: [comfort ONE form request](#).

Resources

- http://www.state.sd.us/dps/ems/EMT_Information/dnr.htm

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