



Effective Date: \_\_\_\_\_

Expiration Date, if any: \_\_\_\_\_

Check box if no expiration

# DO NOT RESUSCITATE ORDER

Patient's full name: \_\_\_\_\_

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient SHOULD NOT be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.1 (b) in the patient's records.

\_\_\_\_\_  
Signature of Attending Physician/Physician Assistant/Nurse Practitioner

\_\_\_\_\_  
Printed Name of Attending Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number (office)

\_\_\_\_\_  
Telephone Number (emergency)

**Do Not Copy    Do Not Alter**

