



Category <i>Check all boxes that apply</i>	Recommended Action	Medical Response Will Provide	Medical Response Not Provided
<input type="checkbox"/> CPR	Call 911	Full treatment, as appropriate	
<input type="checkbox"/> DNR (no CPR)	Call 911 except for cardiac arrest	Active treatment up to the point of cardiac arrest	If in cardiac arrest: No intubation No ventilatory assistance No chest compressions No defibrillation
<input type="checkbox"/> Hospice/Comfort Care	Call MD or RN - May call ambulance for routine transport. May call 911 for urgent needs.	Comfort and hygiene care	If in cardiac arrest: No intubation No ventilatory assistance No chest compressions No defibrillation

I understand this document identifies the level of care to be rendered in situations where death may be imminent. I make this request knowingly and I am aware of the alternatives. I expressly release, on behalf of myself and my family, all persons who shall in the future attend to my medical care of any and all liability whatsoever for acting in accordance with my request. Furthermore, I direct these guidelines be enforced even though I may develop a diminished mental capacity at some future time. I am aware that I can revoke these guidelines at any time by simply expressing my request verbally or in writing to my care-taking family, physician or designated health care provider.

Participant or Authorized Signature

Relationship

Date

I have witnessed the above signature:

Witness Signature

Date

I am aware of the above signed request:

Physician Signature

Date

Address

Phone Number

The above 3 signatures and dates are required for this form to be valid & its intent carried out.

* Guidelines developed by: "Metro Emergency Physician's Committee" *

(See reverse side for background information)

Participant: _____ ADC File #: _____

EMERGENCY CARE GUIDELINES FOR RESUSCITATION

RATIONALE FOR THIS DOCUMENT: The existing standard of emergency care involves aggressive resuscitation including CPR as defined below. The purpose of this document is to allow an individual the option of limiting emergency care when appropriate. Our goal is to provide consistent language and documentation between hospital, long-term care, home health, the day center, and emergency providers. A legal document, with physician involvement, directs health care providers in responding to emergency calls. If the document is appropriately completed and signed, emergency care can be provided at the level determined by patient and physician. The patient has the right to revoke these restrictions at any time.

DEFINITIONS: (The following terms are used in the chart and defined briefly below)

CPR (Cardiopulmonary Resuscitation) This is the process of chest compression and artificial breathing as defined by the American Heart Association. Advanced levels of CPR mandate airway management, ventilatory assistance, chest compressions, defibrillation and giving appropriate drugs. The category of CPR implies full resuscitation using any or all of the above.

DNR (Do not resuscitate) No CPR. This category does involve active and aggressive medical treatment intended to sustain life up to the point of beginning CPR. If a person is found in full cardiopulmonary arrest, no treatment would be provided. If the first person finding the patient has a question about whether or not a pulse or spontaneous breathing exists, 911 should be called and paramedics summoned to determine the patient's status.

Hospice/Comfort Care This category is appropriate for patients who request death-allowing care, knowing that death is expected and prolongation of life is not a goal. Care is intended to provide comfort and attention to basic human needs, allowing life to continue "as is" without medical intervention to sustain or prolong life beyond the natural course of events. In general, calling 911 is not appropriate for patients in this category. In situations where there are immediate needs for choking, pain relief or comfort, 911 may be called.

SPECIFIC GUIDELINES FOR FORM COMPLETION:

After discussing the treatment options, one of the three categories should be checked. The levels of care are to explained to the patient and/or family/loved ones by the physician or his designate. The definitions are to remain consistent and are indicated above. Documentation by the physician is important to the patient's permanent record and should include:

1. The rationale for DNR or Comfort Care
2. The basis of determining patient competency.
3. The significant parties involved in the decision and their relationship to the patient.

The original form should remain with the patient and copies with the permanent record and physician's office.

ALL SIGNATURES AND DATES ARE REQUIRED FOR THIS DOCUMENT TO BE VALID AND ITS INTENT CARRIED OUT:

Patient/Client/Authorized Signature:

- **Patient** When of sound mind, may knowingly limit his/her own care.
- **Court appointed guardian/conservator** (with specific powers to make health care decisions) May sign on behalf of a legally incompetent person
- **Next of kin or knowledgeable loved one(s)** May sign in consultation with physician using the concept of "substituted judgement" whereby the above individuals decide what the patient would want were he or she able to express himself of herself.

Witness: This signature is obtained at the time a third party witnesses the signature of the patient, court appointed guardian or loved one. If a physician designate is involved in the actual discussion and for completion, that person should sign as a witness.

Physician's Signature: This signature is required but may be completed at a later date if a physician designate is involved in the actual discussion and form completion.

It is recommended that this document be reviewed periodically, however, the document remains valid indefinitely unless revoke by the individual.