

New Hampshire
"DNR"

**SEND ORIGINAL PINK FORM WITH PATIENT
WHEN TRANSFERRED OR DISCHARGED**



PORTABLE DO NOT ATTEMPT RESUSCITATION (P-DNR) ORDER

This is a Physician/Advanced Practice Registered Nurse Order Sheet. 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 patient is not breathing or has no pulse. Check box and complete mandatory signature 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.)

Physician/APRN Name (Print)

Physician/APRN Signature (Mandatory)

Date and Time

Other instructions or special circumstances (if applicable)

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: _____

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

Name (Print)

Signature (Mandatory)

Date and Time

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

Phone Number of Parent, DPOAH or Guardian

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

Signature of Person Preparing Form

Date and Time

SEND ORIGINAL PINK FORM WITH PATIENT WHEN TRANSFERRED OR DISCHARGED

FHC 4/24/17

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.

Fold card down center line

Portable-DNR		Portable-DNR	
NEW HAMPSHIRE DO NOT ATTEMPT RESUSCITATION ORDER As this person's attending physician or APRN and as a licensed physician or APRN, I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest.		Patient Address	
Patient Name (Print)		Patient Phone Number	
Patient Signature / Date		Physician/APRN Address	
Physician/APRN Name (Print)		Physician/APRN Phone Number	
Physician/APRN Signature / Date		Health Care Agent Address	
If applicable: Health Care Agent Name (Print)		Health Care Agent Phone Number	
Health Care Agent Signature / Date			