

DO NOT RESUSCITATE (DNR) IMPORTANT INFORMATION

The following instructions provides important information about the types of Do Not Resuscitate (DNR) requests that will be honored in the field by paramedics, and emergency medical technicians (EMTs) and hospital physicians and medical staff.

The Do Not Resuscitate (DNR) Form has been developed for the purpose of informing and instructing paramedics, EMS, hospital physicians and medical staff to forego any resuscitation attempts in the event of a patients or Declarant's cardiopulmonary or respiratory arrest. Resuscitative measures that will be withheld shall include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiostimulant drugs. However, this form shall not affect the provision of other emergency medical care, including palliative (pain relief) treatment for pain, dyspnea (labored breathing), major hemorrhage, or other medical conditions.

The Do Not Resuscitate (DNR) Form must be signed by the patient ("Declarant") or by an appropriate guardian/surrogate decision-maker in the event that the Declarant is unable to make or communicate informed health care decisions. The guardian/surrogate should be the patient's legal representative (e.g. spouse, parent, other family member, Durable Power of Attorney, or a court appointed conservator) if one exists. The patient's physician must also sign the form, affirming that the patient/surrogate has given consent to the DNR instruction.

Once paperwork is completed and signed by all required parties, three copies of the form should be disbursed as follows:

One copy of the form should be retained by the patient, as resuscitation attempts may be initiated until such time as a copy of the DNR Form or medallion is presented and the identity of the patient is confirmed.

A second copy of the form should be retained by the physician and made part of the patient's permanent medical records.

Finally, a third copy may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO NOT RESUSCITATE – EMS."

In the event that a decision is made to revoke the DNR, the patient should immediately notify their physician and all copies of the existing DNR form should be destroyed, including any copies which may be on file with the Medic Alert Foundation or other EMS Authority approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

DO NOT RESUSCITATE (DNR)

By way of a discussion with my health care physician, , and after thorough consideration of the implications of this Agreement, I, , hereby request and make it known that in the event should my heart or my breathing cease, no person nor medical procedure shall be initiated or attempted to restart or resuscitate breathing or heart function.

This order shall remain in effect unless otherwise revoked solely by my written request.

I understand that this decision shall not prevent me from receiving other emergency medical care by pre-hospital emergency medical care personnel and/or medical care directed by a physical.

I give permission for this information to be given to the hospital emergency care personnel, doctors, nurses, or other health personnel as deemed necessary to implement this directive.

Being of sound mind, I voluntarily execute this order with full and complete understanding. Therefore, I hereby agree to the "Do Not Resuscitate Order" (DNR) order.

(Declarant/Guardian Signature)

(Date)

PHYSICIAN ACKNOWLEDGEMENT

I affirm that this Declarant/Guardian is making an informed decision and that this directive is the expressed wish of the Declarant/Guardian. A copy of this form is in the Declarant's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilation, intubation, defibrillation, or cardiotoxic medications are to be initiated.

(Physician Signature)

(Date)

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ATTESTATION OF WITNESSES

The Declarant executing this order appears to be of sound mind and under no duress, fraud, or undue influence. I attest that I am of the age of consent (18 years or older) and that I have witnessed the giving of consent by the above Declarant.

(First Witness Signature)

(Second Witness Signature)

(First Witness Printed Name)

(Second Witness Printed Name)

(Date)

(Date)