Medical Society of New Jersey
MSNJ

DO NOT RESUSCITATE

ALL FIRST RESPONDERS AND EMERGENCY MEDICAL SERVICES PERSONNEL ARE AUTHORIZED TO COMPLY WITH THIS OUT-OF-HOSPITAL DNR ORDER.

This request for no resuscitative attempts in the event of a cardiac and/or respiratory arrest for: _____,has been ordered by the physician whose signature
PLEASE PRINT NAME
appears below. This order is in compliance with the patient's/surrogate's wishes and it has been determined and documented by the physician below that resuscitation attempts for this patient would be medically inappropriate.

It is expected that this DNR order shall be honored by all ***Emergency Medical Services (EMS)*** personnel, ***First Responders***, and other healthcare providers who may have contact with this patient during a medical emergency.

PATIENT/SURROGATE SIGNATURE:_____

PATIENT ADDRESS: _____

THE ABOVE NAMED PATIENT IS UNDER THE CARE OF:

PHYSICIAN NAME:_____
PLEASE PRINT NAME

PHYSICIAN ADDRESS:_____

TELEPHONE NUMBER:( ) _____ - _____

MEDICAL FACILITY AFFILIATION:_____

PHYSICIAN SIGNATURE:_____DATE:_____

THIS DOCUMENT SHOULD BE PROMINENTLY DISPLAYED AND READILY AVAILABLE TO EMS PERSONNEL (see reverse for instructions)

INSTRUCTIONS FOR FIRST RESPONDERS/EMS

ALL PATIENTS HAVE THE RIGHT TO MAKE HEALTHCARE DECISIONS INCLUDING THE RIGHT TO ACCEPT OR REFUSE LIFE-SAVING MEDICAL TREATMENT.

1. **ASSESS THE PATIENT FOR THE ABSENCE OF BREATHING AND/OR HEARTBEAT.**

2. **IF THE PATIENT *IS NOT* IN CARDIAC AND/OR RESPIRATORY ARREST, PROVIDE *ALL* NECESSARY CARE, INCLUDING TRANSPORT IF REQUIRED.**

3. **IF THE PATIENT *IS* IN CARDIAC AND/OR RESPIRATORY ARREST, *DO NOT INITIATE CPR* AND RESUSCITATIVE EFFORTS.**

4. **FOLLOW LOCAL EMS PROTOCOLS FOR PRONOUNCEMENT.**

5. **DOCUMENT ALL PERTINENT INFORMATION ON YOUR RUN SHEET AND ATTACH A COPY OF THIS OUT-OF-HOSPITAL DNR ORDER.**

6 ***ONLY* THE INDIVIDUAL(S) (PATIENT, SURROGATE, OR PHYSICIAN) WHO SIGNED THIS FORM MAY RESCIND IT AT ANY TIME.**

7. **PHOTOCOPIES OF THIS DOCUMENT *ARE PERMITTED* AND SHALL BE HONORED AT ALL TIMES.**

THIS DOCUMENT, ITS INTENT AND ASSOCIATED POLICIES ARE SUPPORTED BY:

Medical Society of New Jersey
New Jersey Department of Health and Senior Services
New Jersey Chapter, American College of Emergency Physicians
New Jersey State Nurses Association
New Jersey HealthDecisions
New Jersey Association of Osteopathic Physicians and Surgeons
Academy of Medicine of New Jersey
New Jersey MICU Program Administrators Association
MICU Advisory Council
New Jersey State First Aid Council

IF THERE ARE ANY QUESTIONS CONCERNING THE TREATMENT AND/OR PRONOUNCEMENT OF THIS PATIENT, CALL:

CONTACT PERSON:_____TELEPHONE:( ) _____- _____

AGENCY:_____