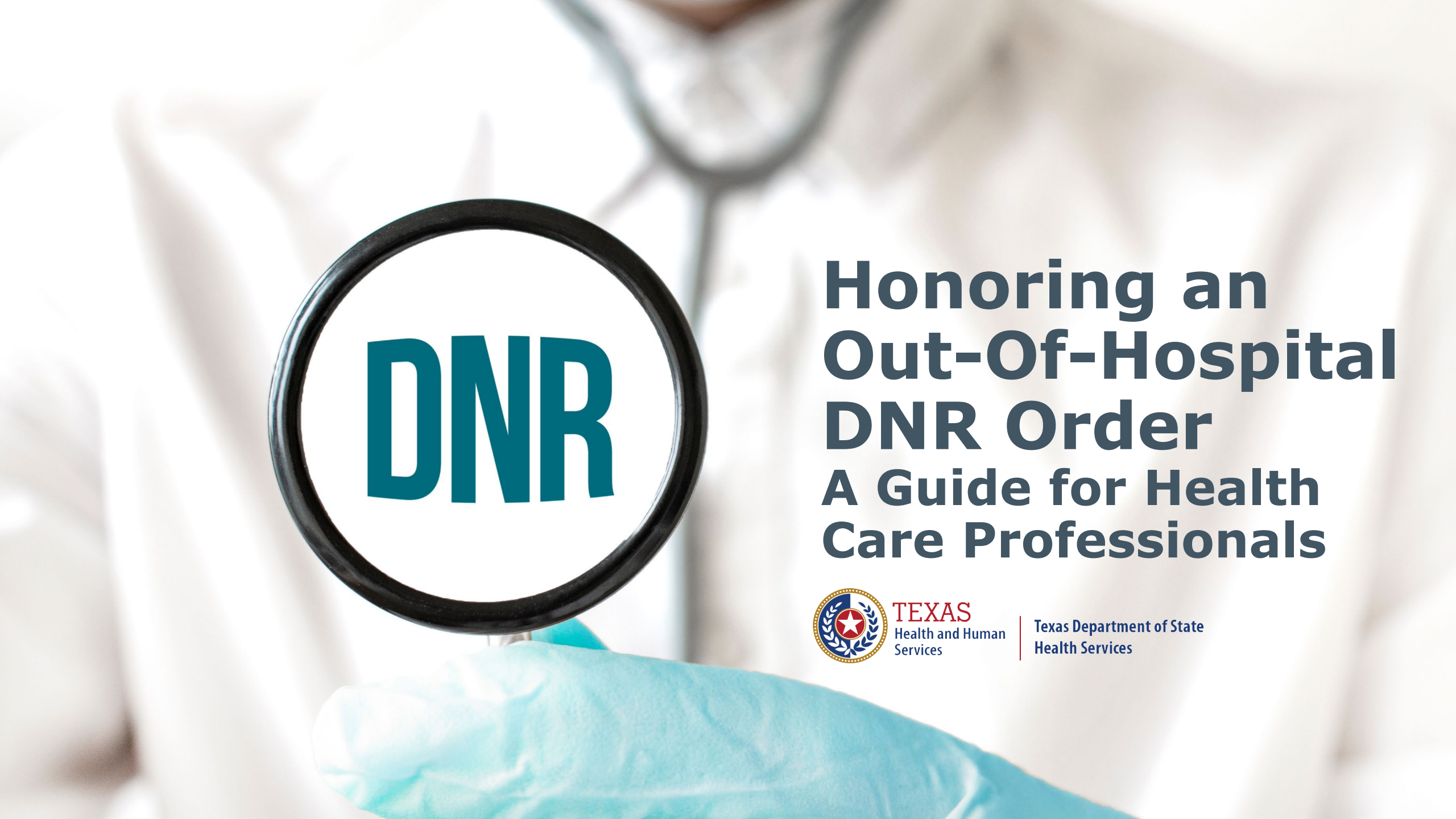




DNR

Honoring an Out-Of-Hospital DNR Order

A Guide for Health Care Professionals



TEXAS
Health and Human
Services

Texas Department of State
Health Services

INTRODUCTION

This document explains to EMS personnel and other medical staff how to handle Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) orders in Texas for situations outside of a hospital.

