



Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order



Person's Full Legal Name _____

Surrogate's Full Legal Name (if applicable) _____

I, the undersigned person or surrogate who has been designated to make health care decisions in accordance with Kentucky Revised Statutes, hereby direct that in the event of my cardiac or respiratory arrest that this **DO NOT RESUSCITATE (DNR) ORDER** be honored. I understand that DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart function, more specifically the insertion of a tube into the lungs, or electrical shocking of the heart or cardiopulmonary resuscitation (CPR) will be started by emergency medical services (EMS) personnel.

I understand this decision will *not* prevent emergency medical services personnel from providing other medical care.

I understand that I may revoke this DNR order at any time by destroying this form, removing the DNR bracelet, or by telling the EMS personnel that I want to be resuscitated. Any attempt to alter or change the content, names, or signatures on the EMS DNR form shall make the DNR form invalid.

I understand that this form, or a standard EMS DNR bracelet must be available and must be shown to EMS personnel as soon as they arrive. If the form or bracelet is not provided, the EMS personnel will follow their normal protocols which could include cardiopulmonary resuscitation (CPR) or other resuscitation procedures. I understand that should I die, EMS personnel will require this form and/or bracelet for their records.

I give permission for information about this EMS DNR Order to be given to the prehospital emergency medical care personnel, physicians, nurses, or other health care personnel as necessary to implement this directive.

I hereby state that this **'Do Not Resuscitate (DNR) Order'** is my authentic wish not be resuscitated.

Person/Legal Surrogate Signature _____
Date

Commonwealth of Kentucky County of _____

Subscribed and sworn to before me by _____ to be his/her own
free act and deed, this _____ day of _____, 20_____.

_____, Notary Public
My commission expires: _____

In lieu of having this Form notarized, it may be witnessed by two persons not related to the individual noted above.

WITNESSED BY:

- 1. _____
- 2. _____

This EMS Do Not Resuscitate Form was approved by the Kentucky Board of Medical Licensure at their March 1995 meeting.

Complete the portion below, cut out, fold, and insert in DNR bracelet

I certify that an EMS Do Not Resuscitate (DNR) form has been executed.

Person's Name (print or type) _____
Person's or Legal Surrogate's Signature _____

