Country Home Care

_________________________, request limited emergency care as herein described.

I understand DNR means that if my heart stops beating or if I stop breathing, no medical treatment will be started or continued.

I understand DNI means that if I stop breathing I will not be placed on an artificial breathing machine.

I understand either or both of these decisions will not prevent me from obtaining emergency medical care by paramedics and other medical care prior to my death at the direction of my physician.

I understand I may revoke these directives at any time.

I give permission for this information to be given to paramedics, doctors, nurses or other health personal as necessary to implement these directives.

[ ] I hereby agree to the "DO NOT RESUSCITATE" order. ___________________ (Initial)

[ ] I hereby agree to the " DO NOT INTUBATE" order. ____________________ (Initial)

Client/proxy (print)	Witness (print)
Signature	Signature
Address	Address
City State Zip	City State Zip
Date	Date

These directives are the expressed wishes of the client, are medically appropriate, and are documented in the client's permanent medical records.

DO NOT RESUSCITATE (DNR) - In the event of an acute or impending respiratory arrest, no cardiopulmonary resuscitation will be initiated.

DO NOT INTUBATE (DNI)- In the event of acute or impending respiratory failure, endotracheal intubation to provide sustained assisted ventilation shall not be performed. (DNI does not prohibit emergency management to prevent or reverse acute airway obstruction with oral, nasal, or esophageal obturator airways or treatment of transient respiratory insufficiency with oxygen or short trials of assisted ventilation with a positive pressure ventilation equipment of Ambu-bags).

Physician's Signature	
Address	Address
City State Zip	City State Zip
Date	Date