

New Hampshire
"DNR"

**SEND ORIGINAL PINK FORM WITH PATIENT
WHEN TRANSFERRED OR DISCHARGED**



PORTABLE DO NOT ATTEMPT RESUSCITATION (P-DNR) ORDER

This is a Physician/Advanced Registered Nurse Practitioner Order Sheet. It is based on patient wishes and medical indications regarding *Do Not Attempt Resuscitation (DNR)* orders in the event of cardiac or respiratory arrest, as discussed with the patient.

Last Name of Patient	
First Name/Middle Initial of Patient	
Patient's Date of Birth	Last 4 Digits of SSN

A. Applies only when patient is not breathing or has no pulse. Check box and complete mandatory signature lines in sections A and B.

Do Not Attempt Resuscitation (DNR)

(DNR means: No chest compressions, No intubation, No assisted ventilation, No defibrillation, No pharmacologic resuscitation.)

_____ Physician/ARNP Name (Print)	_____ Physician/ARNP Signature (Mandatory)	_____ Date and Time
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Other instructions or special circumstances (if applicable)

HOW TO CHANGE THIS FORM

This form (P-DNR) should be reviewed if:

- the patient changes his or her decision or ● there is substantial change in patient's/resident's health status, or
- the patient is admitted to a new facility.

If this form is to be voided, write the word "VOID" in large letters, and then sign, date, and time the form. If applicable, please advise the patient to destroy his or her P-DNR wallet card or remove his or her DNR bracelet or necklace. After voiding the form, a new form may be completed. **If no new form is completed, full treatment and resuscitation may be provided.**

B. Advance Directives and Other Patient Wishes:

Does the patient have a/an:

Durable Power of Attorney for Healthcare?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Document location: _____
Living Will?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Document location: _____
Organ or Tissue Donation?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Document location: _____
Court-appointed Guardian Over the Person?	<input type="checkbox"/> NO	<input type="checkbox"/> YES - Document location: _____

Patient, Parent of Minor, Durable Power of Attorney for Healthcare or Guardian Information:

_____ Name (Print)	_____ Signature (Mandatory)	_____ Date and Time
_____ Address of Parent of Minor, Durable Power of Attorney for Healthcare (DPOAH) or Guardian		_____ Phone Number of Parent, DPOAH or Guardian

_____ Name of Person Preparing Form (Print) (if applicable)	_____ Signature of Person Preparing Form	_____ Date and Time
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SEND ORIGINAL PINK FORM WITH PATIENT WHEN TRANSFERRED OR DISCHARGED

FHC 1/29/07

DO NOT ALTER THIS FORM !

Was the P-DNR Card below completed and retained by the patient? NO YES

THIS IS YOUR PORTABLE DNR CARD. REMOVE THE CARD BELOW AND KEEP IT ON YOUR PERSON AT ALL TIMES EVEN IF YOU DECIDE TO WEAR A NH-DNR BRACELET.

<p>Portable-DNR</p> <p>NEW HAMPSHIRE DO NOT ATTEMPT RESUSCITATION ORDER</p> <p>As this person's attending physician or ARNP and as a licensed physician or ARNP, I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest.</p>	<p>Portable-DNR</p> <p>_____ Patient Address</p> <p>_____ Patient Phone Number</p> <p>_____ Physician/ARNP Address</p> <p>_____ Physician/ARNP Phone Number</p> <p>_____ Health Care Agent Address</p> <p>_____ Health Care Agent Phone Number</p>
<p>_____ Patient Name (Print)</p> <p>_____ Physician/ARNP Name (Print)</p> <p>_____ If applicable: Health Care Agent Name (Print)</p>	<p>_____ Patient Signature / Date</p> <p>_____ Physician/ARNP Signature / Date</p> <p>_____ Health Care Agent Signature / Date</p>