



DO NOT RESUSCITATE CONSENT

Patient Name: _____ Date of Birth: _____

PATIENT/FAMILY REPRESENTATIVE

Patient care category is assigned by the Physician's order. The decision is made based on medical facts discussion with family/patient advocate and/or the patient's wishes.

Check the box for the appropriate category. Patient/Family representative to date and sign the form. Physician order to occur in electronic medical record, unless downtime procedures in place.

DO NOT RESUSCITATE (DNR)

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| <p>Full support, excluding Cardio-Pulmonary Resuscitation (everything but CPR) in the event of cardiac/pulmonary arrest.</p> <p>If patient is determined to be pulseless or apneic; no medications will be given and No CPR provided. A code blue will not occur.</p> <p>All indicated medical care is provided to the point of <u>cardiopulmonary arrest</u>. This does not exclude ICU care, surgery, cardiac catheterization or any specific form of care.</p> | <p>Patient/Family Representative Signature:</p> <p>_____</p> <p>Date: _____ Time: _____</p> <p>Physician Signature</p> <p>_____</p> <p>Date: _____ Time: _____ <i>(needed during downtime)</i></p> |
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COMFORT MEASURES ONLY

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| <p>No aggressive Management – COMFORT MEASURES ONLY.</p> <p>These patients do not receive CPR in the event of cardiac/pulmonary arrest.</p> <p>The goal of care is focused on ensuring that the patient's hygiene, comfort, pain, and symptoms needs are met and managed.</p> | <p>Patient/Family Representative Signature:</p> <p>_____</p> <p>Date: _____ Time: _____</p> <p>Physician Signature</p> <p>_____</p> <p>Date: _____ Time: _____ <i>(needed during downtime)</i></p> |
|---|--|

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