

BACKGROUND INFORMATION/INSTRUCTIONS FOR COMPLETING DO NOT RESUSCITATE ORDER

BACKGROUND INFORMATION

Cardiopulmonary resuscitation (CPR) is a procedure employed after cardiac arrest in which cardiac massage, drugs, and artificial ventilation are used to restore breathing and circulation. It is standard medical practice to perform CPR on all persons found to be in cardiac or respiratory arrest in the absence of directives from an attending physician to withhold such action. However, patients may legally and ethically decline these treatments. The DNR order is used to implement their decision that CPR is not to be performed. This decision to limit CPR rests with the attending physician and his/her qualified patient, legal guardian, or health care agent as described in Chapter 154, Subchapter III of the Wisconsin Statutes. A qualified patient means a person who is at least 18 years old and to whom any of the following conditions applies:

1. The person has a terminal condition.
2. The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
3. The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period of time.

The bracelet is intended to communicate the existence of a "Do Not Resuscitate" order to the emergency medical personnel who may be summoned in the event of an emergency. In addition, it provides guidelines for comfort and supportive care short of CPR that may be administered by emergency personnel.

GUIDELINES FOR FORM COMPLETION, AFFIXING PLASTIC BRACELET, ORDERING METAL BRACELET.

After discussing treatment options the patient or the legal guardian or health care agent of the incapacitated patient, completes the DNR order. The types of care to be rendered and withheld should be carefully explained to the patient, legal guardian or health care agent, and family members by the attending physician or the attending physician's designee before the form is signed. After the form is completed and signed, the attending physician or designee shall either affix the Do Not Resuscitate plastic bracelet to the patient's wrist or order a metal bracelet from MedicAlert. This decision must be documented in the patient's medical record. It is recommended that this documentation include:

1. The rationale for the decision including qualifying medical condition.
2. The presence or absence of decision making capacity on the part of the patient.

Two dated signatures are required for this document to be valid and its intent carried out.

1. Patient, legal guardian, or health care agent's signature and date signed.
2. Attending Physician's signature and date signed by physician.

The metal bracelet includes an emblem that displays an internationally recognized symbol Staff of Aesculapius along with MedicAlert on the front and the words "Wisconsin Do-Not-Resuscitate-EMS, and the qualified patient's first and last name on the back. WI DNR residents may provide MedicAlert with other important health information to be engraved on the back of the bracelet at the time of ordering. To order a metal bracelet you need to include:

1. Copy of WI DNR form signed by the attending physician and the patient, legal guardian, or health care agent.
2. MedicAlert DNR brochure with clear information and address for mailing the bracelet.
3. Send payment to MedicAlert, WI DNR, 2323 Colorado Ave, Turlock, Ca. 95382.

The patient should receive a copy of the DNR Order Form. An original signed form or a legible photocopy or electronic facsimile is presumed to be valid.

REVOKING THE DNR ORDER

The patient, legal guardian or health care agent can revoke the DNR order by any of the following methods:

1. The patient, legal guardian or health care agent expresses to emergency personnel the desire that the patient be resuscitated.
2. The patient, legal guardian, or health care agent defaces, burns, cuts or otherwise destroys the DNR bracelet.
3. The patient, legal guardian, or health care agent removes the DNR bracelet or another person, at the request of the patient, legal guardian, or health care agent removes the DNR bracelet.

The DNR order (and copies) should be torn up and the patient's attending physician should be notified of the revocation. Only the patient, legal guardian, or health care agent may revoke an order issued under Chapter 154 Wisconsin Status. The DNR order is **NOT** revoked when an ambulance is called. Ambulance personnel will honor the DNR and will provide comfort care only.

**EMERGENCY CARE
 DO NOT RESUSCITATE ORDER (DNR)**

This form provides consistent language and documentation for emergency care DO NOT RESUSCITATE (DNR) orders and bracelets to direct emergency medical technicians, first responders and emergency health care personnel in the field. By wearing a DNR bracelet a patient clearly notifies emergency medical personnel of the intent to have these orders followed. This form is the legal document that serves as the basis for a do not resuscitate bracelet. This form also provides specific care instructions for health care providers responding to emergency calls. If this form is appropriately completed, emergency personnel should limit care as outlined. The patient and the legal guardian or health care agent of an incapacitated patient have the right to revoke these restrictions on care at any time.

Action desired: Call 911 for urgent needs or call an ambulance for routine transport: Phone # _____

Emergency provider as appropriate will provide	Emergency provider will NOT provide
Clear airway	Perform chest compressions
Administer oxygen	Insert advanced airways
Position for comfort	Administer cardiac resuscitation drugs
Splint	Provide ventilator assistance
Control bleeding	Defibrillate
Provide pain medication	
Provide emotional support	
Contact hospice or home health agency if either has been involved in patient's care, or patients attending physician	

Male Female (print) Patient Name _____ Date of Birth: _____

Patient Address Street: _____

City: _____ State: _____ Zip Code: _____

I understand this document identifies the level of care to be rendered to the patient by an emergency medical technician, first responder, or emergency health care facility personnel in situations where death may be imminent. I make this request knowingly and I am aware of the alternatives as explained to me by the attending physician. I expressly release all persons who shall in the future provide medical care of any and all liability whatsoever for acting in accordance with this request. I am aware that I can revoke this order at any time by removing or defacing the identification bracelet or by requesting resuscitation.

Signature of Patient or Legal Guardian or Health Care Agent of an incapacitated patient _____ Date _____

Print Attending Physician's Name _____

Attending Physician's Signature _____ Phone # _____ Date _____

THE ABOVE SIGNATURES AND DATES ARE REQUIRED FOR THIS FORM TO BE VALID AND ITS INTENT CARRIED OUT. See reverse side for background information and instructions on how to complete this form.

THE PATIENT MUST WEAR THE STANDARDIZED PLASTIC OR METAL IDENTIFICATION BRACELET FOR THIS ORDER TO BE VALID AND HONORED BY EMERGENCY HEALTH CARE PERSONNEL. A PATIENT WITHOUT A BRACELET WILL BE PRESUMED TO HAVE REVOKED THE DNR ORDER BY REMOVING THE BRACELET.