

DNR/ Do Not Resuscitate Request Instructions
To avoid unnecessary delays, please read ALL instructions carefully

Requirements for the STATE GUARDIANSHIP DNR REQUEST FORM (DAIL-DNR-01):

- This form must be completed by a physician (either MD or DO)
- Name, date of birth, and social security number must be provided and be correct
- You must check either YES or NO for each of the three questions
(Please note that if all questions are marked NO, the Individual under Guardianship will not meet basic criteria for DNR)
- The physician attestation must be completed by an Attending Physician, it must be complete and legible; ensure printed name includes title (MD or DO) where indicated

Along with the completed DNR Request Form, please also submit all of the following:

- **Medical records** supporting the listed diagnoses (labs, diagnostic test results, consult notes, etc.), history and physical, and a few days of progress notes to show the Individual under Guardianships current condition
- **Attending Physician note** recommending DNR status change and a brief explanation answering why it is recommended (this is typically in the form of a progress note but may be submitted as a legible signed statement)
- **If faxing, please include a Fax Cover sheet** with your contact first and last name, telephone number, and an email address or fax number so that we may contact you for approval or missing information

Please submit the completed information to
Attention: Guardianship NURSE CONSULTANT at Fax 502-573-1559
OR email to Guardianship.RN@ky.gov

Please include all required documentation within ONE fax or email.

If you are contacted regarding missing information, you will need to resend the full request when resubmitting the missing information

**If you have any questions, please feel free to contact Guardianship Nurse Consultants
Mary Ailiff, RN (502) 226-0578 OR Leanna McGaughey, RN (502) 229-5992**

With a DNR order in place, Guardianship assumes that the Individual under Guardianship will continue to receive treatment as usual and necessary, but that any treatment they require stop short of cardiopulmonary resuscitation. If a change in the level of care to be provided is recommended, the physician will need to complete the Physicians recommendation for End-of-Life Care once the DNR Code Status is approved. Please note this is for DNR only; requests for DNI will require a change in the level of care/ EOL request.

Please note that we must thoroughly review all requests to ensure we are making the best decision on behalf of our Individuals under Guardianship. These reviews and approvals occur during regular business hours. The After-Hours Guardianship Hotline cannot accept, review, or approve any requests.

In accordance with Kentucky Revised Statute (KRS 311.621 TO 311.643 and Regulation (910 KAR 2:040) those who meet criteria for a DNR order is anyone who:

- *Has a terminal condition- 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.*
- *Is permanently unconscious- defined as a condition characterized by an absence of cerebral cortical function.*
- *Has a comorbid condition, in which two (2) or more coexisting medical conditions compromise the Individual under Guardianships chance of recovery or of benefiting from active treatment.*

FOR AFTER HOURS GUARDIANSHIP EMERGENCY PLEASE CALL 844-550-9006