

Authorization
DO NOT RESUSCITATE (DNR) -
MICHIGAN OUT-OF-HOSPITAL
Page 1 of 6

Patient Name
DOB
MRN
Physician
FIN

DO-NOT-RESUSCITATE:

The purpose of this policy is to provide a guideline to prehospital providers, who under certain circumstances may accommodate patients who do not wish to receive and/or may not benefit from cardiopulmonary resuscitation. This policy is drafted in accordance with Public Act 368 of 1978, as amended, as well as Act 192 and 193 of the Public Acts of 1996 and amended, effective February 4, 2014. This policy is intended to facilitate kind, humane, and compassionate service for patients who have executed a valid “Do-not-resuscitate order” under the aforementioned Acts.

1. Definitions

- A. Attending Physician – means the physician who has primary responsibility for the treatment and care of a declarant.
- B. Declarant – means a person who has executed a do-not-resuscitate order, or on whose behalf a do-not-resuscitate order has been executed pursuant to applicable laws.
- C. Do-not-resuscitate order – means a document executed under Public Act 193 of 1996, as amended, directing that if an individual suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, resuscitation will NOT be initiated.
- D. Do-not-resuscitate Identification Bracelet or Identification Bracelet – means a wrist bracelet that meets the requirements of Act 193 and worn by a declarant while a do-not-resuscitate order is in effect. *The identification bracelet shall be imprinted with the words “DO-NOT-RESUSCITATE ORDER”, the name and address of the declarant, and the name and telephone number of the declarant's attending physician, if any.*
- E. Guardian – means a person who has qualified as a guardian of a minor or a legally incapacitated individual under a parental or spousal nomination or a court appointment and includes a limited guardian as described in sections 5205, 5206, and 5306 “of the estates and protected individuals code, 1998 PA 386, MCL 700.1104(l)”.
- F. Order – means a do-not-resuscitate order.
- G. Patient Advocate – means an individual designated to make medical treatment decisions for a patient under Section 5506 to 5515 of the estates and protected individuals code, 1998 PA 386, MCL 700.5506 to 700.5515.
- H. Vital Sign – means a pulse or evidence of respiration.

Pre-Medical Control
MFR/EMT/SPECIALIST/PARAMEDIC

2. Procedure

A do-not-resuscitate order is applicable to all prehospital life support agencies and personnel. A do-not-resuscitate order may be executed by an individual 18 years of age or older and of sound mind **OR** by an individual 18 years of age or older and of sound mind, and adherent of a church or religious denomination whose members depend upon

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

Michigan Department of Community Health. Section 5-9. Date revised March 25, 2014.

DO NOT MARK BELOW THIS LINE

BARCODE ZONE

DO NOT MARK BELOW THIS LINE

OVER →



DO-NOT-RESUSCITATE: (CONTINUED)

Pre-Medical Control: (Continued)

MFR/EMT/SPECIALIST/PARAMEDIC: (CONTINUED)

spiritual means through prayer alone for healing **OR** by a patient advocate of an individual 18 years of age or older.

- A. EMS providers **shall not attempt** resuscitation of any individual who meets **ALL** of the following criteria:
 - a. 18 years of age or older
 - b. Patient has no vital signs. This means no pulse or evidence of respiration.
 - c. Either the patient is wearing a do-not-resuscitate identification bracelet **OR** EMS provider is provided with a do-not-resuscitate order from the patient. Such an order form shall be in substantially the form outlined in Annex 1 or 2 and shall be dated and signed by all parties.
- B. A patient wearing a “do-not-resuscitate order” identification bracelet, or who has executed a valid “do-not-resuscitate order” form, **but who has vital signs, shall not be denied** any treatments or care otherwise specified in protocols.
- C. If a do-not-resuscitate order form is presented and is not substantially in the form as outlined in Annex 1 or 2, or is not complete and signed by all parties, **resuscitation will be initiated** while Medical Control is being contacted for direction.
- D. In the event care has been initiated on a patient, and subsequently a valid do-not-resuscitate order form is identified, and the patient meets the criteria in Item 2 a. above, discontinue resuscitation.
- E. A do-not-resuscitate order will not be followed if the declarant, guardian or patient advocate revokes the order. An order may be revoked at any time and in any manner by which the declarant, guardian or patient advocate is able to communicate this intent. **Resuscitation efforts will be initiated** and EMS personnel shall contact on-line Medical Control to advise them of the circumstances.
- F. A patient care record will be completed for runs handled within this protocol. The patient care record will clearly specify the circumstances and patient condition found by the EMS providers, and describe the do-not-resuscitate documents involved.

Post-Medical Control

3. Honor DNR, terminate resuscitation or continue resuscitation and transport to the Hospital.

**DO NOT RESUSCITATE (DNR) -
MICHIGAN OUT-OF-HOSPITAL (CONTINUED)**

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Patient Name
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**DO-NOT-RESUSCITATE ORDER:
General:**

THIS DO-NOT-RESUSCITATE ORDER IS ISSUED BY _____,
(Type or print physician's name)

ATTENDING PHYSICIAN FOR _____.
(Type or print declarant's or ward's name)

Use the appropriate consent section below:

A. DECLARANT CONSENT

I have discussed my health status with my physician named above. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked as provided by law.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

(Declarant's signature)

(Date)

(Signature of person who signed for
declarant, if applicable)

(Date)

(Type or print full name)

B. PATIENT ADVOCATE CONSENT

I authorize that in the event the declarant's heart and breathing should stop, no person shall attempt to resuscitate the declarant. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law.

(Patient advocate's signature)

(Date)

(Type or print patient advocate's name)

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DO-NOT-RESUSCITATE ORDER: (CONTINUED)

General: (Continued)

C. GUARDIAN CONSENT

I authorize that in the event the ward's heart and breathing should stop, no person shall attempt to resuscitate the ward. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law.

(Guardian's signature)

(Date)

(Type or print guardian's name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the declarant has (has not) received an identification bracelet.

(Witness Signature) (Date)

(Witness Signature) (Date)

(Type or print witness's name)

(Type or print witness's name)

PHYSICIAN'S SIGNATURE

(Physician's signature)

(Date)

(Type or print physician's full name)

(Date)

**THIS FORM WAS PREPARED PURSUANT TO, AND IS IN COMPLIANCE WITH,
THE MICHIGAN DO-NOT-RESUSCITATE ACT.**

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DO-NOT-RESUSCITATE ORDER: (CONTINUED)
Adherent of Church or Religious Denomination:

Use the appropriate consent section below:

A. DECLARANT CONSENT

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is in effect until it is revoked as provided by law.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

(Declarant's signature) _____
(Date)

(Type or print declarant's full name)

**(Signature of person who signed for
declarant, if applicable)** _____
(Date)

(Type or print full name)

B. PATIENT ADVOCATE CONSENT

I authorize that in the event the declarant's heart and breathing should stop, no person shall attempt to resuscitate the declarant. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law.

(Patient advocate's signature) _____
(Date)

(Type or print patient advocate's name)

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DO-NOT-RESUSCITATE ORDER: (CONTINUED)

Adherent of Church or Religious Denomination: (Continued)

B. PATIENT ADVOCATE CONSENT: (CONTINUED)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the declarant has (has not) received an identification bracelet.

(Witness Signature) (Date)

(Witness Signature) (Date)

(Type or print witness's name)

(Type or print witness's name)

**THIS FORM WAS PREPARED PURSUANT TO, AND IS IN COMPLIANCE WITH,
THE MICHIGAN DO-NOT-RESUSCITATE ACT.**

ANNEX 2

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.