Purpose

This standardized EMS-DNR Order (Order) has been developed by the EMS Bureau within the Epidemiology and Response Division of the New Mexico Department of Health (DOH). It is in compliance with Section 24-10B-4I, NMSA 1978 which directs the EMS Bureau to develop a program to authorize EMS providers to honor advance directives to withhold or terminate care. The program is described fully in NMAC 7.27.6. A copy may be obtained by calling the EMS Bureau at 505-476-8200 or online at www.nmems.org.

For covered persons in cardiac or respiratory arrest, resuscitative measures to be withheld include external chest compressions, intubation, defibrillation, administration of cardiac medications and artificial respiration. The Order does not effect the provision of other emergency medical care, including oxygen administration, suctioning, control of bleeding, administration of analgesics and comfort care.

Applicability

This Order applies only to resuscitation attempts by health care providers in the prehospital setting --i.e., in patients’ homes, in a long term care facility, during transport to or from a health care facility, or in other locations outside acute care hospitals.

Instructions

Any adult person may execute an Order in conjunction with a physician. The physician, or physician’s designee, shall explain to the person the full meaning of the Order, the available alternatives and how the Order may be revoked. Both the physician, or the physician’s designee upon a verbal order from the physician, and the person for whom the Order is executed, shall sign the Order.

If the person for whom the Order is contemplated is unable to give informed consent, or is a minor, the physician, or physician’s designee, shall provide the same explanation of the Order, the available alternatives, and how the Order may be revoked to an authorized health care decision maker. If the authorized health care decision maker gives informed consent, both the physician, or the physician’s designee upon a verbal order from the physician, and the authorized health care decision maker shall sign the document

ONE SIGNED COPY of the Order should be retained by the patient and placed in an envelope. Staple the Envelope Cover Sheet (which is included in this PDF document) “EMS DNR Order inside” to the envelope. The completed form (and/or the approved EMS bracelet or neck medallion) must be readily available to EMS personnel in order for the Order to be honored. Resuscitation attempts may be initiated until the form (or EMS bracelet/medallion) is presented and the identity of the patient is confirmed by the EMS personnel. It is recommended that the white envelope containing the Order be located in an obvious place that is readily available to emergency responders.

ONE SIGNED COPY should be retained by the physician and made part of the patient’s permanent medical record. Additional copies should be made so that the Order can be maintained in all of the appropriate medical records.

Revocation

An Order may be revoked at any time orally or by performing an act such as burning, tearing, canceling, obliterating or by destroying the order of any part of it by the person on whose behalf it was executed or by the persons’ authorized health care decision maker. If an Order is revoked, the patient’s physician should be notified immediately and all copies of the form should be destroyed, including any copies on file with MedicAlert Foundation. All medallions and associated wallet cards should be destroyed.

Additional Resources available

To obtain a New Mexico Durable Power of Attorney for Health Care Decision Form or a Values History Form, contact the Center for Health Law and Ethics, 1111 Stanford, N.E., Albuquerque NM 87131 or call 505-277-5006. The cost for the Values form is $3.00 and may be requested in English or Spanish.

EMS-DNR forms may be downloaded from the EMS Bureau’s website, www.nmems.org. For DNR program implementation questions, please call the EMS Bureau at 505-476-8200.
ENVELOPE COVER SHEET

Note: Staple this cover sheet to the envelope containing the signed EMS-DNR Order.
EMERGENCY MEDICAL SERVICES (EMS)
DO NOT RESUSCITATE (DNR) FORM

AN ADVANCE DIRECTIVE TO LIMIT THE SCOPE OF EMS CARE
NOTE: THIS ORDER TAKES PRECEDENCE OVER A DURABLE HEALTH CARE POWER OF ATTORNEY FOR EMS TREATMENT ONLY

I, ______________________________, request limited EMS care as described in this document. If my heart stops beating or if I stop breathing, no medical procedure to restore breathing or heart functioning will be instituted, by any health care provider, including but not limited to EMS personnel.

I understand that this decision will not prevent me from receiving other EMS care, such as oxygen and other comfort care measures.

I understand that I may revoke this Order at any time.

I give permission for this information to be given to EMS personnel, doctors, nurses and other health care professionals. I hereby agree to this DNR order.

Signature       Signature/Authorized

Heath Care Decision Maker

I affirm that this patient/authorized health care decision maker is making an informed decision and that this is the expressed directive of the patient. I hereby certify that I or my designee have explained to the patient the full meaning of the Order, available alternatives, and how the Order may be revoked. I or my designee have provided an opportunity for the patient/authorized health care decision maker to ask and have answered any questions regarding the execution of this form. A copy of this Order has been placed in the medical record. In the event of cardiopulmonary arrest, no chest compressions, artificial ventilations, intubation, defibrillation, or cardiac medications are to be initiated.

________________________________________     _____________________________________
Physician’s Signature/Date          Physician’s Name—PRINT

_______________________________________________________________________________
Physician’s Address/Phone

Note: please print three (3) copies
ONE SIGNED COPY: To be kept by patient in white envelope and immediately available to Emergency Responders
ONE SIGNED COPY: To be kept in patient’s permanent medical record
ONE SIGNED COPY: If DNR Bracelet/Medallion is desired send to MedicAlert with enrollment form