

NON-SURGICAL PROCEDURE-SPECIFIC DNR CONFIRMATION FORM

Numerous medical tests and procedures may be used to diagnose and treat various medical conditions. Each is accompanied by various potential risks, particularly if the tests or procedures require increased physical exertion and/or the administration of medications or imaging agents. In such circumstances, these medical tests and procedures can cause breathing, blood pressure, and heart complications. The potential for risks is increased when a person's health is already compromised by illness, disease, or injury.

Due to your current health situation, a Do-Not-Resuscitate (DNR) order is already in place. It currently provides the following directions:

Date DNR Signed: _____
Valid Until: _____
Subscribing Physician: _____
Contact Ph#: _____

It has been determined that you could benefit from the following treatment(s) or procedure(s):

However, this/these treatment(s) and/or procedure(s) could disrupt vital functions, including your breathing and heart function. Normally medical staff would use CPR and/or other resuscitation efforts in an attempt to reverse any such disruption. However, in your current health situation you have indicated that your DNR orders should remain in full effect. To honor your wishes, you are being presented with this consent form. By signing this form you explicitly confirm that your existing DNR orders shall remain in full force during this/these treatment(s) and/or procedure(s).

Consent:

I have read the above information (or it has been explained to me). My signature below is specific confirmation that my Do-Not-Resuscitate orders will remain in full effect, and that CPR and/or other resuscitation efforts will NOT be used during the period I am in surgery as well as in the post-surgical recovery room, even if this was needed to save my life.

Patient/Agent Signature: _____
Date/Time: _____

Surgeon/Anesthesiologist: _____
Date/Time: _____