ALABAMA
Emergency Medical Services
Do Not Attempt Resuscitation Order

Patient's Full Name _____

Attending/Treating Physician's Order

I, the undersigned, a physician licensed in Alabama, state that I am the attending physician; or a physician providing treatment to the patient named above. It is my determination that [must check 1 or 2, below]:

o 1. The patient is an adult (eighteen years of age or older) and IS capable of making an informed decision and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of treatment, and the patient has decided that he or she does not wish to be provided resuscitative measures in the prehospital setting. (Signature of patient required on reverse side).

o 2. The patient is an adult (eighteen years of age or older) and is NOT capable of making an informed decision and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of treatment, because the patient is not able to understand the nature, extent, or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. I have made this determination after consultation with a second physician licensed in Alabama.

If 2, above, is checked (patient if NOT CAPABLE of making an informed decision), then either A, B, or C, below, must also be checked.

o A. The patient, while still competent, executed a written advance directive which directed that resuscitative measures be withheld or withdrawn under the present circumstances. (Signature of next of kin required on reverse.)

o B. The patient appointed a surrogate or attorney-in-fact with authority to direct that resuscitative measures be withheld or withdrawn under the present circumstances, and the surrogate or attorney-in-fact has so directed. (Signature of surrogate or attorney-in-fact required on reverse).

o C. The patient has not executed a written advance directive, nor has he or she appointed a surrogate or attorney-in-fact, but either a court appointed guardian with authority to make such decisions, or a court of competent jurisdiction has directed that resuscitative measures to be withheld under the present circumstances. (Signature of guardian required on reverse side, or certified copy of court order must be attached hereto.)

Based on the foregoing, I hereby direct any and all emergency medical services personnel, commencing on the date below, to withhold resuscitative measures, i.e., cardiopulmonary resuscitation, cardiac, compression, endotracheal intubation and other advanced airway management, artificial ventilation, cardiac resuscitative medications, and cardiac defibrillation, in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide all reasonable comfort care such as intravenous fluids, oxygen, suction, control of bleeding, administration of pain medication (if personnel are properly authorized), and other therapies to provide comfort and alleviate pain, and to provide support to the patient, family members, friends, and others present.

_____ _____
Signature of Attending/Treating Physician Date

_____ _____
Printed Name Telephone Number (Emergencies)

_____ _____
Signature of Second (Consulting) Physician Date

_____ _____
Printed Name Telephone Number (Emergencies)

If the patient should die at home while EMS is present or during transport by EMS Personnel, The EMS Provider shall document such in the narrative portion of the EMS Run Report.

NOTE: The do not attempt resuscitation order on the reverse side is not valid unless paragraph I, II, III, or IV, below, is signed and dated, or unless a certified court order is attached hereto.

I. I, the undersigned patient, understand that I suffer from a terminal condition, which is an illness or injury for which there is no reasonable prospect of cure or recovery, death is imminent, and the application of resuscitative measures would only prolong the dying process. I hereby direct that prehospital resuscitative measures be withheld from me. I have discussed this decision with my physician, and I understand the consequences of this decision.

_____ _____

Signature of Patient Date

_____

Printed Name

II. I, the undersigned, hereby certify that I am related by blood or marriage to the patient named on the reverse side, and that I have personal knowledge that the patient has executed an advance directive (living will), a copy of which is attached, which requires that prehospital resuscitative measures be withheld from the patient under the present circumstances.

_____ _____

Signature of Relative Date

_____

Printed Name

III. I, the undersigned, hereby certify that I have been duly appointed as attorney-in-fact or health care surrogate by the patient named on the reverse side, and that my appointment gives me specific authority to make decisions related to withholding or withdrawing of medical care. I hereby direct that prehospital resuscitative measures be withheld from the patient.

_____ _____

Signature of Surrogate or Attorney-In-Fact Date

_____

Printed Name

IV. I, the undersigned, hereby certify that I have been duly appointed by a court of competent jurisdiction in Alabama as guardian of the patient named on the reverse side, with full power and authority to make decisions related to withholding or withdrawing of medical care. I hereby direct that prehospital resusitative measures be withheld from the patient.

_____ _____

Signature of Guardian Date

_____

Printed Name