

## DO NOT RESUSCITATE ORDER

### LEVEL I: RESUSCITATION PROCEDURES *(Check all that apply)*

- |  |   |
|--|---|
| 1. <input type="checkbox"/> <b>No</b> Basic CPR (external compressions & manual ventilation)<br>2. <input type="checkbox"/> <b>No</b> Intubation<br>3. <input type="checkbox"/> <b>No</b> Mechanical ventilation | 4. <input type="checkbox"/> <b>No</b> Electrical cardioversion/defibrillation<br>5. <input type="checkbox"/> <b>No</b> Antiarrhythmic drugs*<br>6. <input type="checkbox"/> <b>No</b> Vasopressor drugs**<br>7. <input type="checkbox"/> <b>No</b> Cardiac pacemaker* |
|--|---|

\* if not checked, requires tele order.  
 \*\* if not checked, requires specific medication orders.

**Withhold all Resuscitation Procedures listed above**

### LEVEL II: ADDITIONAL INTERVENTIONS *(Check all that apply)*

- |   |  |
|---|--|
| 1. <input type="checkbox"/> <b>No</b> Transfer to intensive care unit<br>2. <input type="checkbox"/> <b>No</b> Invasive hemodynamic monitoring<br>3. <input type="checkbox"/> <b>No</b> Cardiac monitoring<br>4. <input type="checkbox"/> <b>No</b> Blood transfusions<br>5. <input type="checkbox"/> <b>No</b> Intravenous fluids<br>6. <input type="checkbox"/> <b>No</b> Parenteral feedings | 7. <input type="checkbox"/> <b>No</b> Enteral feedings<br>8. <input type="checkbox"/> <b>No</b> Dialysis<br>9. <input type="checkbox"/> <b>No</b> Antibiotics<br>10. <input type="checkbox"/> <b>No</b> Lab work<br>11. <input type="checkbox"/> <b>No</b> Other _____ |
|---|--|

**Withhold all Additional Interventions listed above**

**This decision has been discussed with the patient/decision maker and appropriate family members. The rationale including risks and alternatives have been discussed. The progress notes clearly reflect this discussion and the consent of the patient/decision maker and family members, when appropriate. WHEN THE DECISION IS NOT MADE BY THE PATIENT, THE DOCUMENTATION OF TWO PHYSICIANS MUST REFLECT THAT THE PATIENT IS NOT CAPABLE OF MAKING HEALTHCARE DECISIONS AND MUST REFLECT THAT THE PATIENT IS IN A TERMINAL CONDITION, PERSISTENT VEGETATIVE STATE, OR HAS AN END-STAGE CONDITION.**

*(Refer to IPP 100.05B)*

This decision is based upon:       Patient Decision       Health Care Surrogate/Proxy

Physician \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**DO NOT RESUSCITATE  
Physician Orders**

University                      Hospital

Addressograph

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O2766

White - Physician Orders

Pink - Advance Directive

**DNR      DNR      DNR      DNR      DNR**