

Michigan DNR Order Completion Instructions

The DNR order is an optional 1 page, 2 sided out of hospital medical order intended for adults or minors (less than 18 years of age unless emancipated) with an advance illness or significant functional impairment that is not reversible and anticipated to progress toward death despite therapies or modulation. It serves as part of the advance care planning process indicating the CPR should not be started if the individual required medical attention. It can be followed at any Michigan health care facility, as well as by first responders.

A MI-DNR does not replace, nor serve the purpose of an advance directive, DPOAH, or patient advocate designation. A MI-DNR serves as a communication tool for Healthcare Teams during discussions about code status orders should a patient require hospitalization. It does not serve as a DNR order in a hospital.

SECTION	COMPLETION INSTUCTIONS
PATIENT INFORMATION	Enter the name of the attending physician ordering the DNR, the patients name and date of birth. <i>DO NOT</i> place a patient's identification sticker on this form.
<p>Complete the appropriate section (A, B, C, or D) below.</p> <ul style="list-style-type: none"> <i>If the patient is competent and has decisional capacity, go to Section A.</i> <i>If patient has been deemed incapacitated by their attending physician and have a patient advocate via an AD/DPOAH, go to section B.</i> <i>If patient has been deemed incapacitated by their attending physician or does not have a patient advocate by way of an AD/DPOAH court authority may be necessary.</i> <i>If patient has been deemed incompetent by a judge, go to section D. If the letters of guardianship do not grant authority to execute a DNR order, the guardian will need to seek authority from a judge.</i> 	
SECTION A, or	<p>DECLARANT (patient) CONSENT</p> <p>This section applies for all competent adults (or emancipated minors) with decisional capacity.</p>
SECTION B, or	<p>PATIENT ADVOCATE CONSENT</p> <p>This section applies when an activate AD/DPOAH indicates that the designated patient advocate has the been given the authority to withhold CPR on behalf of the patient</p>
SECTION C, or	<p>PARENT CONSENT</p> <p>This section applies when a parent is authorizing a DNR order on behalf of their minor child.</p> <ul style="list-style-type: none"> <i>If two parents share legal decision-making authority as to the important decisions affecting the welfare of the minor child, both parents of the minor child must execute this order</i>
SECTION D, or	<p>GUARDIAN CONSENT</p> <p>This section applies when the patient has a court appointed guardian and the letters of guardianship grant the guardian the authority to make medical treatment decisions related to end of life/DNR care.</p>
SECTION E	<p>ATTESTATION OF WITNESSES:</p> <p>Two witness signatures must indicate they attest that the individual who signed above appears to be of sound mind, and under no duress, fraud, or undue influence.</p> <p>Both witnesses must be 18 years of age or older and:</p> <ul style="list-style-type: none"> <i>If Section A was completed; at least 1 of the witnesses cannot be the patient's spouse, family member or presumptive heir;</i> <i>If Section B was completed; at least 1 of the witnesses cannot be the patient's spouse, family member or presumptive heir;</i> <i>If Section C was completed; neither witness may be the minor child's parent, child, grandchild, sibling or presumptive heir; or</i> <i>If Section D was completed; neither witness may be the ward's spouse, parent, child, grandchild, sibling or presumptive heir</i>
SECTION F	<p>PHYSICIAN SIGNATURE</p> <p>The patients attending physician must sign here indicating that they have a responsibility to the patient and that given the patients irreversible advance illness or significant functional, and in collaboration with the people listed in Section A, B, C, or D, that a DNR order is warranted.</p>

What do I do with a DNR once completed?

The original DNR is the property of the patient and should stay with the patient at all times. The patient should be instructed to place it on their refrigerator at home or in the designated location of the residential facility where the patient lives because EMS personnel are trained to look there. It is strongly recommended that a copy be provided to the hospital and uploaded into the patient's electronic medical record.

OBTAINING A MEDICAL ALERT DNR BRACELETS:

A DNR medical alert bracelet is strongly encouraged. Without this, EMS will not be aware that a DNR order exists if a medical emergency were to occur while the patient is outside of their residence or in a location where the order is not accessible.

Michigan Law Requires the Following to be Engraved on all DNR Bracelets:

- 1) Clearly imprinted "Do Not Resuscitate Order"
- 2) Name and address of declarant, and
- 3) Name and telephone number of the declarant's attending physician who signed the order.

DNR Bracelets can be ordered from:

- stickyj.com: This website allows one to order DNR bracelets for the state of MI with specific instructions
- Amazon.com: If ordering from this website, make sure the bracelet is engrave able and has the above MI state information on it.

OBTAINING THE FORM:

There are several ways to get a DNR order form.

- 1) Blank DNR orders can be purchased \$5.65 per pack of 25 and can be ordered through the McKesson E-Requisition System (item # /form #)
- 2) Calling NMSA Forms Inventory at 231-935-8228 to order a pack if you do not have access to the McKesson E-Requisition System.
- 3) Go into FORMS inventory and print off the order when needed

If you have questions about the DNR form or would like additional training contact the Advance Care Planning Department at 231-935-6176 or email: svanslyke@mhc.net.