



Do Not Resuscitate / Do Not Intubate Request

Advance Request by the Patient to Limit the Scope of Emergency Medical Care

Do Not Resuscitate (DNR) - In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation shall be initiated.

Do Not Intubate (DNI) - In the event of acute or impending respiratory failure, endotracheal intubation to provide sustained assisted ventilation shall not be performed. DNI does not prohibit emergency management to prevent or reverse acute airway obstruction with oral, nasal or esophageal obturator airways or treatment of transient respiratory insufficiency with oxygen or short trials of assisted ventilation with positive pressure ventilation equipment or Ambu-bags.

- I, _____, request limited emergency care as herein described.
- I understand DNR means that if my heart stops beating or if I stop breathing, **NO** medical treatment will be started or continued and I may die as a result.
- I understand that DNI means that if I stop breathing, I will **NOT** be placed on an artificial breathing machine and that I may die as a result.
- I understand that either or both of these decisions will **NOT** prevent me from obtaining emergency medical care by paramedic(s) and receiving other medical care prior to my death at the direction of my physician.
- I understand that I may revoke these directives at any time.
- I give permission for this information to be provided to paramedics, physicians, nurses or any other health care personnel, as necessary, to implement these directives.

I hereby agree to the “Do Not Resuscitate” order. _____(initial)

I hereby agree to the “Do Not Intubate” order. _____(initial)

Patient/Authorized Representative Signature

Date

If signed by authorized representative of the patient, please complete the following:

Print Name

Relationship

Phone

Witness Signature

Date

Physician Signature

Phone

Date