



# EMS CARIOPULMONARY RESUSCITATION DIRECTIVE



South Dakota EMS

## PATIENT INFORMATION (Type or Print)

Patient Name: \_\_\_\_\_ # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Gender: M- F- Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Race/Ethnic Background: \_\_\_\_\_

Hospice Program Name (if applicable): \_\_\_\_\_

Attending Physician, Physician Assistant, or Nurse Practitioner Name, Address & Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CERTIFICATION OF COMFORT ONE STATUS/EMS-CPR ADVANCE DIRECTIVE**

This form constitutes reliable documentation that the above identified patient is certified as a **COMFORT ONE** patient and as such directs EMS personnel, health care providers and health care facilities to not resuscitate the patient in accordance with the South Dakota EMS Cardiopulmonary Resuscitation Directive Statute.

### **DO NOT RESUSCITATE**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below constitutes and confirms standing orders to emergency medical services personnel, health care providers and health care facilities to follow the **COMFORT ONE** / South Dakota EMS Cardiopulmonary Resuscitation Directive protocols. I affirm that this order is written in accordance with accepted medical and ethical guidelines.

Physician Physician Assistant, or Nurse Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **INFORMATION TO PATIENT**

This form certifies you as a **COMFORT ONE** patient under South Dakota law. If this form or **COMFORT ONE** bracelet is presented to pre-hospital emergency response personnel, they are required to provide the care described on the reverse side. Emergency medical care will be directed at preventing avoidable suffering and providing 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 or disease.

### **REVOCATION**

The **COMFORT ONE** status of the patient may be revoked, at any time by the patient or the person authorized to make medical decisions for the patient. Written notice of the revocation shall be provided in writing as soon as practical to the Department, the attending physician and to those who have actual notice of the CPR directive.

**If this form or a bracelet is not immediately available the patient will be resuscitated!**

PATIENT'S COPY



## INFORMATION FOR EMERGENCY MEDICAL SERVICES PERSONNEL

If you are presented with the **Comfort One** form or encounter a patient wearing a **Comfort One** bracelet, South Dakota law requires that you follow the **Comfort One**/South Dakota EMS Cardiopulmonary Resuscitation Directive protocols.

For a **Comfort One** patient, emergency medical services personnel:

### WILL:

- Assist in maintenance of an open airway, **excluding** advanced airway procedures such as the insertion of PtL, combitubes or endotracheal intubation;
- Provide suction;
- Provide oxygen;
- Provide pain medications as directed by patient's physician, physician assistant, or nurse practitioner;
- Control bleeding;
- Provide comfort care; and
- Be supportive to patient and family.

If someone else has already begun resuscitating a **Comfort One** patient prior to your arrival you:

### WILL WITHHOLD OR WITHDRAW:

- Chest Compressions;
- Defibrillation;
- Advanced airway procedures;
- Assisted breathing; or
- Administration of resuscitation medications.

Please mail 2<sup>nd</sup> copy of Completed form to:

**Emergency Medical Services  
SD Department of Public Safety  
118 West Capitol  
Pierre, SD 57501-2000**