Figure: 25 TAC §157.25 (h)(2)

STOP — **DO NOT RESUSCITATE**

TEXAS DEPARTMENT OF HEALTH STANDARD OUT-OF-HOSPITAL
DO-NOT-RESUSCITATE ORDER

This document becomes effective immediately on the date of execution. It remains in effect until the patient is pronounced dead by authorized medical or legal authority or the document is revoked. Comfort measures will be given as needed.

All persons who sign the form must sign again under number 3.

1. _____ **Date of Birth:** _____ **Male/Female** (Circle One)

    Patient's full legal name — printed or typed

2. COMPLETE **ONE** OF THE FOUR BOXES: **A**, **B**, **C**, or **D**. If using Box **A**, **B**, or **C**, Witnesses and Physician's Statement must be completed.

A. **Patient's Statement:** I, the undersigned, am an adult capable of making an informed decision regarding the withholding or withdrawing of CPR, including the treatments listed below, and I direct that none of the following resuscitation measures be initiated or continued: **Cardiopulmonary Resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation.**

_____   _____   _____
Signature   Date   Printed or Typed Name

B. **Only use this box if the order is being completed by a person acting on behalf of an adult patient who is incompetent or otherwise unable to make his or her wishes known.**

I am the patient's: ☐ legal guardian; ☐ agent under Medical Power of Attorney; ☐ or Qualified Relative (see back); **AND:**

☐ I attest to issuance of an Out-of-Hospital DNR by the patient by nonwritten means of communication; **OR**
☐ I am acting under the guidance of a prior Directive to Physicians; **OR**
☐ I am acting upon the known values and desires of the patient; **OR**
☐ I am acting in the patient's best interest based upon the guidance given by the patient's physician.
I direct that none of the following resuscitation measures be initiated or continued on behalf of the patient: Cardiopulmonary Resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation.

_____   _____   _____
Signature   Date   Printed or Typed Name

C. **Only use this box if the order is being completed by a person acting on behalf of a minor patient who has been diagnosed with a terminal or irreversible condition.**

I am the minor patient's: ☐ Parent; ☐ legal guardian; or ☐ managing conservator.
I direct that none of the following resuscitation measures be initiated or continued on behalf of the patient: Cardiopulmonary Resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation.

_____   _____   _____
Signature   Date   Printed or Typed Name

WITNESSES: (see qualifications on reverse) We have witnessed all of the above signatures.

_____   _____   _____
Witness 1 Signature   Date   Witness Printed or Typed Name

_____   _____   _____
Witness 2 Signature   Date   Witness Printed or Typed Name

PHYSICIAN'S STATEMENT: I, the undersigned, am the attending physician of the patient named above. I have noted the existence of this order in the patient's medical records, and I direct out-of-hospital health care professionals to comply with this order as presented.

_____   _____   _____   _____
Date   Physician's signature   Printed name   License number

D. **Only use this box if the order is being completed by two physicians acting on behalf of an adult who is incompetent or otherwise unable to make his or her wishes known, and who is without a legal guardian, agent, or qualified relative.**

☐ I attest to issuance of an Out-of Hospital DNR by the patient by nonwritten communication; **OR:**
☐ The patient's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgement, considered ineffective in these circumstances or are otherwise not in the best interest of the patient.
I direct that none of the following resuscitation measures be initiated or continued on behalf of the patient: Cardiopulmonary Resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation.

_____   _____   _____   _____
Signature   Treating Physician   Date   Printed or Typed Name

_____   _____   _____
Signature Second Physician who is not involved in treating the patient   Date   Printed or Typed Name

3. **ALL PERSONS WHO SIGNED MUST SIGN HERE (Pursuant to H&SC 166.083(b)(13). This document has been properly completed.**

_____   _____   _____
Signature of Patient, Agent or Relative (A, B, or C)   Signature of Second Physician (D)   Signature of Attending Physician

_____   _____   _____
Signature of Witness   Signature of Witness   Date

SHOULD TRANSPORT OCCUR, THIS DOCUMENT OR A COPY MUST ACCOMPANY THE PATIENT.

OUT-OF-HOSPITAL DNR INSTRUCTIONS

PURPOSE:
This form was designed to comply with the requirements as set forth in Chapter 166 of the Health and Safety Code (H&SC) relating to the issuance of Out-of-Hospital Do-Not-Resuscitate (DNR) orders for the purpose of instructing Emergency Medical Personnel and other health care professionals to forgo resuscitation attempts and to permit the patient to have a natural death with peace and dignity. This order does NOT affect the provision of other emergency care including comfort care.

