

Completing the Texas Out of Hospital Do Not Resuscitate Form



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Introduction

DNR

DO NOT RESUSCITATE

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Out of Hospital Do Not Resuscitate Form

What is it?

The Out of Hospital Do Not Resuscitate (OOH DNR) order allows you to refuse specific life-sustaining treatments outside of the hospital.

These treatments include:

- Cardiopulmonary resuscitation (CPR)
- Advanced airway management (intubation)
- Defibrillation (AED)
- Artificial ventilation
- Transcutaneous cardiac pacing (use of external pacemaker)

Why do I need one?

An OOH DNR form or identification will tell health care providers not to use CPR and other life-sustaining techniques.

If you do not have an OOH DNR Order, health care providers may do everything medically possible to revive you.

What do I do?

- Complete the form. Keep your original form.
- Talk with family, clergy and/or friends.
- You can also notify health care providers of your decision by wearing an approved ID necklace or bracelet.

Points to Remember

- Anyone can use an OOH DNR Order.
- Parents/guardians of minors diagnosed with a terminal illness or irreversible condition may complete an OOH-DNR on behalf of the patient.
- To show that you have an OOH DNR Order, you must have: your original form, a copy of the completed form, or an approved ID necklace or bracelet.
- The OOH DNR Order pertains to health care decisions, not to financial matters.



Where can I find the form?



Get the OOH DNR form

Ask your doctor for the OOH DNR form.

OR

Go to the Texas Department of State Health Services (DSHS) website.

dshs.texas.gov/dshs-ems-trauma-systems/out-hospital-do-not-resuscitate-program

Here you can download the form:

- The form is available in English and Spanish.
- Print the form on standard 8 1/2 x 11, letter-size paper.
- Print the OOH DNR Order form on the front and the instructions on the back of the sheet.
- You can make copies of a completed OOH DNR.



Health Care Professionals

Distributing forms to be filled out by patients, families, and doctors

Blank OOH DNR forms must include the OOH DNR form on one side and the instructions on the other side.

The instructions contain important information. The patient, family, witnesses, and doctors should review before signing.

Note: Emergency medical services personnel **can** honor an OOH DNR form that appears to have been properly executed, even if the instructions are not on the opposite side.

Additional Resources

The DSHS website also contains:

- Frequently asked questions about OOH DNR
- Information on ordering OOH DNR medical devices
- Links to Out of Hospital Do Not Resuscitate Legislation

Other Advanced Directive forms are available on the Texas Health and Human Services website:

- Directive to Physicians and Family or Surrogates
- Medical Power of Attorney (MPOA)
- Statutory Durable Power of Attorney (SDPOA)
- Declaration for Mental Health Treatment (DMHT)

Visit:

hhs.texas.gov/formas/advance-directives



Filling Out the OOH DNR Form

Name _____

Signature _____

Date _____



Who is completing the form?

Patient: Fill out patient's full legal name and date of birth. Select male/female.

Declarant: Sections A-F define who is completing the OOH DNR form on behalf of the patient.

Person's full legal name	<input type="text"/>	Date of birth	<input type="text"/>	<input type="checkbox"/> Male
				<input type="checkbox"/> Female

Let's break it down!

Section A.

This box is for a patient who is 18 years of age and competent. The patient should sign his/her name, date the document, and print or type his/her name.

A. Declaration of the <u>adult person</u>: I am competent and at least 18 years of age. I direct that none of the following resuscitation measures be initiated or continued for me: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.					
Person's signature	<input type="text"/>	Date	<input type="text"/>	Printed name	<input type="text"/>

Section B

Section B is completed on behalf of an adult person who is incompetent or otherwise incapable of communication.

Who can sign:

- a legal guardian
- the person with medical power of attorney for the patient
- a proxy in a directive to physician for a person who is incompetent or otherwise mentally or physically incapable of communication

The person acting on behalf of the patient must check the appropriate box in this section, sign and date the form, and then print or type his/her name.

B. Declaration by legal guardian, agent or proxy on behalf of the adult person who is incompetent or otherwise incapable of communication:

I am the: legal guardian; agent in a Medical Power of Attorney; OR proxy in a directive to physicians of the above-noted person who is incompetent or otherwise mentally or physically incapable of communication.

Based upon the known desires of the person, or a determination of the best interest of the person, **I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.**

Signature

Date

Printed name

Section C

Section C is completed on behalf of the adult person who is incompetent or otherwise incapable of communication.

Who can sign:

- patient's spouse
- patient's reasonably available adult children
- patient's parents
- patient's nearest living relative

The relative acting on behalf of the patient must check the appropriate box in this section, sign and date the form, and then print or type his/her name.

C. Declaration by a qualified relative of the adult person who is incompetent or otherwise incapable of communication: I am the above-noted person's:

spouse, adult child, parent, OR nearest living relative, and I am qualified to make this treatment decision under Health and Safety Code §166.088.

