

Do Not Resuscitate

Guidelines for Residents, Families & Caregivers

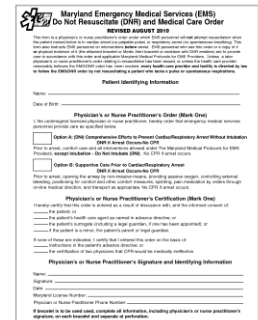
DNR stands for “**Do Not Resuscitate.**” A DNR order means that if cardiac arrest occurs— if your heart stops beating and you stop breathing— cardiopulmonary resuscitation (CPR) will not be performed to revive you. A consent to a DNR order, whether in a hospital or nonhospital setting, is a type of advance instruction you may give about your treatment.



Maryland EMS DNR Orders

In order to minimize the time it takes for EMS personnel to make the resuscitate/do not resuscitate decision, a standardized document has been developed that is readily recognizable throughout the state— Originally this was the blue form called the “Maryland Emergency Medical Services (EMS) Do Not Resuscitate (**DNR**) Oder.” This form has been replaced by the Medical Orders for Life Sustaining Treatment (**MOLST**) form. These forms allow rapid identification of those patients who have chosen, either directly or through their legally authorized representatives, NOT to be resuscitated in the event of cardiac or respiratory arrest.

These forms must be obtained from and signed by your primary care physician to become effective orders. Once you have a **DNR/MOLST** order, it should be placed in a readily accessible location in your residence— We recommend you place it with your Vial of Life, attached to the refrigerator with a magnet, or taped to the back of the front door to your apt.



Maryland Emergency Medical Services (EMS) Do Not Resuscitate (DNR) and Medical Care Order
REVISED AUGUST 2018

Patient Identifying Information
Name: _____
Date of Birth: _____

Physician's or Nurse Practitioner's Order (Mark One)
I am a physician or nurse practitioner and I have provided my name and my signature on this form for my emergency medical services personnel to use as a guide for care.

Order to Resuscitate (OR) I want my patient to receive cardiopulmonary arrest/trauma resuscitation. My patient's condition is such that I believe that resuscitation is in their best interest. I have provided my name and my signature on this form for my emergency medical services personnel to use as a guide for care.

Order to Withhold Care (O) or Cardiopulmonary Arrest/Resuscitation (DNR) I want my patient to receive cardiopulmonary arrest/trauma resuscitation. My patient's condition is such that I believe that resuscitation is in their best interest. I have provided my name and my signature on this form for my emergency medical services personnel to use as a guide for care.

Physician's or Nurse Practitioner's Certification (Mark One)
Having used this form only in a medical emergency, I certify that I am a physician or nurse practitioner and I am currently licensed in the State of Maryland. I am currently licensed in the State of Maryland. I am currently licensed in the State of Maryland. I am currently licensed in the State of Maryland.

Physician's or Nurse Practitioner's Signature and Identifying Information
Name: _____
Signature: _____
Address: _____
Phone: _____
Physician's or Nurse Practitioner's License Number: _____
Physician's or Nurse Practitioner's State: _____
Physician's or Nurse Practitioner's Title: _____
Physician's or Nurse Practitioner's Hospital/Affiliation: _____



Maryland Medical Orders for Life-Sustaining Treatment (MOLST)

THIS FORM IS TO BE USED BY PHYSICIANS AND NURSE PRACTITIONERS TO EXPRESS PATIENTS' WISHES REGARDING LIFE-SUSTAINING TREATMENT IN THE EVENT OF A FUTURE PERMANENT AND LASTING INABILITY TO MAKE DECISIONS FOR THEMSELVES.

PHYSICIAN'S OR NURSE PRACTITIONER'S IDENTIFYING INFORMATION
Name: _____
Signature: _____
Address: _____
Phone: _____
Physician's or Nurse Practitioner's License Number: _____
Physician's or Nurse Practitioner's State: _____
Physician's or Nurse Practitioner's Title: _____
Physician's or Nurse Practitioner's Hospital/Affiliation: _____

PHYSICIAN'S OR NURSE PRACTITIONER'S ORDER (Mark One)
I am a physician or nurse practitioner and I have provided my name and my signature on this form for my emergency medical services personnel to use as a guide for care.

Order to Resuscitate (OR) I want my patient to receive cardiopulmonary arrest/trauma resuscitation. My patient's condition is such that I believe that resuscitation is in their best interest. I have provided my name and my signature on this form for my emergency medical services personnel to use as a guide for care.

Order to Withhold Care (O) or Cardiopulmonary Arrest/Resuscitation (DNR) I want my patient to receive cardiopulmonary arrest/trauma resuscitation. My patient's condition is such that I believe that resuscitation is in their best interest. I have provided my name and my signature on this form for my emergency medical services personnel to use as a guide for care.

PHYSICIAN'S OR NURSE PRACTITIONER'S CERTIFICATION (Mark One)
Having used this form only in a medical emergency, I certify that I am a physician or nurse practitioner and I am currently licensed in the State of Maryland. I am currently licensed in the State of Maryland. I am currently licensed in the State of Maryland. I am currently licensed in the State of Maryland.

PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE AND IDENTIFYING INFORMATION
Name: _____
Signature: _____
Address: _____
Phone: _____
Physician's or Nurse Practitioner's License Number: _____
Physician's or Nurse Practitioner's State: _____
Physician's or Nurse Practitioner's Title: _____
Physician's or Nurse Practitioner's Hospital/Affiliation: _____

If the DNR/MOLST or Medic Alert are not physically with you, life sustaining efforts will be initiated.

Medic Alert®

We strongly encourage you to contact the Medic Alert Foundation to register your EMS DNR Order and obtain a piece of jewelry (bracelet or necklace). This jewelry serves as your DNR when the paper version is genuinely unavailable (i.e. when you're away from home). It is readily recognizable by EMS providers and legally authorizes us to honor your wishes in place of the paper form. Social work is able to assist you with this process.



1-800-432-5378

-or-

www.medicalert.org

Submitted by,
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SES/EMR