



# EMS DNR

## INSTRUCTIONS

### 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](http://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.

**ONE SIGNED COPY** of the form may be used by the patient to order an *optional* EMS bracelet or neck medallion inscribed with the words "DO NOT RESUSCITATE - EMS". The MedicAlert Foundation (2323 Colorado Avenue, Turlock, CA 95382) is the EMS Bureau approved supplier of the medallions, which will be issued only upon receipt of the properly completed **Order** (together with an enrollment form and the appropriate fee). If a MedicAlert enrollment form is needed, call 1.888.633.4298 and ask for an EMS-DNR form. The fee can be waived for patients who cannot afford it, as certified by the physician or the physician's designee. Although optional, use of an EMS-DNR bracelet facilitates prompt identification of the patient and therefore is strongly encouraged.

### 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 or 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](http://www.nmems.org). For DNR program implementation questions, please call the EMS Bureau at 505-476-8200 .**

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# ENVELOPE COVER SHEET

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# ORDER INSIDE

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*Note: Staple this cover sheet to the envelope containing the signed EMS-DNR Order.*



# EMS DNR

## 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

OR

\_\_\_\_\_  
Signature/Authorized  
Health 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