POST FORM BREAK DOWN

A – CARDIOPULMONARY RESUSCITATION

These orders apply only to the circumstance in which the person has no pulse and is not breathing. This section does not apply to any other medical circumstances. If a patient is in respiratory distress but is still breathing or has low blood pressure with an irregular pulse, a first responder should refer to section B for corresponding orders.

If the person wants cardiopulmonary resuscitation (CPR), and CPR is ordered, then the “Attempt Resuscitation (CPR)” box should be checked. Full CPR measures should be carried out and 9-1-1 should be called in an emergency situation. Providing full CPR typically requires intubation, mechanical ventilation, shocks to the heart when indicated and transfer to the ICU. Once CPR is initiated, patients must be transferred to a hospital setting for further evaluation and treatment.

If a person has indicated that he/she does not want CPR in the event of no pulse and no breathing, then the “Do Not Attempt Resuscitation/DNR” box should be checked. The person should understand that comfort measures will always be provided and that CPR will not be attempted.
Section B orders apply to emergency medical circumstances for a person who has a pulse but may or may not be breathing. This section provides orders for situations that are not covered in section A. These orders were developed in accordance with EMS protocol. Interventions to promote comfort should always be provided regardless of ordered level of treatment. Other orders may also be specified.

**Comfort Measures** – This box is checked for patients who desire only those interventions that allow a natural death with the goal of providing comfort. Use medication by any route, positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, suction, and manual treatment of airway obstruction as needed for comfort. Do not transfer to a hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location. The overall treatment goal is to maximize comfort through symptom management.

**Limited Additional Interventions** – In addition to the comfort measures noted above, include IV fluids (hydration) and cardiac monitoring as indicated to stabilize the medical condition. This may involve the use of basic airway management techniques and non-invasive positive-airway pressure. Intubation, advanced airway interventions, and mechanical ventilation are not used. Transferring the patient to a hospital may be indicated to manage and stabilize medical needs or to enhance comfort, but use of intensive care is avoided.

**Full Interventions** – Include all care noted above with no limitation of medically indicated treatment. All support measures needed to maintain and extend life are utilized. Use intubation, advanced airway interventions, mechanical ventilation, and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated.

If full treatment by EMS is indicated and desired, the “Full Interventions” box is checked. In medical emergencies, health care personnel or family should call 9-1-1. If the person and physician determine that some limitation is preferred, then one of the other boxes is checked. Health care professionals should first administer the level of emergency medical services ordered and then contact the physician.
C&D - Antibiotics and Artificially Administered Nutrition

These sections are of no concern to EMS, but they do spell out the patient’s wishes regarding antibiotics as well as artificial nutrition.

E -- Documentation of Discussion

Upon completion of the discussion, the health care professional checks the box indicating with whom the orders were discussed. More than one box may be checked in this section depending on who participated in the discussion.

The patient or his/her legally authorized representative must sign the form in this section, as well. For situations when the patient loses or has lost decision-making capacity, the name, address, and phone number of the patient’s legally authorized representative is to be listed in the “Contact Information” section on the back of the form.
**F – Physician’s Signature**

The physician must sign the form in this section. BOTH the patient’s/representative’s signature in section E and the physician’s signature in this section F are mandatory. A form lacking these signatures is NOT valid. The physician then prints his/her name, phone number, and the date and time the orders were written.

<table>
<thead>
<tr>
<th>Print Signing Physician Name <em>(required by statute)</em></th>
<th>Physician Office Telephone Number <em>(required by statute)</em></th>
<th>License Number <em>(required by statute)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Physician**

My signature below indicates to the best of my knowledge that these orders are consistent with the patient’s current medical condition and preferences.