

PORTABLE DO NOT ATTEMPT RESUSCITATION (P-DNR) ORDER

This is a medical order given by a medical provider (MD/DO/APRN/PA). It is based on patient wishes and medical indications regarding *Do Not Attempt Resuscitation (DNR)* orders in the event of cardiac or respiratory arrest, as discussed with the patient.

Last Name of Patient

First Name/Middle Initial of Patient

Patient’s Date of Birth

Last 4 Digits of SSN

A—Applies ONLY when the patient has no pulse and is not breathing. Check box and complete mandatory signatures lines in sections A and B.

☐ Do Not Attempt Resuscitation (DNR)

(DNR means: No chest compressions, No intubation, No assisted ventilation, No defibrillation, No pharmacologic resuscitation.)

Provider Name (Print) & Title-MD/DO/APRN/PA

Provider Signature (Mandatory)

Date and Time

Patient, Parent of Minor, Durable Power of Attorney for Healthcare or Guardian Information:

Patient/Parent/DPOAH/Guardian Name (Print)

Patient/Parent/DPOAH/Guardian Signature (Mandatory)

Date and Time

Address of Patient, Parent of Minor, Durable Power of Attorney for Healthcare (DPOAH) or Guardian

Phone Number

Name of Person Preparing Form (Print) (if applicable)

Signature of Person Preparing Form

Date and Time

HOW TO CHANGE THIS FORM

This form (P-DNR) **should be reviewed if:**

- the patient changes his or her decision or
- there is substantial change in patient’s/resident’s health status, or
- the patient is admitted to a new facility.

If this form is to be voided, write the word VOID in large letters and then sign, date, and time the form. If applicable, please advise the patient to destroy his or her P-DNR wallet card or remove his or her DNR bracelet or necklace. After voiding the form, a new form may be completed. **If no new form is completed, full treatment and resuscitation may be provided.**

B. Advance Directives and Other Patient Wishes:

Does the patient have a/an:

Durable Power of Attorney for Healthcare?

☐NO ☐YES - Document location:

Living Will?

☐NO ☐YES - Document location:

Organ or Tissue Donation?

☐NO ☐YES - Document location:

Court-appointed Guardian Over the Person?

☐NO ☐YES - Document location:

Other instructions or special circumstances (if applicable)

SEND ORIGINAL PINK FORM WITH PATIENT WHEN TRANSFERRED OR DISCHARGED

FHC 11/2023

DO NOT ALTER THIS FORM!

Was the P-DNR Card below completed and retained by the patient? ☐ NO ☐ YES

THIS IS YOUR PORTABLE DNR CARD. REMOVE THE CARD BELOW AND KEEP IT ON YOUR PERSON AT ALL TIMES EVEN IF YOU DECIDE TO WEAR A NH-DNR BRACELET.

Portable-DNR

NEW HAMPSHIRE DO NOT ATTEMPT RESUSCITATION ORDER

As this person’s licensed medical provider (MD/DO.APRN/PA) I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest.

Patient Name (Print)

Patient Signature/Date

Provider Name (Print)

Provider Signature/Date

If applicable: Health Care Agent Name (Print)

Health Care Agent Signature/Date

Portable-DNR

Patient Phone Number

Medical Provider Phone Number

Health Care Agent Phone Number