

**Where can the DNRO form be obtained?**

The Do Not Resuscitate Form 1896 can be obtained for free by writing to the: Department of Health, Office of Trauma, 4052 Bald Cypress Way, Bin C-18, Tallahassee, FL 32399-1738, by calling (850) 245-4440 ext. 2749 or 2795, or by contacting your local ambulance service. Additional information on advanced directives and end-of-life care can be obtained through the Agency for Health Care Administration, the Department of Elder Affairs, nursing homes, assisted living facilities, senior centers, physicians, and local attorneys. To learn more about the DNRO and other activities in the Office of Trauma, log on to:

[www.doh.state.fl.us/demo/Trauma/index.html](http://www.doh.state.fl.us/demo/Trauma/index.html).

**SAMPLE ONLY**

contact us for an official form

# Do Not Resuscitate, But Do Treat With Care



DIVISION OF EMERGENCY MEDICAL OPERATIONS  
& COMMUNITY HEALTH RESOURCES

A guide answering your questions  
on do not resuscitate orders.





## What is a do not resuscitate order?

A Do Not Resuscitate Order (DNRO) is a form of patient identification device developed by the Department of Health to identify people who do not wish to be resuscitated in the event of

respiratory or cardiac arrest. See the sample form on the last page.

**Who Should have a DNRO?** Do Not Resuscitate Orders are usually reserved for someone who is suffering from a terminal condition, end-stage condition, or is in a persistent state of vegetative state. There are several types of advanced directives that will record the wishes of those not falling into any of the above categories. If you are not sure if a DNRO is appropriate for you, or would like additional information on advanced directives, it is best to consult your physician as well as an attorney.

**Why should an individual complete a DNRO if he or she already has a living will?** A living will is a document that instructs, as specifically as possible, what care and treatment the person wishes under certain circumstances. Any competent person can fill out a living will at any time. A DNRO is a physician's order not to resuscitate if a person goes into cardiac or pulmonary arrest. It is part of the prescribed medical treatment plan and must have a physician's signature. It is usually written for patients who are terminally ill, suffering from an end-stage condition, or are in a persistent vegetative state.

**In what health care settings is the DNRO form honored?** Pursuant to Florida law, the DNRO is honored in most health care settings, including hospices, adult family care homes, assisted living facilities, emergency departments, nursing homes, home health agencies, and hospitals. Florida law further provides that health care providers employed in these health care settings may withhold or withdraw cardiopulmonary resuscitation if presented with a DNRO and be immune to an emergency medical technician or paramedic in a setting other than a health care facility, it will still be honored.

**How will the properly completed DNRO form look?** The properly completed form will be signed by the competent patient or the patient's representative and by a Florida licensed physician, and it will be on either the original canary yellow form or copied onto similar yellow-colored paper.

**Will a previous version of the Florida DNRO form be honored?** Previous versions of the form will be honored.

**Where should I keep the form?** The DNRO form should be kept in a noticeable place such as the head or foot of a bed, or on the refrigerator. It should readily be available in the event of an emergency to ensure that the patient's last wishes will be honored.

**Can the form be revoked?** The form can be revoked at any time either orally or in writing, by physical destruction, by failure to present it, or by orally expressing a contrary intent.

**What is a patient identification device?** Attached to the bottom of the Department of Health's DNRO Form 1896 is a patient identification device, which may be removed from the form and laminated, and can be worn on a chain around the neck, or clipped to a key chain or to clothing/ bed, etc. so it can travel with the patient. It is equally as valid as the DNRO Form 1896 and can be presented to emergency medical services personnel when they arrive on scene. It is designed to allow the patient to move between settings with one document.

**Does the patient identification device need to be completed for the form to be valid?** No, the patient identification device is an added option to the form to allow for portability and convenience. It does not have to be completed unless the person wishes to remove it and carry it between settings. Copies of the form on yellow paper will serve the same purpose.

**Should 9-1-1 still be called if the patient has a DNRO?** 9-1-1 can be called at any time to provide family/ caregivers with back-up and support for the patient, such as to control pain and to increase comfort. Others may want the patient to be transported to the hospital so the attending physician will be present. Emergency medical services are part of the community and are able to provide appropriate care as needed in many capacities. A DNRO only means that in the event of cardiac or pulmonary arrest, CPR will not be initiated. Comfort care measures, such as oxygen administration, hemorrhage control, and pain management will still be used.



**PATIENT'S STATEMENT**

Based upon informed consent, I, the undersigned, hereby direct that CPR be withheld or withdrawn.  
**(If not signed by patient, check applicable box):**

- Surrogate     Proxy (both as defined in Chapter 765, F.S.)  
 Court appointed guardian     Durable power of attorney (pursuant to Chapter 709, F.S.)

\_\_\_\_\_  
 (Applicable Signature)

\_\_\_\_\_  
 (Print or Type Name)

**PHYSICIAN'S STATEMENT**

I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S., am the physician of the patient named above. I hereby direct the withholding or withdrawing of cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation) from the patient in the event of the patient's cardiac or respiratory arrest.

\_\_\_\_\_  
 (Signature of Physician)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 Telephone Number (Emergency)

\_\_\_\_\_  
 (Print or Type Name)

\_\_\_\_\_  
 (Physician's Medical License Number)

**Pursuant to s. 401.45, F.S., a copy or original of this DNRO may be honored by hospital emergency services, nursing homes, assisted living facilities, home health agencies, hospices, adult family-care and emergency medical services.**

DH Form 1896, Revised February 2000

**PHYSICIAN'S STATEMENT**

I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S., am the physician of the patient named above. I hereby direct the withholding or withdrawing of cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation) from the patient in the event of the patient's cardiac or respiratory arrest.

\_\_\_\_\_  
 (Signature of Physician)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 Telephone Number (Emergency)

\_\_\_\_\_  
 (Print or Type Name)

\_\_\_\_\_  
 (Physician's Medical License Number)

Pursuant to s.401.45, F.S., a copy or original of this DNRO may be honored by hospital emergency services, nursing homes, assisted living facilities, home health agencies, hospices, adult family-care and emergency medical services.

DH Form 1896, Revised February 2000



**FLORIDA  
 DO NOT RESUSCITATE ORDER**  
 (Please use ink)



\_\_\_\_\_  
 Patient's Full Legal Name

\_\_\_\_\_  
 (Print or Type Name)

\_\_\_\_\_  
 (Date)

**PATIENT'S STATEMENT**

Based upon informed consent, I, the undersigned, hereby direct that CPR be withheld or withdrawn. **(If not signed by patient, check applicable box):**

- Surrogate     Proxy (both as defined in Chapter 765, F.S.)  
 Court appointed guardian     Durable power of attorney  
 (pursuant to Chapter 709, F.S.)

\_\_\_\_\_  
 (Applicable Signature)

\_\_\_\_\_  
 (Print or Type Name)