



EMS DNR



INSTRUCTIONS

This standardized **EMS-DNR Order (Order)** has been developed by the EMS Bureau within the Center for Health Protection 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 <https://www.nmhealth.org/about/erd/emsb/advd/>.

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 affect 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 primary care practitioner, (physician, physician assistant, certified nurse practitioner or certified nurse midwife). The primary care practitioner shall explain to the person the full meaning of the **Order**, the available alternatives and how the **Order** may be revoked. Both the primary care practitioner 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 primary care practitioner 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 primary care practitioner 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 with the Cover Sheet (**EMS DNR Order Inside**) stapled to the envelope.



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It is recommended that the white envelope containing the **Order** be located in an obvious place that is readily available to emergency responders. The completed form or the approved EMS bracelet/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 bracelet/medallion is presented.

ONE SIGNED COPY should be retained by the primary care practitioner 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 Medic Alert 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 Medic Alert enrollment form is needed, call 1-800-432-5378 and ask for an EMS-DNR form. The fee can be waived for patients who cannot afford it, as certified by the primary care practitioner. **Although optional, use of an EMS-DNR bracelet facilitates prompt identification of the patient and therefore is strongly encouraged.**

Revocation

An EMS DNR or MOST order may be revoked at any time orally, by executing a subsequent order, or by performing an act which indicates an attempt to revoke the order, such as by burning, tearing, canceling, obliterating or destroying the order or any part of it, by the person on whose behalf it was executed. If an **Order** is revoked, the patient's primary care practitioner should be notified immediately and all copies of the form should be destroyed, including any copies on file with Medic Alert Foundation. All medallions and associated wallet cards should be destroyed.

Additional Resources

A New Mexico Statutory Power of Attorney form is available online at: <https://hsc.unm.edu/medicine/departments/pediatrics/divisions/continuum-of-care/ad.html>.

EMS-DNR forms may be downloaded from the NM EMS Bureau's website, Forms section, www.nmems.org. Or call 505-476-8200 for more information.



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ORDER

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(s) to restore breathing or heart functions 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**.

OR

Signature

Signature of Authorized Healthcare Decision Maker

Date _____

Relationship _____

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 have explained I to _____ the full meaning of this **Order**, available alternatives, and how this **Order** may be revoked. I 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.

Primary Care Practitioner Name (print)

Primary Care Practitioner Signature

Address and Phone # of PCP _____

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 Medic Alert with enrollment form

ENVELOPE COVER SHEET



EMS



DNR

ORDER INSIDE

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