Pediatric Hospice Patients

APPROVED:  

EMS Medical Director               EMS Administrator

1. Purpose
1.1 To establish procedures for prehospital personnel to recognize and follow modified Do Not Resuscitate (DNR) directives and other specific prehospital treatment plans pertaining to pediatric hospice patients.

2. Policy
2.1 Modified DNR directives and other special instructions for pediatric hospice patients will be followed according to the procedures outlined in this policy. Any modification to a DNR directive must be noted on the Pediatric Prehospital Treatment Form and signed by the child’s parent/legal guardian and hospice medical director. All Pediatric Prehospital Treatment Forms will be reviewed and approved by the EMS Medical Director.

3. Scope
3.1 This policy applies to a certain population of pediatric patients with life threatening or terminal illnesses, whose care is managed by a hospice program recognized by San Mateo County EMS.

4. Definitions
4.1 Pediatric hospice patients refers to children, with life threatening or terminal illnesses, who are being case managed by a hospice program. A pediatric hospice patient may exceed the defined age of a pediatric patient, as many suffer from chronic conditions and are followed by pediatric specialists throughout the course of their lives.

4.2 A hospice program’s Pediatric Prehospital Treatment Form is a form that will provide prehospital personnel with general information concerning a pediatric hospice patient including their DNR status and if any modifications to the DNR
directive exist. Any modification to a DNR directive will be clearly specified on the Pediatric Prehospital Treatment Form. Any additional special instructions/pertinent information concerning the prehospital care of the pediatric hospice patient will also be included on this form.

4.3 **EMS Medical Director’s Form** is a form that indicates that the EMS medical director has reviewed the hospice medical director’s special instructions on the Pediatric Prehospital Form.

4.4 **Do Not Resuscitate** (DNR) means that in the event of a cardiac arrest or respiratory arrest the following interventions are not performed: chest compressions, defibrillation or cardioversion, assisted ventilations, airway intubation or cardiotonic drug administration.

4.5 **Modified Do Not Resuscitate** (DNR) means that a pediatric hospice patient has a recognized DNR directive in place but the parent/legal guardian has requested some type of modification. The modified DNR order will be noted on the Pediatric Prehospital Treatment Form along with the specific modification(s).

4.6 **Supportive Care** means Basic Life Support (BLS) and/or Advanced Life Support (ALS) interventions are aimed at reducing pain and suffering, providing safety, alleviating discomfort and maintaining the patient’s dignity. Supportive care consists of, but is not limited to, basic airway maneuvers, removal of airway obstructions, oxygen administration, ventilation, hemorrhage control, pain control and transportation to a receiving facility.

4.7 **Prehospital non-emergent home visit** means a prescheduled visit to the home of a pediatric hospice patient made by public and/or private prehospital providers at the request of the child’s parents/legal guardians or hospice staff.

4.8 **Hospital of choice** means the hospital to which the parent wants the child taken (which is usually the hospital at which the child normally receives his/her hospital care).

5. **Procedure**

5.1 Hospice staff will notify the EMS Agency when a San Mateo County pediatric hospice patient is identified. The hospice program’s Pediatric Prehospital Treatment Form will be completed on all identified patients. If the pediatric hospice patient has a modified DNR directive, it will be noted on this form. Modifications and special instructions will be clearly stated. Special instructions not pertaining to DNR directives may also be noted on this form.

5.2 This Pediatric Prehospital Treatment Form will be signed by the patient’s parent or legal guardian and the hospice medical director and sent along with a copy of the DNR (if applicable) to the EMS Agency. The EMS medical director will review and indicate his approval of the hospice medical director’s special instructions by signing the EMS Medical Director’s Form (electronic signature or handwritten). Legible copies of the forms will be kept with the child’s home medical records and on file at San Mateo County EMS.

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5.3 The EMS Agency will notify the appropriate EMS Coordinator and AMR Operations Manager of all identified pediatric hospice patients and provide them copies of the following: 1) Pediatric Prehospital Treatment Form, 2) EMS Medical Director’s Form and 3) DNR (if applicable).

5.4 The EMS Agency will notify the hospital of choice’s ED Nurse Manager and provide copies of the following: 1) Pediatric Prehospital Treatment Form, 2) EMS Medical Director’s Form and 3) DNR (if applicable).

5.5 Hospice staff and/or the child’s parents/legal guardian may request that a prehospital non-emergent home visit be made. The intent of the visit is to familiarize prehospital personnel, prior to an emergent event, with the child, his/her special condition/circumstances/equipment, the family and the home setting. Subsequently, unique needs of the child and family can be noted and supported by prehospital personnel should an emergent situation arise. All pertinent medical information/equipment, including the Pediatric Prehospital Treatment Form, should be reviewed during the visit.

5.6 Hospice case managers will notify “EMS on Call” through Public Safety Communications Dispatch Center (650-363-4981) as soon as possible if any modifications are made to a patient’s prehospital treatment plan. They will also notify the EMS Office if there is a significant change in the patient’s status (deceased, no longer on hospice service etc.)

5.7 When EMS personnel respond to pediatric hospice patient with a recognized DNR directive, who is or becomes apneic and/or pulseless, they shall follow the specified DNR directive, including any modifications.

5.8 EMS personnel must be sure to identify that the patient is the person named in the recognized DNR directive. Identification can be achieved by reliable witness, who can identify the patient, or if the patient is wearing a DNR medallion.

5.9 When EMS personnel respond to a pediatric hospice patient with a recognized but modified DNR directive, they shall provide care as indicated on the Pediatric Prehospital Treatment Form.

5.10 If transport is indicated, it should be to the hospital of choice as indicated on Pediatric Prehospital Treatment Form. This may mean bypassing the closest facility.

5.11 If the Public Safety Communications dispatch center is informed about a DNR directive, the dispatcher shall instruct the caller to get the DNR directive and present it to the emergency responders when they arrive. Information by a caller that a patient has a DNR directive shall not alter either the ambulance or first responder response code.

5.12 EMS personnel may contact a Base Hospital physician at the hospital of choice when necessary to determine appropriate treatment and/or transport decisions.

5.13 Provide emotional support as needed.
PEDiATRIC HOspice PREhospITAL TREATMENT FORM

Name__________________________________________DOB_______Weight___________

Address_____________________________________________________________________

Emergency Contact Info/Relationship______________________________________________

Hospice Case Manager__________________________________Contact Info_____________

Diagnosis____________________________________________________________________

Hospital of choice if transport indicated__________________________________________

Signed DNR? NO___YES___(if yes, attach) MODIFIED? NO_____YES____(See Special Instructions)

Special Instructions (Listed in order of priority)

1)____________________________________________________________________

2)____________________________________________________________________

3)____________________________________________________________________

Medications:  SEE ATTACHED Pathways Medication Sheet

Specialized Equipment/Procedures________________________________________________

______________________________________________________________________

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Parent/Legal Guardian______________________________Contact info__________________________

Signature_____________________________________________________Date___________________

Hospice Medical Director____________________________ Contact info__________________________

Signature______________________________________________________Date__________________

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EMS MEDICAL DIRECTOR’S FORM

Date:____________________

I have reviewed the attached “Pediatric Prehospital Treatment Form” submitted in regards to (Patient Name)_____________________________. The standard EMS response protocols will be adjusted in accordance with the special instructions set forth in the form.

Karl A. Sporer, M.D.
Medical Director
San Mateo County Emergency Medical Services Agency

Patient:__________________________________________________

Hospice Medical Director:____________________________________

Date Treatment Form Received by EMS Agency:__________________

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