

**REVISED PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R043-98

April 6, 1998

EXPLANATION – Matter in *italics* is new; matter in brackets [] is material to be omitted.

AUTHORITY: §§1-4, NRS 450B.490.

Section 1. Chapter 450B of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. 1. *A do-not-resuscitate identification must be in the form of an identification card, document or medallion that has been approved or issued by a health authority.*

2. The health division shall issue a do-not-resuscitate identification in one of the forms described in subsection 1 to a qualified patient who submits:

(a) A completed application containing the items described in NRS 450B.520 and section 3 of this regulation; and

(b) A fee in the amount of \$5.00.

Sec. 3. *In addition to the items required pursuant to NRS 450B.520, an application for a do-not-resuscitate identification must include, without limitation, a statement from the patient that he has informed each member of his family within the first degree of consanguinity or affinity, whose whereabouts are known to him, or if no such members are living, his legal guardian, if any, or if he has no such member living and has no legal guardian, his caretaker, if any, of his decision to apply for an identification.*

Sec. 4. *1. For a do-not-resuscitate identification to be honored by a person who administers emergency medical services, the identification must:*

(a) Be in a form approved or issued by a health authority of this state pursuant to section 2 of this regulation or be a valid do-not-resuscitate identification issued pursuant to the laws of another state;

(b) Contain the information required pursuant to NRS 450B.500;

(c) Not bear any mark or other indication that the identification has been modified or altered; and

(d) Be in plain sight or be presented to the person who administers emergency medical services by the patient or by another person present at the scene.

2. A person who administers emergency medical services shall, upon being presented with or upon discovering a do-not-resuscitate identification, make a reasonable effort to verify that the identification belongs to the patient. If the person who administers emergency medical services determines that the identification belongs to the patient, the person who administers emergency medical services shall:

(a) Provide appropriate emergency medical or supportive care if the patient is not experiencing cardiac or respiratory arrest;

(b) Withhold life-resuscitating treatment from a patient if the patient is experiencing cardiac or respiratory arrest; and

(c) Closely observe the patient for any indication that the patient is attempting to remove or destroy the identification, thus invalidating his identification pursuant to NRS 450B.530, or is otherwise indicating that he wishes to revoke his authorization to withhold life-resuscitating

treatment. Upon observing such an attempt by the patient, the person who administers emergency medical services shall attempt to communicate with the patient to confirm that the patient wishes to revoke his authorization to withhold life-resuscitating treatment. If the person who administers emergency medical services confirms that the patient wishes to revoke his authorization to withhold life-resuscitating treatment, the person who administers emergency medical services shall inform subsequent providers of medical care that the patient has so indicated and shall document in the report of emergency care the name and identifying number that is unique to the patient and any action or request made by the patient that indicated that the patient wishes to revoke his authorization to withhold life-resuscitating treatment.

3. If the person who administers emergency medical services to a patient with a do-not-resuscitate identification is unable or unwilling to comply with paragraph (b) of subsection 2, the person shall promptly:

(a) Transfer care of the patient to a person who administers emergency medical services who is able and willing to comply with paragraph (b) of subsection 2; or

(b) Transport the patient to a physician or health care facility at which the do-not-resuscitate protocol may be followed.