

# INPATIENT RESUSCITATION ORDER/CONSENT

## Texas Health & Safety Code §166

This document becomes effective immediately on the date and time of execution and is for health care professionals acting in a hospital setting as long as the patient remains in an inpatient status at the issuing facility. It remains in effect until the patient is no longer an inpatient of the facility, the document is revoked or the patient is pronounced deceased by authorized medical authority.

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

DOB: \_\_\_\_\_ Covenant Health Facility \_\_\_\_\_

Basis for Attending Physician to issue a DO NOT RESUSCITATE (DNR) order (choose one):

- |  |  |
|--|--|
| <input type="checkbox"/> Oral instruction by patient with decisional capacity                        | <input type="checkbox"/> Qualified Surrogate Decision-maker's instruction                      |
| <input type="checkbox"/> Patient's written instruction   | <input type="checkbox"/> Minor patient's Legal Guardian, Parents or adult spouse's instruction |
| <input type="checkbox"/> Patient's Legal Guardian or Medical Power of Attorney's (Agent) instruction | <input type="checkbox"/> Imminent death with no Surrogate Decision-maker                       |

**The Patient should consult with the Attending Physician, and may consult with their family, surrogates, friends, other support persons, or their treatment team about any of their options.** If the Patient lacks decision-making capacity, the Attending Physician will make efforts to consult with the appropriate decision-maker for the Patient. Once finalized, this document must be included in the patient's medical record as soon as practicable.

Any election does not guarantee that such care will or will not be provided, but the facility will use best efforts to comply with any election where such care is appropriate and where providers are able to respond accordingly. A request for DNR status may be revoked as allowed by Texas law.

☐ **FULL RESUSCITATION**

All available/indicated methods of resuscitation may be attempted/performed in the absence of an order for DNR status.

☐ **DO NOT RESUSCITATE (DNR)**

Choosing Do Not Resuscitate (DNR) status does not mean that the patient will not receive any further treatment for their medical condition(s). It reflects only the wishes of a patient once s/he suffers a cardiopulmonary arrest and does not limit other forms of life-sustaining treatment.

**I hereby order resuscitation per the selection above after discussion with the patient or patient's representative.**

\_\_\_\_\_  
Signature of Attending Physician

\_\_\_\_\_  
Date & Time

COVENANT HEALTH SYSTEM  
LUBBOCK, TEXAS  
**INPATIENT RESUSCITATION  
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I hereby provide my informed consent to this order and understand that this order may be revoked as allowed by law. Where possible, I had the opportunity to discuss these options and decision(s) with my physician.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

**OR**

Verbal directions of patient with decision-making capacity were witnessed by two individuals – at least one of whom was (1) not an employee of the facility that was providing direct care to the Patient, or (2) that was not an officer, director, partner, or business officer of the facility, or (3) was not an employee of the Attending Physician:

\_\_\_\_\_  
**Signature of Witness #1**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Witness #2**

\_\_\_\_\_  
**Date**

**OR**

The Attending Physician finds that the Patient lacks decision-making capacity, and the Patient's representative has consulted with, and agrees with the Attending Physician's recommendation above, as evidenced by signature of legal guardian, medical power of attorney, or surrogate decision-maker.

\_\_\_\_\_  
**Signature of Legal Guardian, Agent, or Surrogate  
Decision-Maker**

\_\_\_\_\_  
**Date**

**OR**

The Attending Physician finds that the Patient lacks decision-making capacity, the Patient has no known Advance Directive or surrogate decision-maker, death is imminent, DNR is medically appropriate, and "Do Not Resuscitate" status is not contrary to directions conveyed by the patient when s/he had decisional capacity.

\_\_\_\_\_  
**Signature of Attending Physician**

\_\_\_\_\_  
**Date & Time**

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