DO NOT RESUSCITATE (DNR)
CONSENT FORM

NAME: _____

- ☐ Client has a medical condition, which can reasonably be expected to result in the imminent death of the client.
- ☐ Client is in a noncognitive state (unconscious) with no reasonable possibility of regaining cognitive functions.
- ☐ Client is a person for whom cardiopulmonary resuscitation (CPR) would be medically futile in that CPR would be unlikely to restore cardiac and respiratory function or will only restore cardiac and respiratory function for a brief period of time so that the client will require repeated need for CPR over a short period of time.

Client has decision making ability ☐ YES ☐ NO

_____ _____
Physician Date

CLIENT WITH DECISION-MAKING CAPACITY
I consent to a Do Not Resuscitate (DNR) order. I understand that no CPR will be administered if I go into respiratory arrest.

_____ _____
Client Date

CLIENT WITHOUT DECISION-MAKING CAPACITY
I consent to a Do Not Resuscitate (DNR) order. I understand that no CPR will be administered if the client goes into respiratory arrest.

_____ _____ _____
Authorized Family Member Relationship Date

CLIENT WITHOUT DECISION MAKING CAPACITY AND NO AUTHORIZED FAMILY MEMBER
The CSH Ethics Forum recommends approval for a DNR order.

_____ _____
Ethics Forum Date

APPROVED BY:

_____ _____
Physician Date

_____ _____
Medical Director Date

CANCELLATION OF DNR ORDER
The DNR order is no longer appropriate because the client's medical condition has improved.

_____ _____
Physician Date

REVOCATION OF DNR ORDER
The client with decision-making capacity or the authorized family member revokes this consent.

_____ _____
Client or Authorized Family Member Date

Stamp Plate

CSH-MR-1010 (10/04)