PLANO INDEPENDENT SCHOOL DISTRICT

Medical Emergency Response Do Not Resuscitate (DNR)

**Physician Orders for DNR - Example**

#

Name: Birth date: ID #:

First Last

Name of Mother:

First Last

Address:

Zip Code

State

City

Street

Work Phone: Home Phone:

Name of Father:

First Last

Address:

Zip Code

State

City

Street

Work Phone: Home Phone:

Physician: Phone:

1. **Criteria for activating EMS and DNR protocol (within the school or during school transportation).**
2. Valid DNR order present
3. Decreased respiration (rate lower than 4 breaths/minute) or lack of respiration
4. No pulse
5. Presence of school nurse
6. Seizure activity beyond 5 minutes (as determined by the school nurse)
	1. **Measures that will be taken prior to arrival of EMS (including what medical interventions can be done for the student** **and under what conditions). Refer to DNR order for interventions that cannot be done**.
7. Contact parents
8. Ambu bag assistance
9. Palliative care
	1. **Measures to be taken during transport.**
10. Activate EMS – provide location and pertinent information
11. Contact parents
12. Ambu bag assistance
13. Palliative care
	1. **Measures that will be taken by EMS**
14. Upon arrival at the school or school bus, the EMS will be provided with the original DNR order (bracelet).
15. EMS will follow the required protocol according to their legal statutes.

I understand and agree with this Individual Health Care/Emergency Plan for DNR Order.

Date

Date

Signature of Father

Signature of Principal

Date

Date

Signature of School Nurse

Signature of Mother

Date

Signature of Physician