

# OUT OF HOSPITAL DO NOT RESUSCITATE (DNR) ORDER

**IMPORTANT MEDICAL-LEGAL NOTICE.** A Do Not Resuscitate ("DNR") order is a medical order that directs health-care providers and emergency medical services ("EMS") not to perform cardiopulmonary resuscitation ("CPR") in the event of cardiac or respiratory arrest. **To be legally effective and honored by EMS in most states, this document must (a) be signed by the patient or an authorized surrogate, (b) be signed by a licensed physician (or, where permitted, advanced practice nurse or physician assistant), and (c) use the form or substantially the content prescribed by state law.** This generated document provides statutory-compliant content for the State of [STATE], but the patient and physician should confirm that any state-specific form (e.g., a pre-printed colored DNR form or bracelet) is completed in addition to or in conjunction with this instrument.

**EMTALA.** Under the federal Emergency Medical Treatment and Active Labor Act (42 U.S.C. §1395dd), a hospital may not refuse a medical screening examination or stabilizing treatment on the basis of a DNR. A DNR directs only the withholding of resuscitation in the event of cardiac or respiratory arrest; all other indicated medical care continues unless otherwise directed.

**Scope and carve-outs.** This order (a) does **not** preclude organ, tissue, or whole-body donation in accordance with the Patient's prior written directive or the Uniform Anatomical Gift Act as enacted in the State of [STATE]; (b) does **not** authorize withholding of care unrelated to cardiopulmonary arrest, including pain management, hydration, hygiene, and psychosocial support; (c) does **not** constitute a general refusal of hospitalization, surgery, antibiotics, transfusion, or intensive care except to the extent expressly elected in a POLST variant of this order; and (d) may be subject to **statutory suspension during known pregnancy** under the law of certain states — the attending physician shall consult State of [STATE] law if the Patient is, or is discovered to be, pregnant.

**Conflict with other advance directives.** If the Patient has executed a living will, health-care power of attorney, advance directive, or POLST/MOLST that conflicts with this order, the **more recently executed instrument controls** as to the conflicting provision, except that a POLST (as a medical order) generally supersedes a living will for purposes of emergency response. Treating providers shall resolve ambiguity in favor of the Patient's most recently expressed wishes.

**Out-of-state recognition.** Many states honor a facially valid DNR or POLST executed in another state either by statute or as a matter of medical ethics. If the Patient will receive care in a state other than [STATE], the Patient and physician should confirm reciprocity rules and, where prudent, execute an additional form valid in the receiving jurisdiction.

State: [STATE] Effective Date:

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## 1. Patient Identification

| Item | Detail | |---|---| | Name | [PATIENT S FULL LEGAL NAME] | | Date of Birth | | | Address | [PATIENT S ADDRESS] | | Gender | Unspecified | | Medical Record No. | — |

**Primary Diagnosis / Medical Condition:** [PRIMARY DIAGNOSIS MEDICAL CONDITION]

## 2. Directive

I, [PATIENT S FULL LEGAL NAME] (the "Patient"), having been fully informed of my medical condition, prognosis, and the nature of cardiopulmonary resuscitation, **DIRECT** that in the event of my cardiac or respiratory arrest:

**DO NOT ATTEMPT RESUSCITATION (DNAR).**

Specifically, I direct that the following interventions **SHALL NOT BE INITIATED OR CONTINUED**:

- Chest compressions;
- Assisted ventilation, including bag-valve-mask ventilation and mechanical ventilation;
- Endotracheal intubation;
- Defibrillation and cardioversion;
- Administration of cardiac resuscitation medications (e.g., epinephrine, atropine, amiodarone) for the purpose of resuscitation; and
- Any other resuscitative measures intended to restart the heart or breathing after cardiopulmonary arrest.

**Comfort care shall continue.** Nothing in this order shall prevent the provision of oxygen, suction, airway-clearance maneuvers that do not require intubation, pain and symptom management, hygiene measures, or other care directed to the Patient's comfort and dignity.

**Portable identification.** The Patient may also wear or carry a state-approved DNR bracelet, medallion, necklace, or wallet card identifying this order. EMS personnel are directed to honor such identification as evidence of this order.

## 3. Capacity and Informed Consent

The Patient is an adult with decisional capacity, has been informed by the attending physician of the Patient's diagnosis, prognosis, and the nature and likely outcomes of resuscitation, and executes this directive **voluntarily, knowingly, and free from duress or undue influence.**

**3A. HIPAA Authorization (Limited)**

The Patient (or surrogate) authorizes the attending physician, any treating facility, and any EMS agency to disclose the existence and contents of this order, together with relevant clinical information, to: (a) other treating providers; (b) the Patient's health-care agent, spouse, adult children, parents, or other persons identified in the Patient's advance directive; (c) any hospice or home-health agency involved in the Patient's care; and (d) state POLST/MOLST/eDNR registries where applicable. This authorization is consistent with 45 C.F.R. §164.510 and remains in effect until revoked in writing.

**5. Physician Certification**

I, [ATTENDING PHYSICIAN S FULL NAME], a physician (or, where state law permits, advanced practice registered nurse or physician assistant) licensed to practice in the State of [STATE] (License No. [PHYSICIAN LICENSE NUMBER]), certify that:

1. I am the attending practitioner for the Patient identified above, or am acting in that capacity;
2. I have personally examined the Patient and reviewed the Patient's medical record;
3. I have discussed the nature of resuscitation, the Patient's diagnosis, and prognosis with the Patient;
4. The Patient has provided informed consent to this order voluntarily; and
5. This order is medically appropriate and consistent with the standard of care.

Contact: .

**6. Signatures**

**Patient**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Attending Physician**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Witnesses**

**Witness 1**

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**Witness 2**

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

Each witness affirms under penalty of perjury that the Patient signed this instrument in the witness's presence, appeared to be of sound mind, and was not acting under duress or undue influence. Each witness further affirms that the witness is **at least 18 years of age**; is **not** the person who signed on behalf of the Patient; is **not** the Patient's attending physician or an employee of the attending physician; is **not** entitled to any portion of the Patient's estate under any known will or by operation of law; and, where required by the law of the State of [STATE], is **not** an owner, operator, or employee of a health-care facility in which the Patient is a patient or resident.

**7. Instructions to EMS and Health-Care Providers**

**To any responding emergency medical services personnel, paramedic, emergency department, hospital, nursing facility, home-health agency, or other health-care provider:** This Out-of-Hospital DNR Order is legally valid in the State of [STATE] and shall be honored in accordance with state law. This order directs only the withholding of resuscitation measures in the event of cardiopulmonary arrest; all other medically indicated care, including pain and symptom management, shall be provided. This order may be revoked by the Patient at any time and by any means reasonably communicating the Patient's intent to revoke.

**Distribution and Retention**

A copy of this document should be placed in the Patient's medical record, provided to the Patient and, where applicable, the Patient's surrogate and family, provided to the Patient's primary care physician and any facility providing care, and, for out-of-hospital and POLST variants, posted in a visible location at the

Patient's residence (e.g., on the refrigerator or bedside) and — where offered by the state — registered with the state POLST / MOLST / eDNR registry. The Patient (or surrogate) should retain the original.