


New Hampshire
“DNR”

SEND ORIGINAL PINK FORM WITH PATIENT
WHEN TRANSFERRED OR DISCHARGED



PORTABLE DO NOT ATTEMPT RESUSCITATION (P-DNR) ORDER

This is a Physician/Advanced Registered Nurse Practitioner Order Sheet. It is based on patient wishes and medical indications regarding *Do Not Attempt Resuscitation (DNR)* orders in the event of cardiac or respiratory arrest, as discussed with the patient.

Last Name of Patient

First Name/Middle Initial of Patient

Patient’s Date of Birth

Last 4 Digits of SSN

A. Applies only when patient is not breathing or has no pulse. Check box and complete mandatory signature lines in sections A and B.

☐ Do Not Attempt Resuscitation (DNR)

(DNR means: No chest compressions, No intubation, No assisted ventilation, No defibrillation, No pharmacologic resuscitation.)

Physician/ARNP Name (Print)

Physician/ARNP Signature (Mandatory)

Date and Time

Other instructions or special circumstances (if applicable)

HOW TO CHANGE THIS FORM

This form (P-DNR) should be reviewed if:

the patient changes his or her decision or

there is substantial change in patient’s/resident’s health status, or

the patient is admitted to a new facility.

If this form is to be voided, write the word “VOID” in large letters, and then sign, date, and time the form. If applicable, please advise the patient to destroy his or her P-DNR wallet card or remove his or her DNR bracelet or necklace. After voiding the form, a new form may be completed. If no new form is completed, full treatment and resuscitation may be provided.

B. Advance Directives and Other Patient Wishes:

Does the patient have a/an:

Durable Power of Attorney for Healthcare?

☐ NO

☐ YES - Document location: _____

Living Will?

☐ NO

☐ YES - Document location: _____

Organ or Tissue Donation?

☐ NO

☐ YES - Document location: _____

Court-appointed Guardian Over the Person?

☐ NO

☐ YES - Document location: _____

Patient, Parent of Minor, Durable Power of Attorney for Healthcare or Guardian Information:

Name (Print)

Signature (Mandatory)

Date and Time

Address of Parent of Minor, Durable Power of Attorney for Healthcare (DPOAH) or Guardian

Phone Number of Parent, DPOAH or Guardian

Name of Person Preparing Form (Print) (if applicable)

Signature of Person Preparing Form

Date and Time

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FHC 1/29/07

DO NOT ALTER THIS FORM !

Made Fillable by eForms

Was the P-DNR Card below completed and retained by the patient?

☐ NO

☐ YES

THIS IS YOUR PORTABLE DNR CARD. REMOVE THE CARD BELOW AND KEEP IT ON YOUR PERSON AT ALL TIMES EVEN IF YOU DECIDE TO WEAR A NH-DNR BRACELET.

Portable-DNR

NEW HAMPSHIRE DO NOT ATTEMPT
RESUSCITATION ORDER

As this person’s attending physician or ARNP and as a licensed physician or ARNP, I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest.

Patient Name (Print)

Patient Signature / Date

Physician/ARNP Name (Print)

Physician/ARNP Signature / Date

If applicable: Health Care Agent Name (Print)

Health Care Agent Signature / Date

Portable-DNR

Patient Address

Patient Phone Number

Physician/ARNP Address

Physician/ARNP Phone Number

Health Care Agent Address

Health Care Agent Phone Number