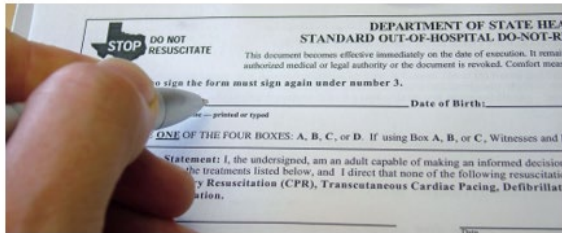
The document covers the following:

- Texas laws regarding DNR orders
- How to identify the OOH-DNR form and medical devices
- What steps to take to follow a patient's wishes

By following these guidelines, medical staff can make sure they're giving the right care while respecting a patient's choice about end-of-life treatment. Click an image below to go to the page.

Section 1

The Texas OOH-DNR Form



The Texas OOH-DNR Form

Section 2

Responsibilities



Health Care Professionals Responsibilities

Section 3

Duration, Revocation & Liability



Duration, Revocation, & Liability



**DO NOT
RESUSCITATE**

DEPARTMENT OF STATE HEALTH
STANDARD OUT-OF-HOSPITAL DO-NOT-RE

This document becomes effective immediately on the date of execution. It remain authorized medical or legal authority or the document is revoked. Comfort meas

Who sign the form must sign again under number 3.

Date of Birth: _____

me — printed or typed

THE ONE OF THE FOUR BOXES: A, B, C, or D. If using Box A, B, or C, Witnesses and P

Statement: I, the undersigned, am an adult capable of making an informed decision about the treatments listed below, and I direct that none of the following resuscitation procedures be performed on me: **Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Mouth-to-Mouth Resuscitation (CPR), Transcutaneous Cardiac Pacing, Defibrillation, and Intubation.**

Date _____

The Texas OOH-DNR Form

The Texas OOH-DNR Form

An OOH-DNR (Out-of-Hospital Do-Not-Resuscitate) form is a legal document that informs medical professionals of a person's end of life wishes. It will let medical professionals know that a person doesn't want CPR or other lifesaving measures if their heart stops or they stop breathing outside of a hospital setting.

It tells medical staff not to use: CPR, advanced airway management, artificial ventilation, automated external defibrillator, or transcutaneous cardiac pacing.

To prove that a patient has a valid OOH-DNR, a patient must: Provide the original form, a copy, or a special ID necklace or bracelet.

Texas also accepts valid DNR forms from other states.

To be complete, the form needs: The patient's full name and birthday, signatures and dates from the people who filled it out (only one section needs to be completed), signatures and dates from witnesses (there will be either two witnesses or a notary public), and a doctor's signature. Everyone who fills out a part of the form needs to sign at the bottom too.

The form is available in English and Spanish on the Department of State Health Services [website](#) along with additional information and resources.

Form ID: 25 TAC §157.25 (h)(2) **OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER**
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
This document becomes effective immediately on the date of execution for health care professionals acting in out-of-hospital settings. It remains in effect until the person is pronounced dead by authorized medical or legal authority or the document is revoked. Comfort care will be given as needed.

STOP DO NOT RESUSCITATE

Person's full legal name _____ Date of birth _____

Declaration of the adult person: I am competent and at least 18 years of age. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Person's signature _____ Date _____ Printed name _____

Declaration by legal guardian, agent or proxy on behalf of the adult person who is incompetent or otherwise incapable of communication:
I am the _____ of the adult person. I am the _____ of the adult person who is incompetent or otherwise incapable of communication. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature _____ Date _____ Printed name _____

Declaration by a qualified relative of the adult person who is incompetent or otherwise incapable of communication: I am the above-noted person's: _____
spouse, _____ adult child, _____ parent, OR _____ nearest living relative, and I am qualified to make this treatment decision under Health and Safety Code §166.082(c). I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature _____ Date _____ Printed name _____

Declaration by physician based on directive to physicians by a person now incompetent or nonwritten communication to the physician by a competent person's attending physician and have:
seen evidence of his/her previously issued directive to physicians by the adult, now incompetent; OR _____ observed his/her issuance before two witnesses of an OOH-DNR in an out-of-hospital setting. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Physician's signature _____ Date _____ Printed name _____

Declaration on behalf of the minor person: I am the minor's: _____ parent; _____ legal guardian; OR _____ managing conservator. I have diagnosed the minor as suffering from a terminal or irreversible condition. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Signature _____ Date _____ Printed name _____

WITNESSES: (See qualifications on backside.) We have witnessed the above-noted competent adult person or authorized declarant making his/her signature as the above-noted adult person making an OOH-DNR by nonwritten communication to the attending physician.

