



ST. DOMINIC'S SENIOR CARE HOME
350 North Sabana Drive
Barrigada Heights, Guam 96913
Tel: (671) 632-9370/78/79
Fax: (671) 637-1679

DO NOT RESUSCITATE (DNR) REQUEST

Patient's Name _____

I, _____ or, I _____
(patient, if competent to decide) (family member, guardian or surrogate decision maker)

request that if my (the patient's) heart stops beating or my (the patient's) breathing stops, no medically procedure to restart breathing or heart function will be initiated (DNR). I request instead limited emergency care.

I understand this decision will not prevent me (the patient) from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my (the patient's) death.

I understand I may revoke this directive at any time by saying NO to caregivers/family members. I understand caregivers may ask for this form to be renewed at certain times.

I give permission for this information to be given to the prehospital emergency care personnel, physicians, nurses or other healthcare personnel as necessary to implement this directive.

I hereby agree to the 'Do Not Resuscitate' (DNR) order.

Patient Date

Guardian/Family (if patient is not competent) Date

Witness Date

PHYSICIAN'S ACKNOWLEDGMENT

I affirm this patient/surrogate is making an informed decision and this directive is the expressed wish of the patient/surrogate. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilation, intubation, defibrillation, or cardio tonic medications are to be initiated.

Physician's Printed Name & Signature Date

Address Tel. No. Fax No.