DO NOT RESUSCITATE ORDER

LEVEL I: RESUSCITATION PROCEDURES (Check all that apply)

1. □ No Basic CPR (external compressions & manual ventilation)
2. □ No Intubation
3. □ No Mechanical ventilation
4. □ No Electrical cardioversion/defibrillation
5. □ No Antiarrhythmic drugs*
6. □ No Vasopressor drugs**
7. □ No 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. □ No Transfer to intensive care unit
2. □ No Invasive hemodynamic monitoring
3. □ No Cardiac monitoring
4. □ No Blood transfusions
5. □ No Intravenous fluids
6. □ No Parenteral feedings
7. □ No Enteral feedings
8. □ No Dialysis
9. □ No Antibiotics
10. □ No Lab work
11. □ No 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 100.05D)

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

Physician

DO NOT RESUSCITATE
Physician Orders
University Hospital

Rev. 9/2/00
02764
White - Physician Orders
Pink - Advance Directive

DNR DNR DNR DNR DNR DNR DNR