

EXAMPLE FORM

DO NOT RESUSCITATE (DNR) ORDER

(For Hospital/Healthcare Facility Use)

Patient Information

- ☐ Full Name: _____
- ☐ Date of Birth: //_____
- ☐ Medical Record #: _____
- ☐ Attending Physician: _____

DNR Directive

☒ **DO NOT ATTEMPT RESUSCITATION** in the event of cardiac or respiratory arrest:

- **No** chest compressions
- **No** defibrillation (shocks)
- **No** intubation (mechanical ventilation)
- **No** emergency medications (e.g., epinephrine)

Additional Instructions

☒ **Comfort Measures Only** (e.g., pain relief, oxygen for comfort)

☐ **Other:** _____

Signatures

Physician/NP/PA: _____

License #: _____ **Date:** //_____

Patient/Guardian: _____ **Date:** //_____

(This order must be reviewed regularly and accompany the patient during transfers.)