



DIRECTIVE TO PHYSICIAN / DNR ORDER

Office _____
Patient Name _____
MR# _____ DOB _____

This is a Physician Order based on the medical conditions and wishes of the person identified above.
Any section not completed indicates full treatment for that section.
When needs occur, first follow these orders then contact the physician.

<p>Section A</p> <p>Check one box only</p>	<p>Cardiopulmonary Resuscitation (CPR): Patient has not pulse and/or is not breathing.</p> <p><input type="checkbox"/> Resuscitate (CPR)</p> <p><input type="checkbox"/> Do Not Attempt Resuscitation (DNR / No CPR)</p> <p>When not in cardiopulmonary arrest, follow orders in B.</p>
<p>Section B</p> <p>Check one box only</p>	<p>Medical Interventions. Patient has pulse and/or is breathing.</p> <p><input type="checkbox"/> Comfort Measures. Treat with dignity and respect. Keep clean, warm and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.</p> <p><input type="checkbox"/> Limited Additional Interventions. Includes care described above. Use medical treatment, IV fluids, and cardiac monitoring as indicated. Do not use intubation, advances airway intervention, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care.</p> <p><input type="checkbox"/> Full Treatment. Includes care above. Use intubation, advance airway intervention, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Include intensive care.</p>

These orders have been fully explained to me by a staff member of Spring Valley Hospice

Patient/Authorized Representative	Date
Witness	Date

Physician Verbal Authorization

Clinician Signature

Date

Physician's Statement:

I, _____, the attending physician for the patient named above, acknowledge and agree to the above verbal authorization, as well as the patient's directive statements above.

Physician

Date