

DO-NOT-RESUSCITATE ORDER

*This is not a Code Status order for a person who is, or may become, hospitalized.
This order is an **out of hospital** medical order and serves as a communication tool for hospitalized patients.*

This **DO-NOT-RESUSCITATE ORDER** is issued by _____, the attending physician for _____ Date of Birth _____.
(Type or print declarant's, ward's, or minor child's name).

*Use the appropriate consent section (A, B, C, **or** D) and complete the Attestation of Witnesses (Section E).
Section F is to be completed by the attending physician.*

A. DECLARANT (Patient) CONSENT

I have discussed my health status with my physician named above. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me. This order will remain in effect until it is revoked as provided by law. Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____ on this day _____.
(Declarant's signature) (Today's Date)
_____ on this day _____.
(Signature of person who signed for declarant, if applicable) * (Today's Date)

(Type or print declarant's name)

**An individual who, at the time of signing, is in the presence of the declarant and acting pursuant to the directions of the declarant.*

B. PATIENT ADVOCATE CONSENT

I authorize that in the event the declarant's heart and breathing should stop, no person shall attempt to resuscitate the declarant. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law.

_____ on this day _____.
(Patient Advocate's signature) (Today's Date)

(Type or print patient advocate's name)

C. PARENT CONSENT

I authorize that in the event the minor child's heart and breathing should stop, no person shall attempt to resuscitate the minor child. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law. *

_____ on this day _____.
(Parent's signature) (Today's Date)

(Type or print parent's name)
_____ on this day _____.
(Parent's signature) (Today's Date)

(Type or print parent's name)

**If two parents share legal decision-making authority as to the important decisions affecting the welfare of the minor child, both parents of the minor child must execute this order.*

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THIS FORM WAS PREPARED PURSUANT TO, AND IS IN COMPLIANCE WITH, THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT.

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(Type or print declarant's, ward's, or minor child's name).

D. GUARDIAN CONSENT

I authorize that in the event the ward's heart and breathing should stop, no person shall attempt to resuscitate the ward. I understand the full import of this order and assume responsibility for its execution. This order will remain in effect until it is revoked as provided by law.

_____ on this day _____.
(Guardian's signature) (Today's Date)

(Type or print guardian's name)

E. ATTESTATION OF WITNESSES

By signing below as a witness, I attest that the individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. *

1) _____ 2) _____
(Witness #1 signature) (Today's Date) (Witness # 2 signature) (Today's Date)

(Type or print witness #1 name) (Type or print witness #2 name)

*Witnesses must be 18 years of age or older and:

- If the patient is the declarant, at least 1 of the witnesses cannot be the patient's spouse, family member or presumptive heir;
- If a patient advocate is signing this order, at least 1 of the witnesses cannot be the patient's spouse, family member or presumptive heir;
- If the patient is a minor child, neither witness may be the minor child's parent, child, grandchild, sibling or presumptive heir; or
- If the patient is a ward, neither witness may be the ward's spouse, parent, child, grandchild, sibling or presumptive heir.

F. PHYSICIAN SIGNATURE

This declarant, ward, or minor child is known to me and I have a responsibility for the care of the declarant, ward, or minor child. In collaboration with the person(s) listed above, I issue this **DO-NOT-RESUSCITATE ORDER** for the declarant, ward, or minor child.

_____ on this day _____.
(Physician name) (Physician signature) (Today's Date)

Upon executing this order, the declarant, ward, or minor child (has / has not) received an identification bracelet.

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