



# OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER

1. Patient's Name: \_\_\_\_\_

**2A. Attending Physician Statement:**

I, the undersigned, state that I am the attending physician of the patient named above. The above-named patient, or the patient's surrogate or other person by virtue of that person's legal relationship to the patient, has requested this order, and I have made a determination that this patient is eligible for an order and satisfies one of the following: (1) the patient has an end-stage medical condition; (2) the patient is in a terminal condition; (3) the patient is permanently unconscious and has a living will directing that no cardiopulmonary resuscitation be provided to the patient in the event of the patient's cardiac or respiratory arrest; or (4) the patient is permanently unconscious and has a living will authorizing the surrogate or other person named below to request an out-of-hospital do-not-resuscitate order for the patient. I direct any and all emergency medical services personnel, commencing on the date of my signature below, to withhold cardiopulmonary resuscitation, (cardiac compression, invasive airway techniques, artificial ventilation, defibrillation and other related procedures) from the patient in the event of the patient's respiratory or cardiac arrest. If the patient is not yet in cardiac or respiratory arrest, I further direct such personnel to provide to the patient other medical interventions, such as intravenous fluids, oxygen or other therapies necessary to provide comfort, care or to alleviate pain, unless directed otherwise by the patient or the emergency medical services provider's authorized medical command physician.

Signature of Physician: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

Bracelet issued:  Yes  No Necklace issued:  Yes  No

**2B. Attending Physician Statement for Patient Pregnant When Order Issues (in addition to above statement):**

I, the undersigned, certify that an obstetrician has examined the patient named above and that the obstetrician and I have certified in the patient's medical record as required by law that life-sustaining treatment, nutrition, hydration and cardiopulmonary resuscitation will have one of the following consequences if provided to this pregnant patient: (1) they will not maintain the pregnant patient in such a way as to permit the continuing development and live birth of the unborn child; or (2) they will be physically harmful to the pregnant patient; or (3) they will cause pain to the pregnant patient which cannot be alleviated by medication.

Signature of Physician: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_\_

**3A. Patient's Statement:**

I, the undersigned, hereby direct that in the event of my cardiac and/or respiratory arrest efforts at cardiopulmonary resuscitation not be initiated and that they may be withdrawn if initiated. I understand that I may revoke these directions at any time by giving verbal instructions to the emergency medical services providers, by physical cancellation or destruction of this form or my bracelet or necklace or by simply not displaying this form or the bracelet or the necklace for my EMS caregivers.

Date \_\_\_\_\_

Signature of Patient  
(If patient qualified to sign)

**3B. Surrogate's/Other Person's (by virtue of relationship to patient) Statement:**

I, the undersigned, hereby certify that I am legally authorized to execute this order on the patient's behalf by virtue of having been designated as the patient's surrogate and/or by virtue of my relationship to the patient (specify relationship: \_\_\_\_\_). I hereby direct that in the event of the patient's cardiac and/or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated and be withdrawn if initiated.

Date \_\_\_\_\_

Signature of Surrogate/Other Person by Virtue of Relationship to Patient  
(If patient not qualified to sign)

## Out-Of-Hospital Do-Not-Resuscitate Order Information

**Authority:** Out-of-Hospital Nonresuscitation Act (Act), P.L. 1484, No. 169 (20 Pa.C.S. §§ 5481-5488), effective January 28, 2007.

**When Order is Effective:** An out-of-hospital do-not-resuscitate (DNR) order is effective when it is signed by the attending physician. The attending physician signs last. It remains in effect until the death of the patient or the order is revoked.

**Implementation: Emergency medical services (EMS)** providers are obligated to honor an out-of-hospital DNR order when displayed with the patient or the patient is wearing an out-of-hospital DNR bracelet or necklace. Patient interventions indicated and not indicated under out-of-hospital DNR order:

**Shall not be provided if patient is in cardiac or respiratory arrest:**

CPR

Endotracheal intubation

Bag valve mask

Defibrillation

Common medications used during resuscitation efforts

**Shall be provided if patient is not yet in cardiac or respiratory arrest\*:**

Oxygen

Suctioning

Medications and other interventions within scope of practice and as authorized by protocols or medical command orders, to provide comfort, care or alleviate pain

\*These interventions are not to be provided if the patient or a medical command physician directs otherwise.

**Pregnant patient:** Statement 2B on the reverse side needs to be completed only if the patient is a woman and the physician diagnoses the woman to be pregnant at the time the out-of-hospital DNR order is issued.

**Revocation:** The out-of-hospital DNR order may be revoked by destroying or not displaying the order, bracelet, and necklace, or by conveying the decision to revoke the order verbally or otherwise at the time the patient experiences cardiac or respiratory arrest. If the patient obtained the out-of-hospital DNR order, only the patient may revoke it. If a surrogate/other person by virtue of relationship to the patient obtained the out-of-hospital DNR order, the patient or a surrogate/other person by virtue of relationship to patient may revoke the order. Neither the patient's mental or physical condition limits the patient's right to revoke an out-of-hospital DNR order.

**Definitions:**

**Out-of-hospital DNR patient:** A patient for whom an attending physician has issued an out-of-hospital DNR order.

**Surrogate:** A "health care agent" or a "health care representative" as those terms are defined in 20 Pa.C.S. § 5422.

**Attending physician:** A physician who has primary responsibility for the medical care and treatment of a patient. A patient may have more than one attending physician.

**End-stage medical condition:** An incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness which will, in the opinion of the attending physician, to a reasonable degree of medical certainty, result in death despite the introduction or continuation of medical treatment.

**EMS provider:** An ambulance attendant, first responder, EMT, paramedic, prehospital registered nurse, health professional physician, medical command physician, advanced life support service medical director, medical command facility medical director, medical command facility, ambulance service and quick response service as defined in regulations adopted under the Emergency Medical Services Act, and an individual who is given good Samaritan civil immunity under 42 Pa.C.S. § 8331.2 (when using an automated external defibrillator).

**Out-of-hospital DNR order:** A written order that is issued by an attending physician and directs EMS providers to withhold or withdraw CPR from the patient in the event of cardiac or respiratory arrest. The form for the physician's order is supplied by the Department of Health or its designee.

**Permanently unconscious:** A medical condition that has been diagnosed in accordance with currently accepted medical standards and with reasonable medical certainty as total and irreversible loss of consciousness and capacity for interaction with the environment. The term includes, without limitation, an irreversible vegetative state or irreversible coma.

**Terminal condition:** An incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness which will, in the opinion of the attending physician, to a reasonable degree of medical certainty, result in death regardless of the continued application of life-sustaining treatment.

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