

OUT OF HOSPITAL DNR

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESIDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is my (our) wish concerning the out of hospital DO NOT RESUSCITATE be implemented as followed:

* YES- I wish to have the OOH-DNR orders on file.
* NO- I wish to not have any DNR orders in place.

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Resident Responsible Party

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Relationship- if resident is unable to sign