Illinois Department of Public Health

UNIFORM DO-NOT-RESUSCITATE (DNR) ADVANCE DIRECTIVE

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,(print full name)	_, born on, hereby d	lives at the fallowing in the avent of
,	, born on, hereby d	live at the fall accions in the account of
,		irect the following in the event of:
	(birth date)	3
. I OLL CANDIOPULINIONARI	ARREST (When both breathing a	and heartbeat stop):
	opulmonary Resuscitation (CPR)	
(Measures to promote patier	nt comfort and dignity will be provided.)	
. PRE-ARREST EMERGENCY	(When breathing is labored or sto	pped, and heart is still beating)
SELECT ONE		
☐ Do Attempt Cardiopul	monary Resuscitation (CPR) -OR	-
☐ Do Not Attempt Cardi	opulmonary Resuscitation (CPR)	
-	nt comfort and dignity will be provided.)	
Other Instructions		
Printed name of individual	Signature of individual	Date
Printed name of (circle appropriate title): egal guardian DR agent under health care power of attorney DR healthcare surrogate decision maker	Signature of legal representative	Date
Vitness to Consent (Required to have	e a witness to be a valid DNR Order)	
I am 18 years of age or older and	acknowledge the above person has ha consent by the above person or the above	
Printed name of witness	Signature of witness	Date
Physician Signature (Required to be a	a valid DNR Order)	
Physician Signature (Required to be a	•	

DO-NOT-RESUSCITATE • DNR • DO-NOT-RESUSCITATE • DNR •

Date

IOCI 0741-10

Reviewer

TATE OF

Illinois Department of Public Health

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G. 2612	Patient's name	
Summarize	medical condition:	

When This Form Should Be Reviewed

This DNR order, in effect until revoked, should be reviewed periodically, particularly if -

- The patient/resident is transferred from one care setting or care level to another, or
- There is a substantial change in patient/resident health status, or

Location of review

The patient/resident treatment preferences change.

How to Complete the Form Review

Outcome of Review

■ No change

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- 1. Review the other side of this form.
- Complete the following section.
 If this form is to be voided, write "VOID" in large letters on the other side of the form.
 After voiding the form, a new form may be completed.

			FORM VOIDED; new form completed FORM VOIDED; no new form completed
<u>Date</u>	<u>Reviewer</u>	Location of review	Outcome of Review No change FORM VOIDED; new form completed FORM VOIDED; no new form completed
<u>Date</u>	<u>Reviewer</u>	Location of review	No change FORM VOIDED; new form completed FORM VOIDED; no new form completed
		Advance	Directives
I also h	ave the following a	dvance directives:	Contact person (name and phone number)
	Health Care Power	of Attorney	
	Living Will		
	Mental Health Trea Preference Declara		
•	Send this form or	a copy of both sides wit	h the individual upon transfer or discharge. ◆

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