UNIFORM	I DNR ADVANCE DIRECTIVE	UNIFORM DNR ADVAN			DNR ADVANCE D	DIRECTIVE			
Illinois Department of Public Health UNIFORM DO-NOT-RESUSCITATE (DNR) ADVANCE DIRECTIVE Image: Constraint of the second sec									
HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT									
orders are	ese orders until changed. These medical based on the patient's medical condition rences. Any section not completed does	Patient Last Name Patient First N		ime	MI				
and preferences. Any section not completed does not invalidate the form and implies initiating all treatment for that section. With significant change of condition, new orders may need to be written.		Date of Birth (mm/dd/yy)		Gender					
	See also Guidance for Health Care Professionals at Address (street/city/state/ZIPcode) http://www.idph.state.il.us/public/books/advin.htm. Address (street/city/state/ZIPcode)								
Α	for that section. With significant change Image: Miniperiod Mini								
Check One	Attempt Resuscitation/CPR (Selecting CPR means Intubation and Mechanical Ventilation in Section B is selected)								
	When not in a	cardiopulmonary arre	st, follow ord	ers B and C.		n by ent of atments. gh			
B	MEDICAL INTERVENTIONS Patient has pulse and/or is breathing.								
Check One	Comfort Measures Only (Allow Natural Death). Relieve pain and suffering through the use of medication by								
	 Limited Additional Interventions In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation or mechanical ventilation. May consider less invasive airway support (e.g., CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> Treatment Plan: Provide basic medical treatments. Intubation and Mechanical Ventilation In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit if indicated.</i> Treatment Plan: Life support measures, including intubation, in the intensive care unit. Additional Orders ARTIFICIALLY ADMINISTERED NUTRITION Offer food by mouth, if feasible and as desired. Additional Instructions (e.g., length of trial period) Defined trial period of artificial nutrition by tube. 								
С	ARTIFICIALLY ADMINISTERE	D NUTRITION Offer f	ood by mouth	n, if feasible a	nd as desired.				
Check One (optional)	 Check One Defined trial period of artificial nutrition by tube. 								
	Long-term artificial nutrition by tube.								
D	DOCUMENTATION OF DISCUSSION (Check all appropriate boxes below)								
	□ Patient	6		ealth care power of attorney					
	□ Long-term artificial nutrition by tube.								
	Signature of Patient or Legal Rep	presentative							
	Signature (required)		Name (print)		Date				
	Signature (<i>required</i>)	Name (print)			Date				
Е	SIGNATURE OF ATTENDING F	PHYSICIAN				preferences.			
	My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient's medical condition and prefer					preferences.			
	Print Attending Physician Name (re	equired)		Phone					
	Attending Physician Signature (req	uired)		() Date <i>(requir</i>	ed)	Page 1			
				-		R			

SEND A COPY OF FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

THIS SIDE FOR INFORMATIONAL PURPOSES ONLY

Patient	Last	Name
---------	------	------

Patient First Name

The Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive is **always voluntary** and is for persons with advanced or serious illness or frailty. This order records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive form (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows you to document, in detail, your future health care instructions and name a Legal Representative to speak for you if you are unable to speak for yourself.

Advance Directive Information

I also have the following advance directives (OPTIONAL)							
Health Care Power of Attorney	□ Living Will Declaration □	Mental Health Treatment Preference Declaration					
Contact Person Name		Contact Phone Number					
	Health Care Professional Inform	nation					
Preparer Name		Phone Number					
Preparer Title		Date Prepared					

Completing the IDPH Uniform Do Not Resuscitate (DNR) Advance Directive Form

- The completion of a DNR form is always voluntary, cannot be mandated and may be changed at any time.
- · A DNR form should reflect current preferences of persons with advanced or serious illness or frailty. Also, encourage completion of a POAHC.
- · Verbal/phone orders are acceptable with follow-up signature by attending physician in accordance with facility/community policy.
- Use of original form is encouraged. Photocopies and faxes on any color of paper also are legal and valid forms.

Reviewing a Do Not Resuscitate (DNR) Advance Directive Form

This DNR form should be reviewed periodically and if:

- The patient is transferred from one care setting or care level to another,
- · or there is a substantial change in the patient's health status,
- or the patient's treatment preferences change,
- or the patient's primary care professional changes.

Voiding or revoking a Do Not Resuscitate (DNR) Advance Directive Form

- A patient with capacity can void or revoke the form, and/or request alternative treatment.
- Changing, modifying or revising a DNR form requires completion of a new DNR form.
- Draw line through sections A through E and write "VOID" in large letters if any DNR form is replaced or becomes invalid. Beneath the written "VOID" write in the date of change and re-sign.
- · If included in an electronic medical record, follow all voiding procedures of facility.

Illinois Health Care Surrogate Act (755 ILCS 40/25) Priority Order

- 1. Patient's guardian of person
- 2. Patient's spouse or partner of a registered civil union
- 3. Adult child
- 4. Parent

- 5. Adult sibling
- 6. Adult grandchild
- 7. A close friend of the patient
- 8. The patient's guardian of the estate

For more information, visit the IDPH Statement of Illinois law at http://www.idph.state.il.us/public/books/advin.htm

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT

IOCI 13-361

UNIFORM DNR ADVANCE DIRECTIVE

UNIFORM DNR ADVANCE DIRECTIVE

UNIFORM DNR ADVANCE DIRECTIVE

UNIFORM DNR ADVANCE DIRECTIVE

Page 2