APPLICABILITY:
This form applies to all health care professionals operating in any out-of-hospital setting to include hospital outpatient or emergency departments and physician's offices.

IMPLEMENTATION:
A competent adult may execute or issue an Out-of-Hospital DNR Order. The patient's attending physician will document the existence of the directive in the patient's permanent medical record.

If an adult patient is capable of providing informed consent for the order, he/she will sign and date the out-of-hospital DNR order on the front of this sheet in Box A. In the event that an adult patient is unable to provide informed consent, his/her Legal Guardian, agent under Medical Power of Attorney, or Qualified Relative may execute the order by signing and dating the form in Box B. If an adult patient is unable to provide informed consent and none of the persons listed in Box B are available, the treating physician may execute the order using Box D with the consent of a second physician who is not treating the patient and/or is a member of the health care facility ethics committee or other medical committee.

The following persons may execute an out-of-hospital DNR order on behalf of a minor: the minor's parents, the minor's legal guardian or the minor's managing conservator. A person executing a DNR order on behalf of a minor may execute the order by signing and dating the form in Box C. **An out-of-hospital DNR order may not be executed unless the minor has been diagnosed by a physician as suffering from a terminal or irreversible condition.**

The form must be signed and dated by two witnesses except when executed by two physicians only (Box D).

The original standard Texas Out-of-Hospital DNR form must be completed and properly executed. Duplicates may be made by the patient, health care provider organization or attending physician as necessary. **Copies of this completed document may be used for any purpose that the original may be used and shall be honored by responding health care professionals.**

The presence of a Texas DNR identification device on a person is sufficient evidence that the individual has a valid Out-of-Hospital DNR Order. Therefore, either the original standard form, a copy of the completed standard form, or the device is sufficient evidence of the existence of the order.

For information on ordering identification devices or additional forms, contact the Texas Department of Health at (512) 834-6700.

REVOCATION:
The Out-of-Hospital Do-Not-Resuscitate Order may be revoked at ANY time by the patient **OR** the patient's Legal Guardian/Agent/Managing Conservator/Qualified Relative, Parent (if a minor), or physician who executed the order. The revocation may involve the communication of wishes to responding health care professionals, destruction of the form, or removal of all or any Do-Not-Resuscitate identification devices the patient may possess.

AUTOMATIC REVOCATION: This Out-of-Hospital DNR order is automatically revoked if the patient is known to be pregnant or in the case of unnatural or suspicious circumstances.

DEFINITIONS:
Attending Physician: The physician who is selected by or assigned to a patient who has primary responsibility for a person's treatment and care and is licensed by the Texas State Board of Medical Examiners or who is properly credentialed and holds a commission in the uniformed services of the United States and who is serving on active duty in this state**. (H&SC 166.002 (3) & (12))**

Qualified Relatives: Those persons authorized to execute or issue an out-of-hospital DNR order on behalf of a person who is comatose, incompetent, or otherwise mentally or physically incapable of communication under Section 166.088 H&SC Section 166.088 refers to 166.039; "One person, if available, from one of the following categories, in the following priority...: (1) The patient's spouse; (2) the patient's reasonably available adult children; (3) the patient's parents; or (4) the patient's nearest living relative."

Health Care Professional: Means physicians, nurses, physician assistants and emergency medical services personnel; and, unless the context requires otherwise, includes hospital emergency department personnel. (H&SC 166.081 (5))

Witnesses: Two competent adult witnesses must sign the form acknowledging the signature of the patient or the person(s) acting on the patient's behalf (except when signed by two physicians in Section C). Witness One must meet the qualifications listed below. Witness Two may be any competent adult. Witness One (the "qualified" witness) may not be: (1) person designated to make a treatment decision for the patient; (2) related to the patient by blood or marriage; (3) entitled to any part of the estate; (4) be a person who has a claim against the estate of the patient; (5) the attending physician or an employee of the attending physician; (6) an employee of a health care facility in which the patient is being cared for, if he or she is involved in providing direct patient care to the patient; or (7) an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or any parent organization of the health care facility.

Please report any problems with this form to the Texas Department of Health at (512) 834-6700.

Revised February 13, 2004
Texas Department of Health

F:DNR\DNRFebruary-2004