



DNR Form 7

Peri-Procedural Maintenance of DNR

1. I have consented to undergoing the operations and/or procedures indicated on the attached consent form. I have previously consented to a Do Not Resuscitate (DNR) order instructing the hospital staff not to perform cardiopulmonary resuscitation (CPR) if my heart stops (cardiac arrest) and not to place me on a breathing machine (mechanical ventilation) if I stop breathing.

As a result of my decision to undergo the surgery/procedure, Dr. _____ has explained to me the option of suspending my DNR order during the surgery/procedure, including:

- The benefits and risks of suspending and of maintaining the DNR order.
The nature of anesthesia, in that its administration and the principles of cardiopulmonary resuscitation are somewhat indistinguishable.
The risks of anesthesia, including the inherent, although rare, possibility of cardiac arrest and the need for prolonged mechanical ventilation.

2. Having had the opportunity to ask questions and fully understanding the information given to me, I choose to (select one):

- Suspend the DNR order (commencing with the induction of anesthesia and, then, for the duration of my surgery/procedure, including the period immediately following the surgery/procedure) and reinstating it when my body has stabilized and recovered from anesthesia.
Maintain the DNR order throughout the surgery/procedure (check all that apply) according to the following:
No chest compressions to restart my heart and maintain circulation
No electrical cardioversion (shocking the heart) to restore cardiac rhythm
No intubation (if not required for the administration of anesthesia) to provide a means for mechanical ventilation
Other: _____

3. I acknowledge that no guarantees or assurances have been made to me concerning the consequences of my decision regarding the DNR order.

4. You (or Legally Authorized Representative) may change your DNR status at any time

Signature lines for Patient*, Legally Authorized Representative, Signature Witness, and Interpreter Name or Number, if required. Includes checkboxes for Patient Confirmed Signature Witness and Patient Refused Interpreter.

*THE SIGNATURE OF THE PATIENT/LEGALLY AUTHORIZED REPRESENTATIVE MUST BE OBTAINED UNLESS THE PATIENT IS AN UNEMANCIPATED MINOR UNDER THE AGE OF 18 OR IS OTHERWISE INCOMPETENT TO GIVE CONSENT

PRIMARY SURGEON CERTIFICATION

I hereby certify that I have explained the nature, purpose, benefits, and risks of suspending and/or maintaining the DNR order during surgery. I have offered to answer any questions and have fully answered such questions. I believe that the Patient/Legally Authorized Representative fully understands what I have explained and answered.

Surgeon:

Signature line for Surgeon, including fields for Print Name, Signature, MD, Time, and Date.

ANESTHESIOLOGIST CERTIFICATION

I have read this document and am aware of the patient's wishes regarding the DNR order during and after surgery.

Anesthesiologist

Signature line for Anesthesiologist, including fields for Print Name, Signature, MD, Time, and Date.

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.