Witness 1 signature _____ Date _____ Printed name _____

Witness 2 signature _____ Date _____ Printed name _____

Notary in the State of Texas and County of _____. The above noted person personally appeared before me and signed the above noted declaration. My commission expires _____.

Notary's printed name _____ Notary's Seal _____

Note: Notary cannot acknowledge the witnessing of the person making an OOH-DNR order in a nonwritten manner.]

PHYSICIAN'S STATEMENT: I am the attending physician of the above-noted person and have noted the existence of this order in the person's medical records. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Physician's signature _____ Date _____ Printed name _____ License # _____

Directive by two physicians on behalf of the adult, who is incompetent or unable to communicate and without guardian, agent, proxy or relative: The person's specific wishes are to not receive life-sustaining measures in a reasonable medical judgment, considered ineffective or are otherwise not in the best interests of the person. I direct that none of the following resuscitation measures be initiated or continued for the person: cardiopulmonary resuscitation (CPR), transcutaneous cardiac pacing, defibrillation, advanced airway management, artificial ventilation.

Attending physician's signature _____ Date _____ Printed name _____

Signature of second physician _____ Date _____ Printed name _____

Physician's electronic or digital signature must meet criteria listed in Health and Safety Code §166.082(c).

If persons who have signed above must sign below, acknowledging that this document has been properly completed.

Person's signature _____ Guardian/Agent/Proxy/Relative signature _____

Attending physician's signature _____ Second physician's signature _____

Witness 1 signature _____ Witness 2 signature _____ Notary's signature _____

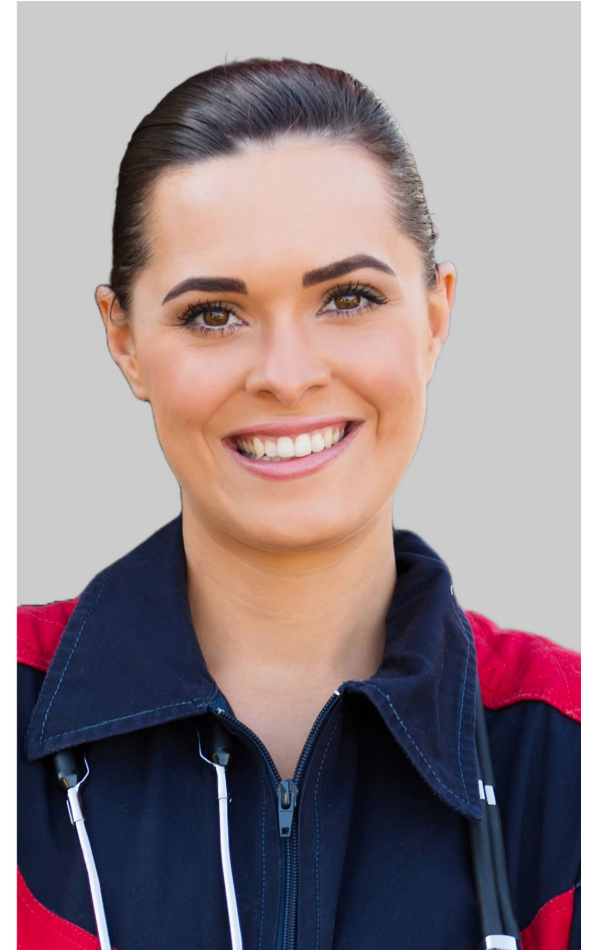
This document or a copy thereof must accompany the person during his/her medical transport.

Physicians' DNR Orders

In Texas, do-not-resuscitate (DNR) orders written by a doctor can be followed by most health care professionals, but not by emergency medical services (EMS).

