

Client Name: _____ Diagnoses: _____

Date of Birth: _____

SSN: _____

ONE OF THE FOLLOWING MUST BE CHECKED "YES" FOR DNR STATUS TO BE CONSIDERED:

1. **Is the client in a terminal condition?** Yes ____ No ____

(A terminal condition is defined as a condition caused by injury, disease, or illness which in your estimation is incurable and irreversible and will result in death within a relatively short time, and where the application of life prolonging treatment would serve only to artificially prolong the dying process.)

2. **Is the client permanently unconscious?** Yes ____ No ____

(Permanently unconscious is defined as a condition characterized by an absence of cerebral cortical function)

3. **Does the client have comorbid conditions in which two (2) or more coexisting medical conditions compromise the chance of recovery or of benefiting from active treatment?**

Yes ____ No ____

REGARDLESS OF CODE STATUS, PALLIATIVE CARE WILL BE PROVIDED

Palliative care is emotional and physical support for the relief of pain and suffering. It includes but is not limited to nutrition, hydration, and comfort measures unless specific authority to withhold/withdraw nutrition and hydration has been given.

Physician Attestation

Recommended Code Status: ____ DNR/Withhold cardiopulmonary resuscitation

Signature of Attending Physician: _____ Date: _____

Printed Name/ Title: _____ Phone #: _____

THIS FORM CAN NOT BE PROCESSED WITHOUT A LEGIBLE TITLE AFTER THE PRINTED NAME