PLANO INDEPENDENT SCHOOL DISTRICT

School Health

Medical Emergency Response

**DO NOT RESUSCITATE ORDERS (DNR)**

IMPLEMENTATION CHECKLIST FOR “DO NOT RESUSUTATE ORDERS”

# DATE COMPLETED SIGNATURE

1. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student referred to School Health

 Services Coordinator upon parent/

 guardian request.

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/guardian provided with

 legal requirements for “Texas Department of Health Out-of-Hospital Do Not Resuscitate Order”.

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/guardian presents a valid “Texas Department of Health Out-of-Hospital Do Not Resuscitate Order” The DNR Order will not be in

 effect until all preparations are in

 place.

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Planning meeting scheduled with

 parent/guardian, school administrator

 School Heath Services professional

 & transportation.

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ “Individual Health Care/Emergency

 Plan for DNR order”is completed and signed by parent/guardian, school personnel , & physician.

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Texas Department of Health Out-of-Hospital Do Not Resuscitate Order” and “Individual Health Care/Emergency Plan for DNR order” is placed in student’s cum folder (copies are made for EMS,

 school administrator, nurse &

 transportation, and student’s teachers).

7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training is provided for school staff.

8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training is provided for transportation

 personnel.

9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMS contact is made.