REVIEW OF DO NOT RESUSCITATE (DNR) ORDERS

Region/TS: [ ] NR [ ] SR [ ] WR [ ] STS

Regional Director Notified:   /  /     Director of Health Services Notified:   /  /

***If any box is checked as NO or UNCERTAIN,***

 ***the Director Of Health & Clinical Services and the Commissioner MUST BE NOTIFIED.***

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| --- | --- | --- | --- | --- | --- |
| Name: |       | Date of Birth: |   /  /     | DDS #: |       |
| Address: |       | Agency: |       |

|  |  |
| --- | --- |
| Has the person been adjudicated incompetent? | [ ] Yes (\* If “No” please see comment section below)  |
| *If yes, name of person’s guardian:* |       |
| Has the decision to place the DNR order been fully discussed with the person, family and/or guardian? | [ ]  Yes [ ] No |
| *Explain:*      |
| Is the person terminally ill (i.e., final state of an incurable or irreversible medical condition)? | [ ] Yes [ ] No [ ] Uncertain  |
| *Explain:*       |
| Is the person expected to die within days or weeks? | [ ]  Yes [ ]  No [ ]  Uncertain |

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| TREATMENT |
| Describe current treatment:       |
| Primary Physician/APRN: |  | Specialty: |       |
| Physician/APRN providing second opinion: |       | Specialty: |       |
| Is the specialty of at least one physician/APRN appropriate to the terminal/irreversible diagnosis? | [ ] Yes [ ] No |
| Do both physicians/APRN concur that the person is in the final stages of a terminal/irreversible condition? | [ ] Yes [ ] No |

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| REQUEST/ORDER |
| Person requesting DNR Order: |       | Relationship to person:  |       |
| Date DNR Order Reviewed:  |   /  /     |
| *Comments:*        |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature Regional Health Services/STS Medical Director: |       | Date: |   /  /     |
| Signature Regional/STS Director: |       | Date: |   /  /     |

|  |  |
| --- | --- |
| Central Office Director of Health & Clinical Services Notified: | Date:   /  /     |
| Signature Central Office Health & Clinical Services Director: |       | Date: |   /  /     |
| *\* Comments:* *[ ]  This meets DDS DNR criteria in accordance with section 17a-238(g) CGS**[ ]  This person is exempt from the DDS DNR process due to not being adjudicated or having advanced*  *directives or a living will in place**Additional Information:*       |

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| --- | --- | --- | --- |
| Signature Commissioner: |       | Date: |   /  /     |
| *Comments:*       |

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| --- | --- | --- | --- |
| Director of Legal & Governmental Affairs Notified: |   /  /     | By: |       |

Distribution: Original: Regional Health Services Director

 Copies: Case Manager/QIDP, Private Agency Executive Director