Methodist Healthcare

Addressograph

Do Not Resuscitate or Limited Resuscitation Physician Orders (Adult Only)

HT: _____ cm WT: _____ kg

ALLERGIES: _____

PHYSICIAN ORDERS	PROGRESS RECORD

These orders should NOT be used for patients with an ACTIVE POST Form.

(These orders ARE transferable within Methodist Le Bonheur Healthcare & do NOT require re-initiation at the next level of care. The POST Form can be used within Methodist Le Bonheur Healthcare and also for transfer of DNR orders to and from outside facilities.)

❑ Full Do Not Resuscitate (DNR)
(place DNR Identification armband on patient)

❑ Limited Resuscitation:
(all of the following should be addressed):

ACLS/PALS Drugs	❑ Yes	❑ No
Defibrillation	❑ Yes	❑ No
Chest Compressions	❑ Yes	❑ No
Intubation	❑ Yes	❑ No
Assisted ventilation (ambu)	❑ Yes	❑ No

Any current Advance Directive has been considered.

I have discussed this order with:

❑ Patient
❑ Health care agent
❑ Court-appointed guardian
❑ Health care surrogate
❑ Parent of minor
❑ Other _____ (Specify)

The Basis for These Orders is: (Must be completed)

❑ Patient's preferences
❑ Patient's best interest (patient lacks capacity or preferences unknown)
❑ Medical indications
❑ Other _____ (Specify)

In the cases of patients experiencing surgery or procedures requiring sedation, any advance directive will be honored except for those interventions and treatments deemed necessary for immediately supporting the procedure.

Physician Signature: _____ Physician ID#: _____

Date: _____ Time: _____

Cancellation of the Above DNR OR Limited Resuscitation Orders

❑ Cancel the above DNR or Limited Resuscitation Orders.
❑ There is a substantial change in the patient's health status
❑ The patient's treatment preferences changed.

Physician Signature: _____ Physician ID#: _____

Date: _____ Time: _____

CANARY - CHART • WHITE - PHARMACY