

Exhibit 8: Texas Department of Health Out-of-Hospital DNR Order Form and Instructions



**TEXAS DEPARTMENT OF HEALTH STANDARD
OUT-OF-HOSPITAL DO-NOT-RESUSCITATE ORDER**

This document becomes effective immediately on the date of execution. It remains in effect until the death of the patient or the document is revoked.



1. _____ **Date of Birth:** _____ **Male / Female (Circle One)**

Patient's full legal name – printed or typed

2. **COMPLETE ONE OF THE FOLLOWING THREE BOXES: A, B, OR C.**

A. Patient's Statement: I, the undersigned, am capable of making an informed decision regarding the withholding or withdrawing of CPR, including the treatments listed below, and I direct that none of the following resuscitation measures be initiated or continued: **Cardiopulmonary resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation** I understand that I will be given comfort measures as needed. I understand that I may revoke this order at any time.

Signature _____ Date _____ Printed or Typed Name _____

B. Only use this box if the order is being completed by a person acting on behalf of a patient who is incompetent or otherwise unable to make his or her wishes known

I am the patient's: legal guardian; agent under Medical Power of Attorney; managing conservator;

Qualified Relative (see back); or parent of a minor child **AND:**

I attest to issuance of an Out-of-Hospital DNR by the patient by nonwritten means of communication; **OR**

I am acting under the guidance of a prior Directive to Physicians; **OR**

I am acting upon the known values and desires of the patient; **OR**

I am acting in the patient's best interest based upon the guidance given by the patient's physician.

I direct that none of the following resuscitation measures be initiated or continued: **Cardiopulmonary resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation on behalf of the patient.**

Signature _____ Date _____ Printed or Typed Name _____

C. Only use this box only if the order is being completed by two physicians acting on behalf of a patient who is incompetent or otherwise unable to make his or her wishes known, and who is without a legal guardian, agent, managing conservator, qualified relative, or parent.

I attest to issuance of an Out-of Hospital DNR by the patient by nonwritten communication; **OR**

The patient's specific wishes are unknown, but resuscitation measures are, in reasonable medical judgement, considered ineffective in these circumstances or are otherwise not in the best interest of the patient.

I direct that none of the following resuscitation measures be initiated or continued: **Cardiopulmonary resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, Advanced Airway Management, Artificial Ventilation on behalf of the patient.**

Signature _____ Treating Physician _____ Date _____ Printed or Typed Name _____

Signature Second Physician who is not involved in treating the patient _____ Date _____ Printed or Typed Name _____

3. **WITNESSES:**(see qualifications on reverse) We have witnessed all of the above signatures

Witness 1 Signature _____ Date _____ Witness Printed or Typed Name _____

Witness 2 Signature _____ Date _____ Witness Printed or Typed Name _____

4. **PHYSICIAN'S STATEMENT:** I, the undersigned, am the attending physician of the patient named above. I have noted the existence of this order in the patient's medical records, and I direct out-of-hospital health care professionals to comply with this order as presented.

Physician's signature _____ License number _____

Printed or Typed name _____ Date _____

ALL PERSONS WHO SIGNED MUST SIGN HERE: This document has been properly completed.

Signature of Patient, Agent or Relative (A or B) _____ Signature of Second Physician (C) _____

Signature of Witness _____ Signature of Witness _____

Signature of Attending Physician _____ Date _____

SHOULD TRANSPORT OCCUR, THIS DOCUMENT OR A COPY MUST ACCOMPANY THE PATIENT.

Figure 1: 25 TAC 157.25 (h)(2) Page 1 of 2

OUT-OF-HOSPITAL DNR INSTRUCTIONS**PURPOSE:**

This form was designed to comply with the requirements as set forth in Chapter 166 of the Health and Safety Code (H&SC) relating to the issuance of Out-of-Hospital Do-Not-Resuscitate (DNR) orders for the purpose of instructing Emergency Medical Personnel and other health care professionals to forgo resuscitation attempts and to permit the patient to have a natural death with peace and dignity. This order does NOT affect the provision of other emergency care including comfort care.

APPLICABILITY:

This form applies to all health care professionals operating in any out-of-hospital setting to include hospital outpatient or emergency departments and physician's offices.

IMPLEMENTATION:

Any competent individual may execute or issue an Out-of-Hospital DNR Order. The patient's attending physician will document the existence of the directive in the patient's permanent medical record.

If the patient is capable of providing informed consent for the order, he/she will sign and date the out-of-hospital DNR order on the front of this sheet in Box A. In the event that the patient is unable to provide informed consent, his/her Legal Guardian, agent under Medical Power of Attorney, Managing Conservator, Qualified Relative, or Parent (if a minor) may execute the order by signing and dating the form in Box B. If the patient is unable to provide informed consent and none of the persons listed in Box B are available, the treating physician may execute the order with the consent of a second physician who is not treating the patient and/or is a member of the health care facility ethics committee or other medical committee (Box C).

