I certify that this order has been discussed with the patient / resident or legitimate surrogate and agree with this order. (SEE Progress Note dated).

☐ Do Not Attempt Resuscitation (DNR) in the event of cardio-pulmonary arrest.

Date: _______________  Time: _______________  (Use Military Time)

While this Order is in effect, this sheet remains in the patient's Chart behind the Advance Directive Tab.

Time Noted: _______________

Additional Limitations:

Date: _______________  Time: _______________

DNR applies only to cardio-pulmonary arrest. In addition to the Do Not Attempt Resuscitation, in the event of cardio-pulmonary arrest, these therapies are to be limited. (See Progress Note Dated.)

- No Intubation
- No Surgery
- Other (specify blood products, antibiotics, pressors, etc.)
- Do Not Rehospitalize
- No Artificial Feeding
- No Dialysis
- No Artificial Hydration

Time Noted: _______________

DNR Status During Surgery:

Date: _______________  Time: _______________

DNR applies only to cardio-pulmonary arrest. In addition to the Do Not Attempt Resuscitation discussion with the patient / resident or legitimate surrogate, regarding the goals of care, these therapies are to be limited. (See Progress Note Dated.)

- Remain DNR
- Rescind DNR

Time Noted: _______________

Cancel DNR / Limited Therapy:

Date: _______________  Time: _______________

This Patient / Resident is to receive full Cardio-Pulmonary Resuscitation; (See Progress Note Dated.)

Time Noted: _______________

Draw a diagonal line through the DNR Order and place behind the Advance Directive Tab.