

Glen Rose Medical Center
Do Not Resuscitate (D.N.R)
Allow Natural Death (A.N.D)/Withdrawal of Life Support

Patient Addressograph

Date: _____ Time: _____

PATIENT'S DECISION MAKING CAPACITY: Adequate Inadequate Don't Know

REASON FOR A.N.D. STATUS: (The patient is NOT pregnant and)

- Competent adult patient has given physician verbal or written directive
- Agent holding Medical Power of Attorney (MPA) or guardian has given physician a verbal directive and patient lacks capacity to make health care decisions.
- Use of CPR would not be medically effective or achieve expressed goal of treatment.
- Qualified patient lacks competence to make health care decisions and surrogate decision-maker has issued a verbal directive. (Refer to "Criteria for Surrogate Decision-Maker" on back of form.)

I HAVE DISCUSSED RESUSCITATION STATUS WITH: (Check all that apply)

- Patient Nurse Attending Physician Chaplain
- Family (specify): _____ Other (specify): _____

DISCUSSION INCLUDED: (Check all that apply)

- Diagnosis CPR Procedure Likelihood of CPR success for this patient
- Prognosis Alternatives to full CPR Patient's death and dying concerns
- Quality of Life Other: _____

- Transfer of Out-of-Hospital DNR status to hospital
- Patient has been certified as terminal or afflicted with an irreversible condition by attending physician who has examined patient and documented finding in the medical record: (Refer to Criteria for "Terminal" and "Irreversible" on back of form).
- 1. Competent adult qualified patient has issued a verbal directive to attending physician and two (2) witnesses. (Refer to "Criteria for Witnesses" on back of form and witness signatures below).

OR

- 2. Qualified patient has executed a written directive to physician or qualified patient is incompetent and no written directive executed by patient exists, but attending physician and surrogate-decision maker made the treatment decision. (Refer to "Criteria for Surrogate Decision-Maker" on back of form).

FOR CARDIOPULMONARY ARREST

- ALLOW NATURAL DEATH (A.N.D)/DNR/DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION. No resuscitation measures will be initiated.

FOR LIMITED SUPPORT

- CARDIOPULMONARY RESUSCITATION WILL BE LIMITED TO: (check all that apply)
- Closed chest cardiac massage Defibrillation/cardioversion
- Administration of (ACLS) emergency medications Endotracheal intubation/mechanical ventilation
- Blood/Blood products Dialysis IV Fluids Blood Drawing Artificial Nutrition
- Other: _____

- CONSULT Social Services to initiate Out-of-Hospital A.N.D./DNR consents pending ambulance transfer of patient out of hospital.

Physician Signature: _____

Telephone/Verbal A.N.D./DNR (requires the signature of two RN's) Read back and verified:

Nurse #1: _____ Nurse #2: _____

CRITERIA FOR SURROGATE DECISION-MAKER:

- Patient's legal guardian/person responsible for health care decisions of patient (Medical Power of Attorney for Healthcare)
- Spouse of patient
- Available adult child of patient
- Patient's parent
- Patient's physician or person admitting patient

CRITERIA FOR TERMINAL OR IRREVERSIBLE CONDITION:

- **Terminal** is defined as an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six (6) months, even with life-sustaining treatment provided in accordance with the prevailing medical standard.
- **Irreversible condition** means a condition, injury or illness that:
 - may be treated but never cured or eliminated
 - leaves a person unable to care for or make decisions for the person's own self;
 - without life-sustaining treatment provided in accordance with the prevailing standard of medical care is fatal.

CRITERIA FOR A WITNESS:

One of the two witnesses have stipulated that he/she is not:

- Related to the declarant by blood or marriage
- Entitled to any part of the state of the declarant on his/her death
- The attending physician or an employee of the attending physician
- A patient in the health care facility in which the declarant is a patient
- Any person who has a claim against any part of the estate of the declarant upon his/her death at the time of the execution of the directive, or
- **A hospital employee may witness such a directive provided he is not directly engaged in the care of the patient and/or not directly engaged in duties related to the financial management of the hospital.**

Surrogate Decision Maker: _____

Witnesses: (Withdrawal of life-sustaining procedures for terminal or irreversible condition)

Witness #1: _____
(Signature)

Witness #2: _____
(Signature)

Name (printed): _____

Name (printed): _____

Phone Number: (_____) _____

Phone Number: (_____) _____