



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES

COMFORT CARE / DO NOT RESUSCITATE
("DNR") ORDER VERIFICATION

PATIENT'S LAST NAME											
S A M P L E * V O I D											
PATIENT'S FIRST NAME											
DATE OF BIRTH (mm/dd/yy)						GENDER (circle)					
						M F					

PATIENT'S MIDDLE NAME or INITIAL											

STREET OR RESIDENTIAL ADDRESS																							
CITY												STATE						ZIP CODE (5 or 9 digits)					

LAST NAME OF GUARDIAN OR HEALTH CARE AGENT (If applicable)											
FIRST NAME OF GUARDIAN OR HEALTH CARE AGENT											

MIDDLE NAME or INITIAL											

PATIENT/GUARDIAN/HEALTH CARE AGENT STATEMENT (SIGNATURE AND DATE REQUIRED)

I SAMPLE - VOID (patient, guardian, health care agent - circle appropriate designation) verify that the above named patient has a current and valid Do Not Resuscitate order ("DNR order"). I understand that by signing this form, the DNR order, if current and valid, will be recognized in out-of-hospital settings and the COMFORT CARE / Do Not Resuscitate Order Verification Protocol will be followed by emergency medical services personnel.

SAMPLE - VOID

Signature of Patient/Guardian/Health Care Agent _____ Date _____

THE FRONT OF THIS FORM IS PRINTED ON COLORED SAFETY PAPER - "MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH" APPEARS THROUGHOUT

PHYSICIAN/NURSE PRACTITIONER (NP)/PHYSICIAN ASSISTANT (PA) VERIFICATION (PHYSICIAN/NP/PA SIGNATURE AND DATES ALWAYS REQUIRED)

I am an attending physician/NP/PA for the above named patient. I verify that the above named patient has a current and valid Do Not Resuscitate order, issued on _____ (date).

This DNR order does / does not (circle) have an expiration date. If there is an expiration date, it is indicated below, and this verification form also expires on that date.

I hereby direct that all emergency medical services personnel comply with the Massachusetts Department of Public Health, Office of Emergency Medical Services' COMFORT CARE / Do Not Resuscitate Order Verification Protocol with regard to the above named patient.

SAMPLE - VOID

Signature of Physician/NP/PA (sign below also, if bracelet is to be used)	Effective Date of CC/DNR Order Verification
_____	_____
<u>VOID</u>	
Print Name of Physician/NP/PA	Expir. Date (if any) of DNR Order and CC/DNR
Order Verification	

Address of Physician/NP/PA	Bracelet Issued (circle): Yes No

Telephone Number of Physician/NP/PA	

THE BACK OF THIS FORM CONTAINS A FACSIMILE WATERMARK - HOLD THE BACK AT ANGLE TO VIEW

ATTENTION PHYSICIAN/NP/PA:

ORDER #: **000000**

If Bracelet will not be used, please destroy (void) this bracelet insert. If used, type or print legibly. Physician/NP/PA must sign, tear off strip, fold, trim and insert in bracelet.

Pat. Name: _____

Gender: M F

Pat. DOB: _____ Expir. Date: VOID MD/NP/PA Phone:

(____)_____

MD/NP/PA Name (Print & Sign): SAMPLE - VOID_____

INSTRUCTIONS

For the Attending Physician/Nurse Practitioner/Physician Assistant:

1. Review the COMFORT CARE / DNR ("CC/DNR") Order Verification protocol and documentation with your patient and/or his/her guardian or health care agent.
2. Complete the CC/DNR Order Verification Form, including your signature, date of issue, and expiration date of the CC/DNR Order Verification, if applicable.
3. If the patient chooses to wear the bracelet, be sure the insert is completed, including your signature and expiration date (if any), tear the bracelet insert off the original form, fold it, trim it along the dashed line, and insert it in the CC/DNR Order Verification Bracelet that has been provided. The bracelet may be worn about the wrist or hung from a necklace. The wrist location is preferred. EMS personnel are trained to routinely check a patient's wrists and neck upon initial assessment for signs of circulation and the presence of medical alert devices.
4. If the patient elects not to wear the bracelet, destroy (void) the insert, and so indicate on the CC/DNR Order Verification Form..
5. Provide the original CC/DNR Order Verification Form (and Bracelet, if appropriate) to the patient, guardian, or health care agent. Explain the maintenance of the CC/DNR Order Verification Form and Bracelet to the patient, guardian, or health care agent. Further, discuss the procedures to be followed if the patient goes into cardiac arrest.
6. Maintain a copy of the executed CC/DNR Order Verification in your patient records.

