

Consent for DNR

	PLEASE ATTACH PATIENT LABEL OR PROVIDE:				
NAME_					
MRN	FIN				

DO-NOT-RESUSCITATE (DNR) CONSENT

A DNR Order means that if the patient's heart stops beating or if the patient stops breathing, the health care providers will not use cardiopulmonary resuscitation (CPR). Health care providers will not use medical procedures to restore breathing or heart function, such as external chest compression, electric shock, insertion of a tube to open the airway, injection of medication into the heart or open chest heart massage.

I request that my health care providers withhold any attempt at cardiopulmonary resuscitation (CPR).

I understand that this directive will remain in effect until properly revoked. I, my legal guardian, my agent under a medical power of attorney, or my Attending Physician may revoke this consent at any time by giving notice to a health care provider.

	Signed by Patient:		Date:	Time:			
or	If Patient consents orally but cannot sign:						
	Qualified Witness:		Date:	Time:			
	Qualified Witness*:		Date:	Time:			
	*This witness may not be an employee of the attending physician or UMC who is involved in direct care of the patient.						
or							
	Telephone Consent is Obtained:	11		1			
	Date:Inne of Care Consent:	111: <u> </u>	Telephone Number Called:				
	Signature and Title of Person Making this Note:		Date & Time Signed:				
		ted Name and Title of Licensed Witness:					
or							
	If Patient does not have capacity to consent:						
	Surrogate decision-maker*:		Date:	Time:			
	Printed Name:	Relationship:					
	*The surrogate is, in this order: legal guardian; agent under Medical Power of Attorney or proxy under a medical power of attorney; spouse; reasonably available adult child; parent; nearest living relative; the attending physician and another physician who is not involved in direct care of the patient or who is a member of the Hospital Medical Ethics Committee. If two physicians are the surrogate, second physician's signature:						
	Printed Name:		Date:				
or							
	IF THE PATIENT'S DEATH IS IMMINEN	T, AND THE PAT	IENT CANNOT SIGN:				
	Physician Statement: In my medical judgment: (1) the patient's death is imminent, regardless of the provision of cardiopulmonary resuscitation; and (2) the DNR order is medically appropriate. The patient has not given any direction in writing or orally that is contrary to this order. I have informed the patient or the patient's surrogate decision-maker [insert name]:						
The Physician shall place the DNR order in the patient's medical record as soon as practicable with signature, date, and time.							
Interpretation/ODI (On-Demand Interpreting)							
Alternative forms of communication used Yes No			DATE & TIME (if used)				
			PRINTED NAME OF INTERPRE	TER DATE & TIME			
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