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) except:
____________________________

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

☐ If Patient does not have capacity to consent:

Surrogate decision-maker*

Signature: ____________________________ Date: ____________ Time: ____________

Printed Name: ____________________________ Relationship: ____________________________

*The surrogate is, in this order: legal guardian; agent under Medical Power of Attorney; spouse; reasonably available adult children; parents; nearest living relative; two physicians, one of whom is not involved in direct care of the patient or an officer, director, or business office employee.

If two physicians are the surrogate, second physician’s signature: ____________________________ Date: ____________ Time: ____________

or

☐ IF THE PATIENT’S DEATH IS IMMINENT AND THE PATIENT CANNOT SIGN:

Attending Physician’s* 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] ________________________________ of this order.

Attending Physician’s*

Signature: ____________________________ Date: ____________ Time: ____________

Printed Name: ____________________________

* “Attending Physician” is the physician selected by or assigned to a patient who has primary responsibility for a patient’s treatment and care. It may include another physician within the primary physician’s service who is covering for the primary physician. The order may not be signed by a resident physician or advanced practice provider.

Interpretation/OI (On-Demand Interpreting) ☐ Yes ☐ No 

DATE & TIME (if used)

Alternative forms of communication used ☐ Yes ☐ No

PRINTED NAME OF INTERPRETER DATE & TIME