The form must be signed and dated by two witnesses except when executed by two physicians only (Box C).

The original standard Texas Out-of-Hospital DNR form must be completed and properly executed. Duplicates may be made by the patient, health care provider organization or attending physician as necessary. **Copies of this completed document may be used for any purpose that the original may be used and shall be honored by responding health care professionals.**

The presence of a Texas DNR identification device on a person is sufficient evidence that the individual has a valid Out-of-Hospital DNR Order. Therefore, either the original standard form, a copy of the completed standard form, or the device is sufficient evidence of the existence of the order.

For information on ordering identification devices or additional forms, contact the Texas Department of Health at (512) 834-6700.

REVOCAION:

The Out-of-Hospital Do-Not-Resuscitate Order may be revoked at ANY time by the patient OR the patient's Legal Guardian/ Agent/Managing Conservator/ Qualified Relative, Parent (if a minor), or physician who executed the order. The revocation may involve the communication of wishes to responding health care professionals, destruction of the form, or removal of all or any Do-Not-Resuscitate identification devices the patient may possess.

AUTOMATIC REVOCAION: This Out-of-Hospital DNR order is automatically revoked if the patient is known to be pregnant or in the case of unnatural or suspicious circumstances.

DEFINITIONS:

Attending Physician: The physician who is selected by or assigned to a patient who has primary responsibility for a person's treatment and care and is licensed by the Texas State Board of Medical Examiners or who is properly credentialed and holds a commission in the uniformed services of the United States and who is serving on active duty in this state. (H&SC 166.002 (3) & (12))

Qualified Relatives: Those persons authorized to execute or issue an out-of-hospital DNR order on behalf of a person who is comatose, incompetent, or otherwise mentally or physically incapable of communication under Section 166.088 H&SC Section 166.088 refers to 166.039: "One person, if available, from one of the following categories, in the following priority...: (1) The patient's spouse; (2) the patient's reasonably available adult children; (3) the patient's parents; or (4) the patient's nearest living relative."

Health Care Professional: Means physicians, nurses, physician assistants and emergency medical services personnel; and, unless the context requires otherwise, includes hospital emergency department personnel. (H&SC 166.081 (5))

Witnesses: Two competent adult witnesses must sign the form acknowledging the signature of the patient or the person(s) acting on the patient's behalf (except when signed by two physicians in Section C). Witness One must meet the qualifications listed below. Witness Two may be any competent adult. Witness One (the "qualified" witness) may not be: (1) person designated to make a treatment decision for the patient; (2) related to the patient by blood or marriage; (3) entitled to any part of the estate; (4) be a person who has a claim against the estate of the patient; (5) the attending physician or an employee of the attending physician; (6) an employee of a health care facility in which the patient is being cared for, if he or she is involved in providing direct patient care to the patient; or (7) an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or any parent organization of the health care facility.

Please report any problems with this form to the Texas Department of Health at (512) 834-6700.

Revised May 17, 2000
Texas Department of Health

INSTRUCCIONES DNR [DE NO-RESUCITACIÓN] FUERA DEL HOSPITAL

PROPÓSITO:

Esta forma fue diseñada para cumplir con los requisitos implementados en *Chapter 166 del Health and Safety Code (H&SC)* [el Capítulo 166 del Código de Seguridad y Salud] relacionado a la implementación del *Out-of-Hospital Do-Not-Resuscitate DNR* [De No-Resucitación Fuera del Hospital (DNR)] con el propósito de dar instrucción al *Emergency Medical Services Personnel (EMS)* [Personal médico para servicios de emergencia] y profesionales en la atención de la salud, de renunciar a los intentos de resucitación y permitir al paciente que tenga una muerte natural con paz y dignidad. Esta orden NO afecta las provisiones de atención de emergencia incluyendo el proporcionar asistencia en la atención.

APLICABILIDAD:

Esta forma se aplica a todos los profesionales dedicados a la atención de la salud que operan en situaciones fuera del hospital e incluyen a departamentos de hospital para pacientes externos y oficinas de médicos.

IMPLEMENTACIÓN:

Cualquier individuo en plena capacidad puede ejecutar o extender una orden *Out-of-Hospital DNR*. El médico que atiende al paciente documentará la existencia de dicha instrucción en los registros permanentes médicos del paciente.

Si el paciente es capaz de proporcionar un Consentimiento informado para dar la orden, él o ella firmará y pondrá la fecha en el Casillero A de la orden *Out-of-Hospital DNR* que se encuentra al frente de esta página. En caso de que el paciente no pueda proporcionar un Consentimiento informado, su tutor, agente quien actúe bajo la dirección de abogado por poder médico, consejero protector, pariente autorizado o padre de familia (de tratarse de un menor de edad) pueden ejecutar la orden al firmar y fechar la forma en el Casillero B. Si al paciente no le es posible proporcionar un Consentimiento informado y ninguna de las personas citadas en el Casillero B se encuentran disponibles, el médico que lo atiende puede ejecutar la orden con el consentimiento de un segundo médico quien no esté atendiendo al paciente y o bien quien sea miembro del comité de ética del centro de atención de salud o de cualquier otro comité médico. (Casillero C).

