



DO-NOT-RESUSCITATE IDENTIFICATION APPLICATION

Applicant Information

(Please Print or Type)

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

Address _____ City _____ State _____ ZIP _____ Phone _____

Patient's Statement

I, the above named patient, do not wish to receive life-resuscitating treatment in the event of a cardiac or respiratory arrest. Therefore, I or my agent (with a durable power of attorney for healthcare) direct Emergency Medical Services personnel to withhold life-resuscitating treatment.

I verify that I, or my agent, have notified each member of my immediate family whose whereabouts are known to me and/or my legal guardian or caretaker, of my decision to apply for Do-Not-Resuscitate Identification.

Patient's signature: _____ SS# _____ Date _____

Signature of patient's agent: _____ Date _____

Printed name of patient's agent: _____

Attending Physician's Statement

As required by NRS 450B.520(2) or NRS 450B.525, I certify the above named patient is under my care and suffers from a terminal condition. I also certify that the patient:

Check 1, 2A or 2B if the patient is applying for do-not-resuscitate identification. If the attending physician is making application on behalf of the patient, check item 3.

- 1. Is capable of making an informed decision; or
2. When he was capable of making an informed decision, executed:
 A written directive that life-resuscitating treatment be withheld under certain circumstances; or
 A durable power of attorney for health care pursuant to NRS 449.800 to 449.860, inclusive.
3. With the written approval of the above named patient, I have issued a do-not-resuscitate (DNR) order for the patient. Grounds for the DNR order have been documented in the patient's medical record.

Attending physician's name: _____ Phone number: _____ (Print)

Attending physician's signature: _____ License number: _____

Office Use Only:

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

APPLICANT INSTRUCTIONS

1. Provide the information required in the “**Applicant Information**” section of the application.
2. Sign and date the “**Patient’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 Southern Nevada Health District, with the completed application.

ATTENDING PHYSICIAN’S INSTRUCTIONS

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

1. Checking item 1, 2A or 2B to indicate the patient’s ability to make an informed decision;
2. Providing your name, telephone number, license number; and
3. 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 in 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

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