



Sample Form

PATIENT INFORMATION

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*PATIENT'S NAME: _____ DOB: _____

*ADDRESS: _____ GENDER: M F

*[PLEASE TYPE OR PRINT THIS INFORMATION TO ENSURE LEGIBILITY]

CERTIFICATION OF COMFORT ONE® STATUS

This form constitutes reliable documentation that the above-identified patient is enrolled as a **COMFORT ONE** patient in Alaska under AS 13.52 and 7 AAC 16.10 and, as such, directs EMS personnel, health care providers, and health care facilities not to resuscitate the patient in accordance with these statutes and regulations.

Patient Signature: _____ Date: _____

My signature below constitutes and confirms a formal order to emergency medical services personnel and other health care providers to follow the Alaska **COMFORT ONE** protocol, as outlined in 7 AAC 16.10.010 - 7 AAC 16.10.090. I affirm that this order is written in accordance with accepted medical, legal, and ethical guidelines. As the physician for this patient, I confirm that the patient has the qualifying condition listed below, and I agree to ensure the completion of, and certify, the death certificate if death occurs as anticipated.

Printed Name of Physician: _____ Phone: _____

Physician Signature: _____ Date: _____

ADDITIONAL INFORMATION

Does Not Affect Patient Care

Qualifying condition (terminal illness or permanent unconsciousness): _____

Does this patient have a pacemaker? Yes No

INFORMATION TO PATIENT

This form, when completed, certifies you as a **COMFORT ONE**® patient under Alaska law. If this form or wallet card is presented to, or found by, emergency medical personnel or other health care providers, or you are wearing a **COMFORT ONE** bracelet or necklace, the personnel will provide the care described on the reverse side of this document. Emergency medical care providers will be directed to prevent avoidable suffering and to provide supportive comfort measures. It is understood that, as a **COMFORT ONE** patient, you will be allowed to die in the natural course of your illness.

REVOCATION

The **COMFORT ONE** status of the patient may be revoked, by the patient or the patient's physician, at any time.

If emergency medical services personnel, or other health care providers, do not see this form, the wallet card or a **COMFORT ONE** bracelet or necklace, they will attempt to resuscitate the patient in accordance with their standard procedures.

RECOMMENDED PROCEDURES FOR EMERGENCY MEDICAL SERVICES PERSONNEL AND OTHER HEALTH CARE PROVIDERS

If you are presented with this form, or a **COMFORT ONE**[®] wallet card, or encounter a patient wearing a **COMFORT ONE** bracelet or necklace, Alaska law requires that you follow the **COMFORT ONE** protocol after confirming the identify of the patient. If the patient is unconscious or otherwise unresponsive to questions regarding the patient's identity, you may rely solely on the department-approved DNR bracelet or necklace worn by the patient without using further methods to identify the patient.

For a COMFORT ONE patient, Alaska health care providers will not start CPR and will stop CPR if it has been initiated, with one exception. If, in the course of providing emergency medical services to a patient in the field, those services precipitate complications which cause the patient to require CPR or other resuscitative measures, the field provider may perform CPR on the patient **only** if ordered to do so by an online physician providing medical direction to the field health care providers. "Health care provider" does not include a physician, and "in the field" does not include a health care facility, institution, hospital or mental health facility.

RECOMMENDATIONS TO HEALTH CARE PROVIDERS:

Appropriately trained and equipped health care providers **may** provide comfort care to the DNR patient by:

- Suctioning the airway;
- Administering oxygen;
- Assisting the patient to a comfortable position;
- Providing emotional support;
- Contacting hospice, a home health agency, or physician; and/or
- Providing pain medication (advanced life support personnel with standing orders).

Health care providers **should not:**

- Use advanced airway devices, such as an ET tube or multilumen airway;
- Initiate cardiac monitoring;
- Administer cardiac resuscitation drugs;
- Defibrillate; or
- Provide ventilatory assistance.

ENROLLMENT AND DISTRIBUTION OF COPIES OF THIS FORM:

To enroll a qualified patient in the Comfort One Program, a physician should:

- Complete the form, making sure to type or print the patient's name and address;
- Sign and date the form and wallet card, and have the patient sign the form;
- Give the original copy of the form and the wallet card to the patient;
- Complete and mail the pre-addressed DNR Program data collection postcard; and
- Purchase a DNR identification bracelet for the patient from the regional EMS office (optional).

Distribution of Copies of Form:

- The white (original) copy of the form is given to the patient, who should be encouraged to keep it in an easily accessible location.
- The second copy of the form is retained by the physician and included in the patient's medical file.
- The third copy should be given to the local law enforcement agency. Under AS 12.65.007, local law enforcement personnel are not required to respond to the scene of an expected home death if this form is on file with that agency and certain other conditions are met.
- The bottom copy of the form may be sent to another agency to confirm enrollment in the Comfort One Program, such as the local fire department, EMS agency, or hospice organization.