

**Facility: \_\_\_\_\_**  
**Do Not Resuscitate Order & Advanced Directives**

**Policy:**

All residents of **THIS FACILITY** must comply with the policy and procedure set forth here on in.

A resident has the right to have a party assigned to the decision making, if he / she is not of capacity to do so.

**THIS FACILITY** will provide care to all residents who meet statutory admission criteria and **THIS FACILITY**, can provide for their needs.

**Procedure:**

- a. **THIS FACILITY** will provide residents with a copy of Form SCHS-4-2006-Health Care Advance Directives-The Patient's Right to Decide April 2006, regarding advance directives.
- b. **THIS FACILITY** will provide this policy for residents to read.
- c. **THIS FACILITY** does not provide residents with a DNRO. However, information about how a DNRO, if a resident or guardian decide, can be found at: <http://www.doh.state.fl.us/demo/trauma/DNRO/Form1896.pdf> or your health care provider.
- d. Each resident of **THIS FACILITY** will have documentation in their record indicating whether or not he or she has executed a DNRO. If a DNRO has been executed, a copy of a resident's DNRO must be in the resident's file.
- e. In the event a resident is receiving hospice services and experiences cardiopulmonary arrest, facility staff must immediately contact the hospice provider. The hospice procedures shall take precedence over those of the assisted living facility.

**The Facility:**

- **THIS FACILITY WILL NOT** administer chest compressions, insert an artificial airway, administer resuscitative drugs, defibrillate or cardiovert, provide respiratory assistance, initiate resuscitative IV, or initiate cardiac monitoring to any resident that has a DNRO.
- **THIS FACILITY** will administer chest compressions (CPR) to residents who do not have a DNRO.

Initials: \_\_\_\_\_ Resident \_\_\_\_\_ Administrator/ Designee

# Do Not Resuscitate Order: Resident Signature Acknowledgement Page

As a resident of THIS FACILITY I have read the facility's Do Not Resuscitate Policy and Procedure.

I have received a copy of Health Care Advance Directives – The Patient's Right to Decide

\_\_\_\_\_  
Print Name (Resident or Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Dear Resident Please make an X next to your choice and sign.**

\_\_\_\_\_ I have not executed a Do Not Resuscitate Order

\_\_\_\_\_ I have executed a fully completed Do Not Resuscitate Order and will provide a copy to THIS FACILITY.

\_\_\_\_\_  
Print Name (Resident or Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Initials: \_\_\_\_\_ Resident \_\_\_\_\_ Administrator/ Designee