- **Physicians' DNR orders:** Nurses and other health care providers outside of hospitals can generally follow a doctor's DNR order if it's properly written.
- **OOH-DNR orders:** When responding to an emergency, EMS can only honor a properly filled out OOH-DNR order or a DNR ID device. EMS personnel will not consider other written documents that may be provided, even if they're from a doctor. If another form is presented, EMS personnel will contact the EMS medical director and start providing emergency care.

In short: Make sure patients have a valid OOH-DNR order if you want EMS to follow it in an emergency.



Health Care Professionals' Responsibilities

Attending Physician

In Texas, an attending physician has several key responsibilities regarding an OOH-DNR form:

Completing the form accurately: The physician ensures the form is filled out entirely, signs the physician's statement, and acknowledges the completion of the form by signing again at the bottom.

Medical record documentation: They document the OOH-DNR order in the patient's medical records.

Informing others (if applicable): If the patient is incapacitated, the physician may need to inform the legal guardian, qualified relatives, or agent under a medical power of attorney concerning the OOH-DNR and its implications.

Second physician concurrence (in specific cases): In situations where the patient lacks decision-making capacity and has no authorized representative, the physician will need a second concurring signature from a colleague not involved in the patient's treatment or who is a representative of the facility ethics or medical committee. See Texas Health and Safety Code, [Section 166.088](#)



Health Care Providers in Out-of-Hospital Settings

Texas law mandates that certain additional out-of-hospital settings comply with a valid OOH-DNR order. See Texas Health and Safety Code, [Section 166.081](#).

These settings include:

- Urgent care centers
- Physician's offices
- Long-term care facilities, including nursing homes
- In-patient hospice facilities

In these locations, if health care professionals encounter a valid OOH-DNR form, EMS personnel will respect the patient's wishes and refrain from resuscitation attempts.



Staff Support to Properly Complete the Form

Out-of-hospital health care facilities, such as hospice and some assisted living facilities, can provide guidance and support in completing an OOH-DNR form.

These facilities should have staff members familiar with the process and legal requirements in Texas. They can help understand the form, answer questions, and ensure it is filled out correctly.

View information and step-by-step instructions on properly completing the OOH-DNR form.

- [English](#)
- [Spanish](#)

Remember, your role is to facilitate the process and ensure informed consent.

Legal advice should come from qualified sources.

Common Questions

Q: Can a social worker sign as witness No. 1?

A: Yes, social workers can be witness No. 1 on an OOH-DNR form. This is because they typically don't provide direct medical care to patients. Chaplains and people providing nutrition services can also be witnesses.

Q: Does the form have to be notarized?

A: No, a notary is not required if you have two separate witnesses sign the form. However, a notary can witness the signature of the person filling out the form instead of having two witnesses.

Important Note: A notary cannot witness a verbal DNR order from a patient to their doctor (Section D). This needs to be witnessed by two people.

Q: Who can sign the Physician's Statement?

A: Only a doctor licensed by the Texas Medical Board, or an active-duty military doctor can sign the Physician's Statement section. See Texas Health and Safety Code, [Section 166.002](#).



EMS Provider Medical Director

An EMS provider medical director in Texas is not directly involved in the completion of an OOH-DNR form. However, they have a crucial role in ensuring EMS personnel understand and follow these directives.

Here's a summary of their responsibilities:

Establish protocols: The medical director develops protocols for EMS personnel on how to identify and implement OOH-DNR orders.

Educate personnel: They are responsible for educating EMS personnel on recognizing valid OOH-DNR forms and respecting the patient's wishes.

Review procedures: EMS provider medical director should regularly review and update OOH-DNR protocols to align with best practices and state regulations.

EMS Personnel

In Texas, EMS personnel have important responsibilities regarding OOH-DNR orders:

Identification: Check for and identify a valid OOH-DNR form during a medical emergency.

Compliance: If a valid form is present, EMS personnel will respect the patient's wishes and refrain from resuscitation attempts as directed by the EMS medical director's protocol.

Documentation: EMS personnel are required to document the presence or absence of an OOH-DNR form in the patient's medical record.

Alternate care: Even with an order, EMS personnel will still provide comfort care and other appropriate interventions as directed by the EMS medical director's protocol.



