



Maryland Emergency Medical Services (EMS) Do Not Resuscitate (DNR) and Medical Care Order

This form is a physician's or nurse practitioner's order under which EMS personnel will **not** attempt resuscitation when the patient named below is in cardiac arrest (no palpable pulse) or respiratory arrest (no spontaneous breathing). This form also instructs EMS personnel on interventions **before** arrest. EMS personnel who see this order or a copy of it or physical evidence of it (the attached bracelet or Medic Alert bracelet or necklace with DNR emblem) are to provide care in accordance with this order and applicable Maryland Medical Protocols for EMS Providers. Unless a later physician's or nurse practitioner's order relating to resuscitation has been issued, or unless the health care provider reasonably believes the EMS/DNR order has been revoked, every health care provider and facility is directed by law to follow the EMS/DNR order by not resuscitating a patient who lacks a pulse or spontaneous respirations.

Patient Identifying Information

Name: _____

Date of Birth: _____

Physician's or Nurse Practitioner's Order (Mark One)

I, the undersigned licensed physician or nurse practitioner, hereby order that emergency medical services personnel provide care as specified below.

Option A: Maximum Efforts to Prevent Cardiac/Respiratory Arrest DNR if Arrest Occurs-No CPR

Prior to arrest, all interventions allowed under The Maryland Medical Protocols for EMS Providers, and comfort care. No CPR if arrest occurs.

Option B: Supportive Care Prior to Cardiac/Respiratory Arrest DNR if Arrest Occurs-No CPR

Prior to arrest, opening the airway by non-invasive means, providing passive oxygen, controlling external bleeding, positioning for comfort and other comfort measures, splinting, pain medication by orders through on-line medical direction, and transport as appropriate. No CPR if arrest occurs.

Physician's or Nurse Practitioner's Certification (Mark One)

I hereby certify that this order is entered as a result of discussion with, and the informed consent of:

- _____ the patient; or
- _____ the patient's health care agent as named in advance directive; or
- _____ the patient's surrogate (including a legal guardian, if one has been appointed); or
- _____ if the patient is a minor, the patient's parent or legal guardian.

If none of these are indicated, I certify that I entered this order on the basis of:

- _____ instructions in the patient's advance directive; or
- _____ the certification of two physicians that CPR would be medically ineffective.

Physician's or Nurse Practitioner's Signature and Identifying Information

Name: _____

Signature: _____

Date: _____

Maryland License Number: _____

Physician or Nurse Practitioner Phone Number: _____

If bracelet is to be used, complete all information, including physician's or nurse practitioner's signature, on each bracelet and separate at perforation.

Use of an EMS/DNR bracelet is **OPTIONAL** at the discretion of the patient or authorized decision maker.

Type or print legibly, have physician or nurse practitioner sign, tear off strip, fold, trim and insert in bracelet.



fold here

A MAXIMUM EFFORTS TO PREVENT CARDIAC/RESPIRATORY ARREST, DNR IF ARREST OCCURS - NO CPR

B SUPPORTIVE CARE PRIOR TO CARDIAC/RESPIRATORY ARREST, DNR IF ARREST OCCURS - NO CPR

Pt. Name: _____ Pt. DOB: ____ / ____ / ____

MD/N.P. Name: _____ Order Date: ____ / ____ / ____

MD/N.P. Sign: _____ MD/N.P. Ph.# (____) _____

DO NOT CUT THROUGH INSERT- KEEP/RETURN WITH PATIENT

Use of an EMS/DNR bracelet is **OPTIONAL** at the discretion of the patient or authorized decision maker.

