

*Why did my doctor give me this*  
**EMERGENCY MEDICAL SERVICES**  
**PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM??**

<i>To Code?</i>	<i>Or Not to Code?</i>
<p>Survival and the quality of recovery following a sudden cardiac arrest is very dependant on how promptly a normal heart-rhythm can be restored.</p> <p>If you have a history of heart trouble, or a family history of heart attacks, having the defibrillator on the premises or promptly available will give us the best chance of achieving a good outcome in the event of such an emergency. Find out how long it would take to have a defibrillator on the scene at various locations where you spend a lot of time. If the response time is more than four minutes, see what you can do to change that.</p>	<p>Some people who have multiple chronic illnesses fear a slow death more than they fear dying. Some people have already decided, and have told their doctor, that "If my heart stops, let it stop. " We want to respect the wishes of such people.</p> <p>This form, completed, provides the legal mechanism by which you inform the paramedics of these wishes. This will allow those who wish to forego resuscitation to be assured that we will call 911 if they need help, but they will not get treatments that they do not want. We are providing the enclosed form for those who wish to sign it and have their doctor sign it, and carry it (or a Medic-Alert medallion) with them.</p>

<p><i>If you are at risk for sudden cardiac arrest, encourage your family to learn CPR, and consider encouraging your workplace to have an automatic defibrillator on site.</i></p>	<p><i>For any medical emergency, bystanders will summon 911. If you do NOT want the paramedics to attempt resuscitation in the event of your sudden death, complete the enclosed form according to the instructions.</i></p>
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The enclosed form is not valid unless signed both by the individual (or that individual's surrogate -- the person they choose to make health care decisions for them) and the individual's physician. The signed form, or a Medic-Alert medallion inscribed "DO NOT RESUSCITATE - EMS," must be on your person to show the paramedics or else interventions cannot be limited.

To obtain the Medic-Alert medallion, call 1-800-432-5378. They will need a copy of your completed form.

If you choose to complete the form, give a copy to your physician. If you are a Kaiser member, put your Kaiser number on the form and send a copy to the Outpatient Chartroom of your medical center.



**EMERGENCY MEDICAL SERVICES  
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM**



An Advance Request to Limit the Scope of Emergency Medical Care

I, \_\_\_\_\_ request limited emergency care as herein described.  
*(Print patient's name and medical record number)*

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will not prevent me from obtaining other emergency medical care by pre-hospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

\_\_\_\_\_  
Patient/Surrogate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Surrogate's name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Surrogate's phone number

*By signing this form, the surrogate acknowledges that this request to forego resuscitative measures is consistent with the known desires of and with the best interest of the individual who is the subject of this form.*

I affirm that this patient/surrogate is making an informed decision and that this directive is the expressed wish of the patient/surrogate. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotoxic medications are to be initiated.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
California License number

\_\_\_\_\_  
Telephone

*THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY*

**PREHOSPITAL DNR REQUEST FORM**

Original is to be kept by patient.

Submit a copy to the Outpatient Chartroom.

If an authorized DNR medallion is desired, submit a copy of this form, with Medic Alert enrollment form, to  
Medic Alert Foundation, 2323 Colorado Avenue, Turlock, CA 95381.

To obtain the Medic Alert enrollment form, call 1-800-432-5378.

## EMERGENCY MEDICAL SERVICES PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

### PURPOSE

The Prehospital Do Not Resuscitate (DNR) Form has been developed by the California Emergency Medical Services Authority, in concert with the California Medical Association and emergency medical services (EMS) providers, for the purpose of instructing EMS personnel to forgo resuscitation attempts in the event of a patient's cardiopulmonary arrest. Resuscitative measures to be withheld include chest compressions, assisted ventilation, endotracheal intubation, defibrillation, and cardiotoxic drugs. The form does **not** affect the provision of other emergency medical care, including palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.

### APPLICABILITY

This form was designed for use in **prehospital settings** -- e.g., in a patient's home, in a long-term care facility, during transport to or from a health care facility, and in other locations outside acute care hospitals. However, hospitals are encouraged to honor the form when a patient is transported to an emergency room. California law protects any health care provider (including emergency response personnel) who honors a properly completed Prehospital Do Not Resuscitate Form (or an approved wrist or neck medallion) from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction, or any other sanction, if the provider believes in good faith that the action or decision is consistent with the law and the provider has no knowledge that the action or decision would be inconsistent with a health care decision that the individual signing the request would have made on his or her own behalf under like circumstances. This form does not replace other DNR orders that may be required pursuant to a health care facility's own policies and procedures governing resuscitation attempts by facility personnel. Patients should be advised that their prehospital DNR instruction might not be honored in other states or jurisdictions.

### INSTRUCTIONS

The Prehospital Do Not Resuscitate (DNR) Form must be signed by the patient or by an appropriate surrogate decision-maker if the patient is unable to make or communicate informed health care decisions. The surrogate should be the patient's legal representative (e.g., a Durable Power of Attorney for Health Care agent, a court-appointed conservator, a spouse or other family member) if one exists. The patient's physician must also sign the form, affirming that the patient/surrogate has given informed consent to the DNR instruction.

The original of the form should be retained by the patient. The completed form (or the approved wrist or neck medallion -- see below) must be readily available to EMS personnel in order for the DNR instruction to be honored. Resuscitation attempts may be initiated until the form (or medallion) is presented and the identity of the patient is confirmed.

A copy of the form should be retained by the signing physician and made part of the patient's permanent medical record.

A copy of the form may be used by the patient to order an optional wrist or neck medallion inscribed with the words "DO NOT RESUSCITATE-EMS." The Medic Alert Foundation (2323 Colorado Avenue, Turlock, CA 95381) is an EMS Authority-approved supplier of the medallions, which will be issued only upon receipt of a properly completed Prehospital Do Not Resuscitate (DNR) Form (together with an enrollment form and the appropriate fee). *Although optional, use of a wrist or neck medallion facilitates prompt identification of the patient, avoids the problem of lost or misplaced forms, and is strongly encouraged.*

### REVOCAATION

If a decision is made to revoke the DNR instruction, the patient's physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with the Medic Alert Foundation or other EMS Authority-approved supplier. Medallions and associated wallet cards should also be destroyed or returned to the supplier.

*Questions about implementation of the Prehospital Do Not Resuscitate (DNR) Form should be directed to the local EMS agency*