

**PRE-HOSPITAL  
DO NOT RESUSCITATE DIRECTIVE (DNR)  
Decision to limit emergency medical care** (02/12/2024)

I, \_\_\_\_\_ request that effective today, emergency care for me will be limited as described below.

- If my heart stops beating or if I stop breathing, no medical procedures to restart breathing or heart function will be started. No resuscitation will be attempted. This is considered a DNR.
- I understand that the procedure I am refusing, known as cardiopulmonary resuscitation, CPR, includes chest compressions, intubation where a tube is put in my throat to my lungs, defibrillation (shocking my heart), giving heart medicine in my veins, and other related medical procedures.
- I understand this decision will not prevent me from obtaining other emergency medical care by pre-hospital care providers, or medical care directed by a physician prior to my death, especially comfort measures and pain medication.
- I understand I may revoke these directives at any time.
- I give my permission for this information to be given to pre-hospital emergency care providers, doctors, nurses, or other healthcare professionals as necessary to implement this directive.
- This DNR directive shall remain in effect while I am admitted at a medical care facility or care home, as well as during transport to or from a home or facility. I agree to the DNR directive.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Attending physician order:**

I have discussed this DNR directive with this patient and I affirm this directive is the expressed wish of the patient, is medically appropriate, and is documented in the patient's permanent medical record. In the event of an acute cardiac or respiratory arrest, no resuscitation will be attempted. DO NOT RESUSCITATE.

\_\_\_\_\_  
Attending Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and address of facility, clinic, or hospital

**REVOCACTION:** I hereby revoke the above DNR directive:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date