



**DO-NOT-RESUSCITATE IDENTIFICATION
APPLICATION - ADULT**

Patient Information

(Please Print or Type)

Name _____ Gender M F Date of Birth ____/____/____

Address _____ City _____ State ____ ZIP _____ Phone _____

A. Patient's Statement

I, the above named patient, am capable of making an informed decision and **do not wish to receive life-resuscitating treatment in the event of a cardiac or respiratory arrest.** Therefore, I **direct Emergency Medical Services personnel to withhold life-resuscitating treatment.** I state that I have informed each member of my family within the first degree of consanguinity or affinity, whose whereabouts are known to me, or if no such members are living, my legal guardian, if any, or if I have no such member living and have no legal guardian, my caretaker, if any, of my decision to apply for a Do-Not-Resuscitate identification.

Patient's signature: _____ SS# _____ Date ____/____/____

B. Agent's Statement

I am the above named patient's agent (with durable power of attorney for healthcare). The patient does not wish to receive life-resuscitating treatment in the event of a cardiac or respiratory arrest. **I direct Emergency Medical Services personnel to withhold life-resuscitating treatment in the event of a cardiac or respiratory arrest.**

Agent Name and Address (print) _____

Agent signature: _____ Phone _____ Date ____/____/____

Attending Physician's Statement

As required by Nevada Revised Statutes (NRS) 450B.520(2), I certify that I am the above named patient's attending physician/physician who has primary responsibility for the treatment and care of the patient and that the patient suffers from a terminal condition. The patient is capable of making an informed decision or, when he was capable of making an informed decision, he executed a written directive that life-resuscitating treatment be withheld under certain circumstances, or a durable power of attorney for health care decisions pursuant to NRS 449.800 to 449.860, inclusive, or he was issued a Do-Not-Resuscitate Order pursuant to NRS 450B.510.

Attending physician's name (print): _____ Phone: _____

Attending physician's signature: _____ License number: _____

Office Use Only:

Received: _____ Issued: _____ By: _____ DNR ID # _____

APPLICANT INSTRUCTIONS

1. Provide the information required in the “**Patient Information**” section of the application.
2. Sign and date the “**Patient’s Statement**” or “**Agent’s Statement**” section of the application.
3. Have your attending physician complete and sign the “**Attending Physician’s Statement**” on the application.
4. Mail the completed application to:

Southern Nevada Health District
Emergency Medical Services
P.O. Box 3902
625 Shadow Lane
Las Vegas, NV 89127
5. Submit a check or money order in the amount of \$5.00, payable to the Southern Nevada Health District, with the completed application.

ATTENDING PHYSICIAN’S INSTRUCTIONS

Complete the “**Attending Physician’s Statement**” by:

1. Providing your name, telephone number, license number; and
2. Signing the “**Attending Physician’s Statement**” where indicated.

The 1997 Legislature enacted Assembly Bill 29, allowing “qualified patients” to apply for a Do-Not-Resuscitate identification. DNR Identification instructs prehospital emergency medical service personnel to withhold life-resuscitating treatment in the event of cardiac or respiratory arrest. EMS personnel will provide appropriate emergency medical and supportive care to patients with DNR Identification if the patient is not experiencing cardiac or respiratory arrest.

A “qualified patient” is a patient who has executed a declaration, in accordance with NRS 449.600, governing the withholding or withdrawal of life-sustaining treatment and who has been determined by his attending physician to be a terminal condition.

Do-Not-Resuscitate Identification will be a card and document issued by the Southern Nevada Health District signifying the person is a qualified patient who wishes not to be resuscitated in the event of cardiac or respiratory arrest. NRS 450B.410.

Life-resuscitating treatment means cardiopulmonary resuscitation (CPR) or any of its components including chest compressions, defibrillation, cardioversion, assisted ventilation, airway intubation and administration of cardiac medications.

Patients applying for Do-Not-Resuscitate Identification should fully discuss their decision with their family members or caretakers. Family members or caretakers are generally the ones who call EMS when the patient needs medical assistance. Being aware and supportive of the patient’s wishes in this area allows them to appropriately advise EMS personnel responding to care for the patient.

For additional information please call:
Southern Nevada Health District EMS
(702) 759-1050



DO-NOT-RESUSCITATE

IDENTIFICATION

APPLICATION

ADULT (18+ YEARS OF AGE)

Southern Nevada Health District
P.O. Box 3902
625 Shadow Lane
Las Vegas, NV 89127