



STATE OF TENNESSEE  
**EMERGENCY MEDICAL SERVICES**

**DO NOT RESUSCITATE (DNR)  
ORDER**

Patient's Full Name \_\_\_\_\_

**ATTENDING PHYSICIAN'S STATEMENT**

I am the attending physician of the patient named above and direct medical personnel not initiate cardiopulmonary resuscitation on this patient. I understand that I may revoke these directions at any time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
signature of Attending Physician

\_\_\_\_\_  
PRINTED NAME OF ATTENDING PHYSICIAN

THIS ORDER REMAINS IN EFFECT UNTIL THE DEATH OF THE  
PATIENT OR THE DOCUMENT IS DESTROYED

**PATIENT'S STATEMENT**

I, the undersigned patient, or agent with a durable power of attorney for health care, direct that cardiopulmonary resuscitation should not be initiated. I understand that I may revoke these directions at any time.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Full Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DPAH/C

\_\_\_\_\_  
Printed Full Name of Person Acting with durable  
power of attorney for health care

THIS FORM WILL ACCOMPANY THE PATIENT DURING AMBULANCE TRANSPORT

A photostatic copy of the original, properly executed form may serve as a legal DNR order pursuant to Tennessee Code Annotated § 68-140-602(1)

In the event of the patient's death, the EMS agency on the scene shall obtain this form and it shall become part of the EMS Medical Record.

Permission is hereby granted to reprint blank copies of this form for use by patients and physicians. Such copies must include the complete and original text of both sides of the form with no additions or deletions.

## **EXPLANATION TO THE PATIENT AND FAMILY**

### **The patient and family:**

Understand that the patient has been diagnosed with a terminal medical condition.

Recognizes the physician identified on this form as the attending physician with primary patient care responsibilities.

Understands that supportive care will be provided to the patient.

Arranges for placement of the DNR document near the bedside of the patient in a location that is made known to everyone involved in the care of the patient.

Understands that EMS assistance may not be required under local guidelines and has discussed when it is or not appropriate to call the EMS system for assistance and transport.

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## **PHYSICIAN RESPONSIBILITIES**

### **In accordance with the guidelines for a Do-Not-Resuscitate Order the attending physician:**

Has determined that the patient is in a terminal condition.

Has completed a DNR form that identifies the patient and recognizes the patient's wishes for withholding resuscitation.

Has discussed with the family and care givers procedures that are appropriate near the time of death, including the need for EMS assistance and transport, palliative and supportive care; discontinuance or withholding of resuscitative measures.

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## **EMS PERSONNEL RESPONSIBILITIES**

### **The Emergency Medical Personnel attending:**

Will confirm the presence of the DNR order and the patient's identity.

Will provide supportive and palliative care which includes:

Positioning the patient for comfort and airway control.

Suctioning of the airway.

Administration of oxygen.

Control of bleeding.

Splinting.

Administration of medication by advanced life support providers by orders through medical control.

Emotional support for the patient, family, and providers.

Will not initiate, administer or continue:

CPR

Chest Compressions.

Ventilatory Assistance.

Intubation-provided that existing tubes shall be allowed to remain in place.

Defibrillation or cardiac monitoring.

Cardiac resuscitation drugs.

Will notify medical control and the attending physician if stipulated by local protocols.