To my knowledge the adult person is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent or proxy. Based upon the known desires of the person or a determination of the best interests of the person, **I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.**

Signature

Date

Printed name

Section D

Section D is completed by a physician.

The physician can sign if they:

- have seen that a patient has issued a previous directive to physician, or
- observes a person issuing an OOH-DNR by non-written communication.

The physician must check the appropriate box in this section, sign and date the form, print or type his/her name, and provide his/her license number.

D. Declaration by physician based on directive to physicians by a person now incompetent or nonwritten communication to the physician by a competent person: I am the above-noted person's attending physician and have:

- seen evidence of his/her previously issued directive to physicians by the adult, now incompetent; OR observed his/her issuance before two witnesses of an OOH-DNR in a nonwritten manner.

I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Attending physician's
signature

Date

Printed
name

Lic
#

Section E

Section E is completed on behalf of a minor.

Who can sign:

- minor's parent
- legal guardian
- managing conservator

The minor must be diagnosed as suffering from a terminal or irreversible condition by a physician.

The person acting on behalf of the minor must check the appropriate box in this section, sign and date the form, and then print or type his/her name.

E. Declaration on behalf of the minor person: I am the minor's: parent; legal guardian; OR managing conservator.

A physician has diagnosed the minor as suffering from a terminal or irreversible condition. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature

Date

Printed name

Section F

Section F is completed by two physicians on behalf of an adult patient who is incompetent or unable to communicate and without a guardian, proxy, or relative.

The attending physician may execute the DNR by signing and dating the form, with the concurrence of a second physician.

- The second physician must **not** be involved in the patient's care.
- The second physician can be a representative of the health facility's ethics or medical committee.

Witness or notary signatures are not required when two physicians execute the OOH DNR Order in this section.

F. Directive by two physicians on behalf of the adult, who is incompetent or unable to communicate and without guardian, agent, proxy or relative: The person's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgment, considered ineffective or are otherwise not in the best interests of the person. I direct health care professionals acting in out-of-hospital settings, including a hospital emergency department, not to initiate or continue for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Attending physician's
signature

Date

Printed
name

Lic#

Signature of second physician

Date

Printed
name

Lic#

Physician's electronic or digital signature must meet criteria listed in Health and Safety Code §166.082(c).

Witnesses

You have two witnessing options when filling out the OOH DNR form.

- Two witnesses **or** a notary public must sign that they have witnessed the patient's signature or the signature of a person(s) acting on the patient's behalf in sections A-E.



When Using Two Witnesses

Witness one is a “qualified witness” and may not be:

- A person designated to make a treatment decision for the patient
- Related to the patient by blood or marriage
- Entitled to any part of the estate
- Be a person who has a claim against the estate of the patient
- The attending physician or an employee of the attending physician
- An employee of a health care facility in which the patient is being cared for, if he or she is involved in providing direct patient care to the patient (social workers, chaplains, and people who provide nutrition services are not considered to provide direct patient care)
- An officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or any parent organization of the health care facility

Witness Two

- May be any competent adult



Using a Notary

A notary public can witness the signature of the person filling out the form in place of two witnesses.

Note: A notary cannot acknowledge the witnessing of the person making an OOH-DNR order in a nonwritten manner.

Physician Statement

The patient's attending physician **must:**

- sign and date the form
- print or type his/her name
- give his/her license number

Electronic signatures are acceptable per Health and Safety Code, Chapter 166, [Section 166.011](#).





Final Signatures

Health and Safety Code, Chapter 166, [Section 166.083](#) requires that everyone who signed the form **must** sign the form again in the bottom section to acknowledge that the form has been completed.

OOH DNR Medical Devices



Ordering an OOH DNR Medical Device

After fully completing the Texas OOH DNR Order form, the patient may buy, at their own expense, an OOH DNR ID device. EMS personnel will honor the device in lieu of an original OOH DNR Order form. A list of approved manufacturers can be found here:

dshs.texas.gov/dshs-ems-trauma-systems/out-hospital-do-not-resuscitate-program

Plastic ID Device

An intact, unaltered, easily identifiable ID with the words "Texas" and "Do Not Resuscitate."
(Or a representation of the geographical shape of Texas and the word "STOP" imposed over the shape.)



Metal ID Device

An intact, unaltered, easily identifiable metal bracelet or necklace with the words "Texas Do Not Resuscitate – OOH".



Questions





Contact Us

If you have any questions or need assistance with filling out the OOH DNR form, please visit our website or contact our office.

Website

dshs.texas.gov/dshs-ems-trauma-systems/out-hospital-do-not-resuscitate-program

Email

emsinfo@dshs.texas.gov

Phone

512-834-6700