La forma deberá ser firmada y fechada por dos testigos a excepción de cuando es ejecutada por dos médicos únicamente (Casillero C).

La forma original estándar *Texas Out-of-Hospital DNR* deberá ser llenada y propiamente ejecutada. Duplicados podrán ser hechos por el paciente, por la organización que proporciona atención de salud o por el médico que atiende de ser necesario. Copias de este documento podrán ser usadas para cualquier propósito para el cual la original se use y deberán de ser honoradas por profesionales dedicados a responder al llamado para la atención de la salud.

La presencia de un brazalete o collar de identificación de *DNR* de Texas en una persona es evidencia suficiente de que el individuo cuenta con una orden válida de *Out-of-Hospital DNR*. Por lo tanto, ya sea la forma original estándar, una copia de la forma normal ya llenada o el brazalete o collar de identificación es evidencia suficiente de la existencia de la orden.

Para información de cómo obtener el brazalete o collar de identificación o formas, póngase en contacto con *Texas Department of Health* al (512) 834-6700.

REVOCACIÓN:

La orden *Out-of-Hospital Do-Not-Resuscitate DNR* podrá ser revocada en CUALQUIER momento por el paciente O el tutor legal del paciente, el agente, consejero protector, pariente autorizado, padre de familia (de tratarse de un menor de edad), o médico quien ejecutó la orden. La revocación puede involucrar la comunicación de los deseos a los profesionales dedicados a responder al llamado para la atención de la salud, la destrucción de la forma o el quitar todos o algunos de los brazaletes o collares de identificación de *Do-Not-Resuscitate* que el paciente pueda poseer.

REVOCACIÓN AUTOMÁTICA: La orden *Out-of-Hospital DNR* es automáticamente revocada si se conoce que la paciente se encuentra embarazada o en el caso de circunstancias fuera de lo normal o sospechosas.

DEFINICIONES:

Médico que atiende: El médico quien es seleccionado por el paciente o asignado al paciente quien tiene la responsabilidad primaria del tratamiento o atención de una persona y está licenciado por el *Texas Board of Medical Examiners* [Junta de Examinadores Médicos de Texas] o quien cuenta con credenciales apropiadas y quien desempeña su capacidad en los servicios uniformes de los Estados Unidos y quien sirve en un trabajo activo en este estado. (H&SC 166.002 (3) & (12))

Parientes autorizados: Aquellas personas autorizadas para ejecutar o extender una orden *DNR* fuera del hospital en nombre de una persona quien se encuentra comatoso, incompetente, o de cualquier forma física o mentalmente incapacitado para la comunicación bajo *Section 166.088 H&SC Section 166.088 referente a 166.039*: "Una persona, de estar disponible, de alguna de las siguientes categorías, en el siguiente orden de prioridad...: (1) El cónyuge del paciente; (2) alguno de los jóvenes adultos razonablemente disponibles; (3) los padres del paciente; o (4) el pariente más cercano vivo del paciente."

Profesionales del cuidado de salud: Significa médicos, enfermeros, asistentes de médicos y *Emergency Medical Services Personnel (EMS)* [Personal médico para servicios de emergencia]; y bien, a no ser que el contexto lo requiera de otra forma, incluye al personal del departamento de emergencia del hospital. (H&SC 166.081 (5))

Testigos: Dos testigos adultos competentes deberán firmar la forma reconociendo la firma del paciente o de la persona(s) que actúan a favor del paciente (a excepción de cuando dos médicos firman en la Sección C.) El Testigo Uno deberá cumplir con los requisitos que se listan mas adelante. El Testigo Dos podrá ser cualquier adulto competente. El Testigo Uno (el testigo "autorizado") no podrá ser: (1) la persona designada para tomar decisiones en el tratamiento del paciente; (2) tener vínculo con el paciente por sangre o matrimonio; (3) que tenga parte alguna en la herencia; (4) que sea una persona quien pueda tener un reclamo sobre la herencia del paciente; (5) el médico que atiende o un empleado del médico que atiende; (6) un empleado de un centro de atención de salud en el cual al paciente se le atiende, si él o ella están involucrados en brindar atención directa al paciente; o (7) un oficial, director, socio o empleado de una oficina de negocios de un centro de atención de salud en el cual se atiende al paciente o cualquier otra organización matriz del centro de atención de salud.

Favor de reportar cualquier problema que se relacione con esta forma al *Texas Department of Health* al (512) 834-6700.

ESTE DOCUMENTO ES ÚNICAMENTE PARA USO EDUCATIVO, NO PARA USO DEL PACIENTE