Type or print legibly, have physician or nurse practitioner sign, tear off strip, fold, trim and insert in bracelet.



fold here

A MAXIMUM EFFORTS TO PREVENT CARDIAC/RESPIRATORY ARREST, DNR IF ARREST OCCURS - NO CPR

B SUPPORTIVE CARE PRIOR TO CARDIAC/RESPIRATORY ARREST, DNR IF ARREST OCCURS - NO CPR

Pt. Name: _____ Pt. DOB: ____ / ____ / ____

MD/N.P. Name: _____ Order Date: ____ / ____ / ____

MD/N.P. Sign: _____ MD/N.P. Ph.# (____) _____

DO NOT CUT THROUGH INSERT- KEEP/RETURN WITH PATIENT

Use of an EMS/DNR bracelet is **OPTIONAL** at the discretion of the patient or authorized decision maker.

Type or print legibly, have physician or nurse practitioner sign, tear off strip, fold, trim and insert in bracelet.



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A MAXIMUM EFFORTS TO PREVENT CARDIAC/RESPIRATORY ARREST, DNR IF ARREST OCCURS - NO CPR

B SUPPORTIVE CARE PRIOR TO CARDIAC/RESPIRATORY ARREST, DNR IF ARREST OCCURS - NO CPR

Pt. Name: _____ Pt. DOB: ____ / ____ / ____

MD/N.P. Name: _____ Order Date: ____ / ____ / ____

MD/N.P. Sign: _____ MD/N.P. Ph.# (____) _____

DO NOT CUT THROUGH INSERT- KEEP/RETURN WITH PATIENT

- 1. If a patient needs transport by ambulance and is unable to communicate the desire not to be resuscitated, the patient must have a EMS/DNR Order.**
- 2. This EMS/DNR Order is valid only if signed by the patient's physician or nurse practitioner.**
3. Copies can be made of the EMS/DNR order and are valid.
4. The EMS/DNR Program has been developed by the Maryland Institute for Emergency Medical Services Systems (MIEMSS), an independent agency of the State of Maryland, in conjunction with the Board of Physician Quality Assurance, pursuant to Section 5-608 of the Health-General Article of the Annotated Code of Maryland.
5. If you need further information, a comprehensive program booklet is available from the MIEMSS EMS/DNR Program office (410)-706-4367.

INSTRUCTIONS

To issue an EMS/DNR Order:

- 1) Complete the EMS/DNR form and, if it is to be used, the bracelet authorization form.
- 2) Have the physician or nurse practitioner sign the "Physician or Nurse Practitioner Certification and Order" and mark ONLY ONE of the two options.
- 3) If a vinyl bracelet is to be used, have the physician or nurse practitioner sign the bracelet inserts at the bottom of the EMS/DNR. If a metal bracelet or necklace is desired, contact Medic Alert® at 1-800-432-5378. They will send you the application and information. They will require a copy of this order in order to process your request.
- 4) If a vinyl bracelet will be used, be sure the insert has been completed and signed, tear the bracelet insert off of the original form, fold it, trim it along the dashed line, and insert it in the vinyl EMS/DNR bracelet that has been provided. The bracelet may be worn about the wrist, hung from a necklace, or pinned to clothing.
- 5) The EMS/DNR Order form should be kept in a safe and readily available place and be retrieved for responding EMS personnel before their arrival. A copy is valid.
- 6) If a valid EMS/DNR Order is located after resuscitation has begun, EMS personnel may withdraw resuscitation. Ambulance personnel cannot honor specific instructions in advance directives that do not conform to the care selections in the "Physician's or Nurse Practitioner's Order" (e.g. wants intubation but no CPR).
- 7) An EMS/DNR Order may be revoked at any time by the patient's request for resuscitation made directly to responding emergency medical services personnel OR by the physical cancellation or destruction of all EMS/DNR Order forms, bracelets, and necklaces with the consent of the patient or the authorized decision maker signing the EMS/DNR Order. Destruction of an EMS/DNR Order, bracelet, or necklaces without consent carries penalties under the Health Care Decision Act.
- 8) There is no expiration date for EMS/DNR Orders in Maryland. However, patients, their authorized decision makers, and attending physicians or nurse practitioners are encouraged to review the continuing need, desire, and qualification for an issued EMS/DNR Order at least annually.