

Instructions for the DO NOT RESUSCITATE Form

Attn: All Family Members:

The Maryland Emergency Service Personnel (911) has advised us of new procedures that must be implemented when a resident is taken to the hospital. All residents not wishing to be resuscitated are required to have a (DNR) Do Not Resuscitate order on file at their residing facility. We ask the families to take the time to complete this form and have the resident's physician complete their section prior to admission. Please forward the completed form to my attention. The following instructions need to be completed:

1) Section I: Please complete the following information located on the top section of this form:

Resident's Name
Current Address
Date of Birth
Social Security Number

2) Section II: Please select only one of the following options:

- A. Maximal (Restorative) Care Before Arrest, Then DNR
- B. Limited (Palliative) Care Only Before Arrest, Then DNR

Please sign in the box shown in this section authorizing your request.

3) Section III: Please have the resident's physician complete this section.

Physician should select only one option in this section.
Physician must also sign in the appropriate box giving his telephone number and physician's number

4) Section IV: Optional

Physician may sign the optional section if the family wishes the resident to wear the bracelet at all times.

Completing the Do Not Resuscitate form is strictly optional. However, if this is your request the DNR form must be filled out completely and the original kept in the resident's chart. The paramedics will request a copy of this form when a resident is taken out 911. This is the only form they will honor for this request. The paramedics will not accept a living will as authorization for this request.

If you request not to have a Do Not Resuscitate order on file, please write an explanation of your intentions on the bottom of this letter, sign your name and return it back to us as soon as possible. If you choose to have the Do Not Resuscitate form completed by your physician, please do so and return it back to us as soon as possible, as the orders can't be followed through without the form in file.

Sincerely

Rosemary Desmond
Assisted Living Manager

Place an X:

_____ I choose not to complete the DNR Form for _____.
Resident's Name

Signature: _____ Date: _____

Responsible Party