

**DO NOT RESUSCITATE**Florida  
Prehospital Do Not Resuscitate Order (DNRO)Patient's Full Legal Name \_\_\_\_\_  
(Please Print or Type)**ATTENDING PHYSICIAN'S ORDER**

I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, Florida Statutes (F.S.), having received consultation with a second physician licensed pursuant to Chapter 458 or 459, F.S. per section 785.306, F.S., state that I am the attending physician of the patient named above. I have documented in the patient's medical record that the patient has a terminal condition, and that: (must check 1 or 2)

1. The patient is **CAPABLE** of making an informed decision and consent about providing, withholding or withdrawing a specific medical treatment or course of treatment (Signature of patient is required in Box A, reverse side).
2. The patient is **INCAPABLE** of making an informed decision and consent about providing, withholding or withdrawing a specific medical treatment because the patient is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. I have made this determination after consultation with a second physician licensed under Chapter 458 or 459, F.S.

If box 2 above is checked, (patient is **INCAPABLE** of making an informed decision), either 1, 2, or 3 below must be checked:

1. The patient has executed a written advance directive which directs that life-prolonging procedures be withheld or withdrawn (Signature of surrogate or proxy or guardian is required in Box B, reverse side and a copy of the advance directive must be attached).
2. The patient has executed a written advance directive which appoints a health care surrogate pursuant to Chapter 765, F.S., to make health care decisions on behalf of the patient and provides that surrogate with authority to direct that life-prolonging procedures be withheld or withdrawn (Signature of the appointed surrogate is required in Box B, reverse side and a copy of the advance directive must be attached).
3. The patient has **NOT** executed a written advance directive (living will, designation of a health care surrogate or durable power of attorney for health care). (Signature of guardian, if one has been court appointed, or proxy, pursuant to Chapter 765, Part IV, F.S., is required in Box B, reverse side).

Based upon the informed directive, decision and consent on the reverse side, I hereby direct any and all emergency medical services personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation, and other advanced airway management, artificial ventilation, defibrillation and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide to the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain.

\_\_\_\_\_  
Signature of Attending Physician and Date\_\_\_\_\_  
Telephone # (Emergencies)\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Physician's Medical License Number This DNRO form has been properly completed.\_\_\_\_\_  
Signature of Patient or Surrogate or Proxy or Guardian

If the patient should die at home while EMS personnel is present or during transport by them, EMS personnel shall document in the narrative portion of the patient's EMS run report the information required in section 10D-66.325(9), F.A.C.

BOX A OR B MUST BE COMPLETED

**A**

PATIENTS SIGNATURE

I, the undersigned, hereby direct that in the event of my cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated. I understand that I may revoke these directions at any time by physical cancellation or destruction of this form and the accompanying bracelet, or by orally expressing a desire to be resuscitated to EMS personnel; or by means of a subsequently executed advance directive that is materially different from this order. I also understand that if EMS personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation.

\_\_\_\_\_  
Patient's Signature and Date

WITNESSES:

\_\_\_\_\_  
Patients Printed Name

1. \_\_\_\_\_  
Witness's Signature and Date

\_\_\_\_\_  
Printed Name

2. \_\_\_\_\_  
Witness's Signature and Date

\_\_\_\_\_  
Printed Name

**B**

SIGNATURE OF HEALTH CARE SURROGATE OR COURT APPOINTED GUARDIAN OR PROXY

I, the undersigned, hereby certify that I am authorized to provide consent on the patient's behalf by virtue of my relationship to the patient as \_\_\_\_\_ (in order of priority: health care surrogate, court appointed guardian with authority to make this decision, spouse, an adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation; a parent of the patient; the adult sibling of the patient or, if the patient has more than one sibling, a majority of the adult siblings who are reasonably available for consultation; an adult relative of the patient who has exhibited special care and concern for the patient and who has maintained regular contact with the patient and who is familiar with the patient's activities, health, and religious or moral beliefs; or a close friend of the patient, who is 18 years of age or older who is familiar with the patient's activities, health, and religious or moral beliefs.)

In that capacity, and based upon my reasonable belief that the patient would make this same decision under these circumstances had the patient been capable, I hereby direct that in the event of the patient's cardiac or respiratory arrest, efforts at cardiopulmonary resuscitation not be initiated. I understand that I may revoke these directions at any time, by physical cancellation and destruction of this form and the accompanying bracelet or by orally expressing a desire that the patient be resuscitated to EMS personnel; or by means of a subsequently executed advance directive that is materially different from this order. I also understand that if EMS personnel have any doubts about the applicability or validity of this order, they will begin cardiopulmonary resuscitation of the patient.

\_\_\_\_\_  
Signature of Health Care Surrogate, Proxy or Court Appointed Guardian and Date

\_\_\_\_\_  
Printed Name of Health Care Surrogate, Proxy or Court Appointed Guardian

WITNESSES:

1. \_\_\_\_\_  
Witness's Signature and Date

\_\_\_\_\_  
Printed Name

2. \_\_\_\_\_  
Witness's Signature and Date

\_\_\_\_\_  
Printed Name

\*The subscribing witnesses must sign in the presence of the patient, or health care surrogate or proxy or guardian and each other.