**Section 515.380 Do Not Resuscitate (DNR) and Practitioner Orders for Life-Sustaining Treatment (POLST) Policy**

a) A System shall adopt a Regional standardized DNR and POLST policy for use by System personnel. The policy shall be implemented only after it has been reviewed and approved by the Department, in accordance with the requirements of this Section. For purposes of this Section, DNR refers to the withholding of cardiopulmonary resuscitation (CPR) and cardiocerebral resuscitation (CCR); electrical therapy to include pacing, cardioversion and defibrillation; invasive airway management and manually or mechanically assisted ventilations, unless otherwise stated on the DPH Uniform POLST Advance Directive. POLST refers to the recording of a person's desires for life-sustaining treatment and palliative care.

b) The policy shall include, but not be limited to, specific procedures and protocols for cardiac arrest/DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during inter-hospital transfers or transportation to or from home.

c) The policy shall include specific procedures and protocols for withholding CPR and CCR in situations where explicit signs of biological death are present (e.g., decapitation, rigor mortis without profound hypothermia, profound dependent lividity), or the patient has been declared dead by a coroner/medical examiner or the patient's physician. The policy shall include recording such information on the patient care report.

d) The policy shall include specific procedures and protocols for a person's desire for life-sustaining treatment and palliative care.

e) For situations not covered by subsection (c), the policy shall require that resuscitative procedures be followed unless a valid DPH Uniform POLST advance directive is present.

f) *The Department of Public Health Uniform POLST form, or a copy of that form, National POLST form, or another state’s POLST portable medical orders form*, the formally sanctioned forms created in the fashion of the National POLST, or out-of-hospital Do Not Resuscitate orders faithfully executed in other states *shall be honored.* (Section 3.57 of the Act) Systems shall also have a policy in place concerning recognition of other DNR and POLST advance directives. The information required on the POLST form advance directive includes, but is not limited to, the following items:

1) Name of the patient;

2) Name and signature of authorized practitioner;

3) Effective date;

4) The phrase "Do Not Resuscitate" or "Practitioner Orders for Life-Sustaining Treatment" or both;

5) Evidence of consent:

A) signature of patient;

B) signature of legal guardian;

C) signature of durable power of attorney for health care agent; or

D) signature of surrogate decision-maker.

g) A living will by itself cannot be recognized by pre-hospital care providers.

h) Revocation of a written DNR or POLST Advance Directive shall be made only in one or more of the following ways:

1) The advance directive is physically destroyed by the authorized practitioner who signed the advance directive or by the person who gave written consent to the advance directive; or

2) The advance directive is verbally rescinded by the authorized practitioner who signed the advance directive or by the person who gave written consent to the advance directive, the word "VOID" is written in large letters across the front of the advance directive, and the advance directive is signed and dated by the authorized practitioner who signed the advance directive or by the person who gave written consent to the advance directive.

i) A System's DNR and POLST policy shall require System personnel to make a reasonable attempt to verify the identity of the patient (for example, identification by another person or an identifying bracelet) named in a valid DNR or POLST advance directive.

j) The policy shall describe the roles of the on-line medical direction physician and ECRN in DNR or POLST situations.

k) The policy shall state which System EMS Personnel are authorized to respond to a valid DNR or POLST advance directive (Paramedic, PHRN, PHAPRN, PHPA, A-EMT, EMT-I, EMT, EMR).

l) The policy shall cross-reference the System's coroner/medical examiner notification policy.

m) The policy shall describe the System's program for educating System personnel concerning the DNR or POLST policy.

n) The policy shall identify the quality assurance measures specific to this policy, including the methods and periods of review.

(Source: Amended at 48 Ill. Reg. 16159, effective November 1, 2024)