Your Hospital's Logo Here

DO NOT ATTEMPT RESUSCITATION / ADVANCE DIRECTIVE

Physicians Order Sheet

PATIENT IDENTIFICATION

Date: _____ Time: _____ (Use Military Time)

I certify that this order has been discussed with the patient / resident or legitimate surrogate and agree with this order. (SEE Progress Note dated).

☐ Do Not Attempt Resuscitation (DNR) in the event of cardio-pulmonary arrest.

While this Order is in effect, this sheet remains in the Patient's Chart behind the Advance Directive Tab.

Time Noted: _____

Physician's Printed Name _____ Physician's Signature _____ Nurse's Signature / Title _____

Additional Limitations: Date: _____ Time: _____

DNR applies only to cardio-pulmonary arrest. In addition to the Do Not Attempt Resuscitation discussion with the patient / resident or legitimate surrogate, regarding the goals of care, these therapies are to be limited. ***(See Progress Note Dated.)***

☐ No Intubation ☐ Do Not Rehospitalize ☐ No Dialysis
☐ No Surgery ☐ No Artificial Feeding ☐ No Artificial Hydration
☐ Other (specify blood products, antibiotics, pressors, etc.) _____

While this Order is in effect, this sheet remains in the Patient's Chart behind the Advance Directive Tab.

Time Noted: _____

Physician's Printed Name _____ Physician's Signature _____ Nurse's Signature / Title _____

DNR Status During Surgery: Date: _____ Time: _____

DNR applies only to cardio-pulmonary arrest. In addition to the Do Not Attempt Resuscitation discussion with the patient / resident or legitimate surrogate, regarding the goals of care, these therapies are to be limited. ***(See Progress Note Dated.)***

☐ Remain DNR ☐ Rescind DNR

☐ While Patient is in surgery and post-Anesthesia Recovery, the DNR order is rescinded

☐ Remain DNR

Time Noted: _____

Physician's Printed Name _____ Physician's Signature _____ Nurse's Signature / Title _____

Cancel DNR / Limited Therapy: Date: _____ Time: _____

This Patient / Resident is to receive full Cardio-Pulmonary Resuscitation;
(See Progress Note Dated.)

Draw a diagonal line through the DNR Order and place behind the Advance Directive Tab.

Time Noted: _____

Physician's Printed Name _____ Physician's Signature _____ Nurse's Signature / Title _____

PART OF THE MEDICAL RECORD