

**PROPOSED REGULATIONS OF THE HEALTH DIVISION  
DO-NOT-RESUSCITATE IDENTIFICATION**

The following proposed amendments to chapter 450B of NAC were brought before the public during workshops held in Elko, Reno and Las Vegas. It is planned that they will come before the State Board of Health at its April 10, 1998, meeting.

The following are additions to the State Board of Health's Emergency Medical Services Regulations, NAC 450B. These additions are required by the passage of AB 29 by the 1997 Session of the Nevada State Legislature. All language is new.

**Sec. 1. Do-not-resuscitate identification.**

1. The approved forms of do-not-resuscitate identification are an identification card or form issued by a health authority of this state pursuant to chapter 450B of NRS.
2. The division may issue a do-not-resuscitate identification card, or form, to a qualified patient who submits;
  - a) A complete application pursuant to Section 2 of this regulation; and
  - b) An application fee in the amount of \$5.00.

**Sec. 2. Application for Do-Not-Resuscitate Identification.**

1. A qualified patient, or a physician on behalf of the patient, may apply for a do-not-resuscitate identification on a form provided by the health division. The application must contain the following information:
  - a) A statement that the patient has informed each member of his family, legal guardian or caretaker of his decision to apply for do-not-resuscitate identification as required by NRS 450B.520;
  - b) Certification by the patient's attending physician that the patient suffers from a terminal condition;
  - c) Certification by the patient's attending physician that the patient is capable of making an informed decision or that when the patient was capable of making an informed decision the patient executed:
    - i) A written directive expressing his desire to have life-resuscitation treatment withheld; or
    - ii) A durable power of attorney for health care pursuant to NRS 449.800 to 449.860 inclusive.
  - d) A statement that the patient does not wish to receive life-resuscitating treatment in the even of cardiac or respiratory arrest;
  - e) The name, signature and telephone number of the patient's attending physician; and
  - f) The name and signature of the patient or the person authorized by the patient to make health care decisions for the patient pursuant to a durable power of attorney for health care.

**Sec. 3. Do-Not-Resuscitate protocol for a person who administers emergency medical services.**

1. For a do-not-resuscitate identification to be honored by a person who administers emergency medical services, the identification must:
  - a) Be issued by a health authority of this state or be a do-not-resuscitate identification issued under the laws of another state;
  - b) Contain all the information required by NRS 450B.500;
  - c) Bear no marks or other indications that the do-not-resuscitate identification may have been modified or altered; and
  - d) Either be in plain sight or be presented to the emergency medical services provider by the patient or other person present at the scene.
2. A person who administers emergency medical services when presented with, or upon discovery of, a do-not-resuscitate identification shall:
  - a) Make a reasonable effort to verify the do-not-resuscitate identification belongs to the patient;
  - b) Provide appropriate emergency medical or supportive care to a patient with a do-not-resuscitate identification that is not experiencing cardiac or respiratory arrest;
  - c) Closely observe the patient for indications the patient may be attempting to remove the do-not-resuscitate identification or is otherwise indicating he wishes to revoke his authorization to withhold life-resuscitating treatment, thus invalidating his do-not-resuscitate identification.
  - d) Upon observing what may be an attempt by the patient to invalidate his do-not-resuscitate identification, attempt to communicate with the patient to determine if the patient wishes to revoke his authorization to withhold life-resuscitating treatment.
  - e) Withhold life-resuscitating treatment from a patient who possesses a do-not-resuscitate identification and who has experienced cardiac or respiratory arrest;
  - f) Discontinue life-resuscitating treatment of a patient experiencing cardiac or respiratory arrest when presented with the patient's do-not-resuscitate identification;
  - g) Document on the report of prehospital emergency medical care;
    - i) The patient's name and unique identifying number;
    - ii) Any actions or requests made by the patient that indicate the patient wishes to revoke his authorization to withhold life-resuscitating treatment.
  - h) Inform subsequent providers of medical care of the patient's indicated desire to revoke his authorization to withhold life-resuscitating treatment.
3. If a person providing emergency medical services to a patient with a do-not-resuscitate is unable or unwilling to comply with subsections 2,(d) or 2,(e) of this section, the person shall promptly:
  - a) Transfer the care of the patient to a provider of emergency medical services who is able and willing to comply with subsections 2,(d) and 2,(e) of this section; or
  - b) Transport the patient to a physician or health care facility in which the do-not-resuscitate protocol may be followed.