## Iowa Department of Public Health OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER (Please type or print)

Date of Order:// Patient Information: Name: (Last)/ Address:/ Date of Birth:/_/					
Mama: (Last)					
Name. (Last)	(First)		(N	ſiddle)	
Address:	(City)			(Zip)	
Date of Birth:/				Gender	(Circle): M or F
Name of Hospice or Care Facility (	if applicable):				
	Attending Physi	ician Order			
		-	•		
As the attending physician for th years of age and has a terminal dia representative), I hereby direct ar medical services (EMS) personnel, accordance with Iowa law (Iowa Control Cardiopulmonary Resuscite Endotracheal Intubation/A Defibrillation and Related Use of Resuscitation Drug	agnosis. After corny and all health to withhold or with ode chapter 144A) tation/Cardiac Contrificial or Mechan Procedures.	nsultation w care provided hdraw the for:	ith thi ders, i ollowing	s patient (or the neluding qualing life-sustaining Compressions).	ne patient's legal ified emergency ng procedures in
This directive does NOT apply to	other medical int	terventions	for co	mfort care.	
This directive does NOT apply to	other medical int	terventions	for co	mfort care.	
This directive does NOT apply to	other medical int				
				mfort care.	
This directive does NOT apply to Signature of Attending Physician					
		Date	_/_		
Signature of Attending Physician	n (MD, DO)	Date	_/		(morgonov)
	n (MD, DO)	Date	_/		Emergency)

<u>Patients please note</u>: Directions for obtaining a uniform identifier are listed on the back of this form. The uniform identifier is the key way the health care provider and/or EMS personnel can quickly recognize that you have an Out-of-Hospital Do-Not-Resuscitate order. If you are not wearing an identifier, the health care provider and/or EMS personnel may not realize that you do not want to be resuscitated.

<u>Physicians</u> <u>please</u> <u>note:</u> Information regarding the completion of an Out-of-Hospital Do-Not-Re<del>su</del>scitate <del>or</del>der is on the back of this form.

## Directions for obtaining a uniform identifier:

The uniform identifier may be obtained through MedicAlert®1, which requires:

- 1. <u>A completed MedicAlert® application</u>, which is available in physician offices or through MedicAlert® by phoning (800)432-5378 or the Web site www.medicalert.org, and fee.
- 2. <u>A copy of this completed OOH DNR order</u>, which must accompany the <u>MedicAlert®</u> application or be sent to MedicAlert® prior to the identifier's being mailed.

<sup>1</sup>MedicAlert® is a nonprofit 501C membership organization.

## **Suggested guidelines for physicians:**

- 1. Please review the Iowa Out-of-Hospital Do-Not-Resuscitate order and related protocol with the patient/patient's legal representative(s). The following points may be helpful:
- Patient/patient's legal representative(s) listed on this order must understand the significance of this order, that in the event the patient's heart or breathing stops or malfunctions, the anticipated result of this order is death.
- Patient/patient's legal representative(s) listed on this order may revoke this directive at any time. However, the desire to revoke must be communicated to the EMS or other health care professionals at the scene.
- It is important to emphasize that this order does not apply to medical interventions to make the patient more comfortable.
- The importance of wearing the uniform identifier for those qualified patients who would benefit from the mobility this offers should be stressed. It is also helpful to walk patients through the process they must follow to acquire the identifier.
- 2. Provide a copy of this order to the patient/patient's legal representative(s) listed on this order and place the original in the patient's medical records.

The OOH DNR Order form is available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or through the Bureau of EMS's Web site www.idph.state.ia.us/ems.