EMS Providers Encountering an OOH-DNR on Scene

Verify the OOH-DNR order. Look for a OOH-DNR medical device or a documented order signed by a physician. It should be specific to the out-of-hospital setting.

Honor the OOH-DNR. If a valid OOH-DNR is present and the patient is in cardiac or respiratory arrest, withhold resuscitative efforts like cardiopulmonary resuscitation (CPR) or defibrillation.

Provide comfort care. Administer oxygen, pain medication, and other measures to keep the patient comfortable following the EMS medical director's protocol.

Contact your medical director. Involve your medical director for guidance and to pronounce death if needed.

Document everything. Clearly document the OOH-DNR order, your assessment, and all interventions provided.

Support the family. Provide emotional support and answer questions from the patient's family members.

Dealing with OOH-DNR Conflicts and Form Issues

Family Disagreements at the Bedside

Focus on comfort care: If there's a disagreement among family members regarding the OOH-DNR, prioritize the patient's comfort. Provide medication and other supportive measures as needed.

Contact medical director: They will support mediating the situation and ensure the patient's wishes are followed according to legal guidelines.

Can a patient have a digital copy of the OOH-DNR?

Digital copies not valid: A cellphone picture or any digital copy doesn't qualify as a legal substitute for the official form.

EMS receives the OOH-DNR after care has started:

Verify the form: EMS personnel will check the OOH-DNR for validity and accuracy.

Respect the DNR: Once verified, EMS personnel will stop resuscitation efforts and follow the patient's wishes as directed by the EMS medical director's protocol.

Dealing with OOH-DNR Conflicts and Form Issues

Issues with the OOH-DNR Form

Pregnant individuals: In Texas, OOH-DNR forms are immediately revoked if a patient is pregnant. See Texas Health and Safety Code, [Section 166.098](#).

Incomplete or incorrect forms: Medical professionals can refuse to honor a OOH-DNR if it is:

- Not signed properly by all required parties.
- Filled out incorrectly.
- Suspected to be fraudulent (e.g., unnatural circumstances surrounding death).

Uncertainties: If EMS personnel has doubts about the form's validity, you should consult with a medical director or withhold resuscitation efforts temporarily until the situation is clarified.





**Duration, Revocation,
and Liability**

Duration

How long does an OOH-DNR last?

An out-of-hospital DNR order stays in effect until it is revoked (canceled).

Re-issuing an OOH-DNR

The person with the OOH-DNR can create a new one at any time, even after being diagnosed with a serious illness.



Revocation

Revoking a DNR

The person with the DNR (the declarant) or someone acting on their behalf can revoke it anytime, regardless of their mental state.

There are a few ways to revoke a DNR.

- The declarant or someone directed by the declarant can destroy the DNR form and remove any DNR ID badge.
- Someone authorized to make health care decisions for the declarant (legal guardian, qualified relative, or medical power of attorney) can do the same.
- The declarant can simply state their wish to revoke the order.
- An authorized person can also verbally revoke the order on the declarant's behalf.

What happens when an OOH-DNR is revoked orally?

- An oral revocation (spoken cancellation) only takes effect when it is communicated to medical professionals at the scene (EMS or doctor).
- The medical professionals will document the revocation details, including date, time, and location.
- The doctor will also record this information in the patient's medical record.

Liability

Liability

Health care professionals and facilities acting in good faith and following the DNR guidelines are not liable for withholding certain lifesaving treatments.

Likewise, they are not liable if they fail to follow an OOH-DNR they weren't aware of. However, they may face disciplinary action from their licensing board or certification authority.

Doctors who refuse to honor an OOH-DNR must inform the patient or their authorized representative and try to find another doctor who will comply with the wishes. See Texas Health and Safety Code, [Section 166.095](#).

DNR and Assisted Suicide

Following a DNR order is not considered assisting suicide under Texas law. See Texas Health and Safety Code, [Section 166.096](#).



Contact Us

If you have any questions or need assistance with the OOH-DNR form, please visit our website or contact our office.

Website

dshs.texas.gov/dshs-ems-trauma-systems/out-hospital-do-not-resuscitate-program

Email

emsinfo@dshs.texas.gov

Phone

512-834-6700