For the Patient, Guardian, or Health Care Agent:

1. Discuss the CC/DNR Order Verification protocol with your attending physician/nurse practitioner/physician assistant.
2. Complete the Patient/Guardian/Health Care Agent Statement, including signature and date.
3. Ensure that the CC/DNR Order Verification Form is maintained in one of the following places and can be retrieved if EMS personnel are called:
 - a) At medical facilities, the CC/DNR Order Verification Form should be kept in the patient's chart so that the CC/DNR Order Verification Form will be readily available to EMS personnel.
 - b) In residences and dormitory facilities, the CC/DNR Order Verification Form should be kept at bedside or behind the patient's bedroom door (i.e. uniform visible locations for easy retrieval by EMS personnel when no caregiver is present).
 - c) In schools and educational institutions, the CC/DNR Order Verification Form should be kept on file in the nurse's office or health room so that the CC/DNR Order Verification Form will be readily available to EMS personnel.
 - d) Ambulatory DNR patients are encouraged to wear the bracelet on their wrist or hanging from a necklace, as EMS personnel are not permitted to go through a patient's personal effects to locate the CC/DNR Order Verification Form and/or Bracelet.
4. If a valid original CC/DNR Order Verification Form or Bracelet with original insert is presented to or is discovered by EMS personnel, they will follow the CC/DNR protocol.
5. It is recommended that the patient, guardian, or health care agent notify the local EMS agency (ambulance service) that a CC/DNR Order Verification exists, prior to an emergency call.

Revocation:

A CC/DNR Order Verification may be revoked at any time **by the patient or the patient's guardian or health care agent**, by:

- making a request for resuscitation directly to responding emergency medical services personnel;
- physically canceling or destroying the CC/DNR Order Verification Form and Bracelet (if used); or
- directing the physical cancellation or destruction of the CC/DNR Order Verification Form and Bracelet (if used).

Important! Please Note:

- An **ORIGINAL** CC/DNR Order Verification Form **OR** Bracelet with **ORIGINAL** insert must be presented to invoke the COMFORT CARE protocol. If there is a need to have a CC/DNR Order Verification in more than one location and it is not practical for the CC/DNR Order Verification Form or Bracelet to accompany the patient, more than one original CC/DNR Order Verification must be issued. Copies will not be honored.
- If an original CC/DNR Order Verification Form or Bracelet with original insert is not presented or found, emergency medical services personnel responding on an ambulance (whether volunteer, commercial, or governmental) or as part of an emergency medical services team, are required by their standing medical protocols to initiate and continue cardiopulmonary resuscitation including cardiac compression, and depending on their level of certification, licensing or registration, to perform endotracheal intubation, other advanced airway management techniques, artificial ventilation, defibrillation, and other related life-sustaining procedures. No other DNR order will be followed by emergency medical services personnel in the out-of-hospital setting.
- If a valid CC/DNR Order Verification is located after resuscitation has begun, EMS personnel shall invoke the COMFORT CARE protocol which requires that standard comfort care measures be provided and resuscitative efforts be discontinued. Ambulance personnel cannot honor specific instructions in advance directives that do not conform to the COMFORT CARE protocol (i.e. wants intubation but not CPR).

IN ORDER FOR EMS PERSONNEL TO HONOR YOUR WISHES, YOU MUST WEAR THE ASSOCIATED
COMFORT CARE BRACELET OR PROVIDE THIS FORM IN A LOCATION OBVIOUS TO EMS PERSONNEL

**REMEMBER, IF EMS PERSONNEL CANNOT EASILY FIND THE BRACELET OR FORM,
CARDIOPULMONARY RESUSCITATION WILL BE INITIATED, IF MEDICALLY INDICATED.**

Questions or comments regarding COMFORT CARE / DNR Order Verifications may be forwarded to MDPH/OEMS by writing to:

COMFORT CARE Coordinator
Office of Emergency Medical Services

Massachusetts Department of Public Health
2 Boylston Street, 3rd Floor
Boston, MA 02116

or by calling (617) 753-7320. Single copies or larger quantities of the COMFORT CARE / DNR Order Verification Forms and Bracelets may be acquired free of charge from MDPH/OEMS by Massachusetts physicians, authorized nurse practitioners and authorized physician assistants.