

**EMERGENCY CARE
DO NOT RESUSCITATE ORDER (DNR)**

(See page 2 for Background Information and Instructions on how to complete this form)

Only the Do Not Resuscitate (DNR) bracelet identifies to the Emergency Medical Service Responders that you are DNR. This form cannot be used to communicate your wishes to Responders. This form is a legal document and is used to request a DNR bracelet by the attending health care professional on the patient's behalf. This form also provides specific care instructions for health care providers responding to emergency calls. If this form is appropriately completed, emergency personnel should limit care as outlined.

The patient and the legal guardian or health care agent of an incapacitated patient have the right to revoke these restrictions on care at any time.

Emergency provider as appropriate will provide:	Emergency provider will NOT:
<ul style="list-style-type: none">• Clear airway• Administer oxygen• Position for comfort• Splint• Control bleeding• Provide pain medication• Provide emotional support• Contact hospice or home health agency if either has been involved in patient's care, or patients attending health care professional	<ul style="list-style-type: none">• Perform chest compressions• Insert advanced airways• Administer cardiac resuscitation drugs• Provide ventilator assistance• Defibrillate

☐ Male ☐ Female

Print Patient Name

Date of Birth

Patient's Address

City

State

Zip Code

I / patient, legal guardian or health care agent understand this document identifies the level of care to be rendered to the patient by an emergency medical technician, first responder, or emergency health care facility personnel in situations where death may be imminent. I / patient, legal guardian or health care provider make this request knowingly and am aware of the alternatives as explained to by the attending health care professional. I / patient, legal guardian or health care agent expressly release all persons who will in the future provide medical care of any and all liability whatsoever for acting in accordance with this request.

I / patient, legal guardian or health care agent is aware that this order can be revoked at any time by removing or defacing the identification bracelet or by requesting resuscitation.

SIGNATURE - Patient or Legal Guardian or Health Care Agent of an incapacitated patient (Circle title of who is signing this request)

Date Signed

Print Name of Attending Health Care Professional

Phone Number

SIGNATURE — Attending Health Care Professional

Date Signed

THE ABOVE SIGNATURES AND DATES ARE REQUIRED FOR THIS ORDER TO BE VALID AND ITS INTENT CARRIED OUT.

Please do not mail your DNR orders to Wisconsin Department of Health Services, Division of Public Health. You should keep a copy for your own records and a copy should be in your medical files at your primary care physician's office.

BACKGROUND INFORMATION AND INSTRUCTIONS FOR COMPLETING DO NOT RESUSCITATE (DNR) ORDER

I BACKGROUND INFORMATION

Cardiopulmonary resuscitation (CPR) is a procedure used after cardiac arrest in which cardiac massage, drugs, and artificial ventilation are used to restore breathing and circulation. It is standard medical practice to perform CPR on all persons found to be in cardiac or respiratory arrest in the absence of directives from an attending health care professional to withhold such action. However, patients may legally and ethically decline these treatments. The DNR order is used to implement the decision that CPR is not to be performed. This decision to limit CPR rests with the attending health care professional and his/her qualified patient, legal guardian, or health care agent as described in Chapter 154, Subchapter III of the Wisconsin Statutes. A qualified patient means a person who is at least 18 years old and to whom any of the following conditions applies:

1. The person has a terminal medical condition.
2. The person has a medical condition that if the person were to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
3. The person has a medical condition that if the person were to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period.

The bracelet is intended to communicate the existence of a “Do Not Resuscitate” order to the emergency medical personnel who may be summoned in the event of an emergency. In addition, it provides guidelines for comfort and supportive care short of CPR that may be administered by emergency personnel.

II GUIDELINES FOR COMPLETING FORM, ORDERING PLASTIC BRACELET, METAL BRACELET

After discussing treatment options the patient or the legal guardian or health care agent of the incapacitated patient, complete the DNR order, F-44763. The types of care to be rendered and withheld should be carefully explained to the patient, legal guardian or health care agent, and family members by the attending health care professional or the attending health care professional's designee before the form is signed. After the form is completed and signed, the attending health care professional or designee shall either affix the “Do Not Resuscitate” plastic bracelet to the patient's wrist or order a metal bracelet from StickyJ Medical ID Jewelry. This decision must be documented in the patient's medical record. It is recommended that this documentation include:

1. The rationale for the decision including, **qualifying medical condition**
2. The presence or absence of decision making capacity on the part of the patient

Two dated signatures are required for this document to be valid and its intent carried out.

1. Patient, legal guardian, or health care agent's signature and date signed
2. **Attending health care professional's signature and date signed by physician**

The metal bracelet includes an emblem that displays an internationally recognized symbol “Staff of Aesculapius” along with the words “Wisconsin Do-Not-Resuscitate-EMS, and the qualified patient's first and last name on the back. Wisconsin DNR residents may provide StickyJ Medical ID Jewelry with other important health information to be engraved on the back of the bracelet at the time of ordering.

To order a metal bracelet include the following:

1. **A copy of the Wisconsin DNR form: signed by the attending health care professional and the patient, legal guardian or health care agent. The patient should receive a copy of the DNR Order Form. An original signed form or a legible photocopy or electronic facsimile is presumed to be valid.**
2. **Copy of the completed StickyJ Medical ID Jewelry order form**
https://stickyj-medical-id-bracelets.azureedge.net/pdf/Wisconsin_DNR_Order_Form_Rev_9-8-22.pdf
3. **Payment made out to StickyJ Medical ID Jewelry.**
4. **Mail to: StickyJ Medical ID Jewelry, 10801 Endeavor Way Unit B, Seminole FL 33777.**

III REVOKING AN EXISTING DNR ORDER

The patient, legal guardian or health care agent can revoke the DNR order by any of the following methods:

1. The patient, legal guardian or health care agent expresses to emergency personnel the desire that the patient be resuscitated.
2. The patient, legal guardian or health care agent defaces, or otherwise destroys the DNR bracelet.
3. The patient, legal guardian, or health care agent removes the DNR bracelet or another person, at the request of the patient, legal guardian, or health care agent removes the DNR bracelet.

The DNR order (and copies) should be torn up and the patient's attending health care professional should be notified of the revocation. Only the patient, legal guardian or health care agent may revoke an order issued under Chapter 154 Wisconsin Status. The DNR order is NOT revoked when an ambulance is called. Ambulance personnel will honor the DNR and will provide comfort care only.