

**PERI-OPERATIVE  
DNR CONFIRMATION FORM**

Surgery is an aggressive medical intervention. It involves making incisions for entry into the body, and the manipulation of its internal organs and structures. Many health and post-surgical recovery complications may result from surgery. The body must also cope with the added influence of anesthesia, which can cause breathing, blood pressure and heart complications. Unexpected reactions to surgical anesthesia can also occur. All of these burdens and potential risks are increased when a person's health is already compromised by illness, disease, or injury.

Due to your current health situation, a Do-Not-Resuscitate (DNR) order is already in place. It currently provides the following directions:

\_\_\_\_\_  
\_\_\_\_\_

Date DNR Signed: \_\_\_\_\_  
Valid Until: \_\_\_\_\_  
Subscribing Physician: \_\_\_\_\_  
Contact Ph#: \_\_\_\_\_

It has been determined that you could benefit from the following surgical procedure:

\_\_\_\_\_  
\_\_\_\_\_

However, the additional burdens of surgery could disrupt your body's vital functions, including breathing and heart function. Normally your surgeon(s) would use CPR and/or other resuscitation efforts in an attempt to reverse any such disruption. However, in your current health situation you have indicated that your DNR orders should remain in full effect. To honor your wishes, you are being presented with this consent form. By signing this form you explicitly confirm that your existing DNR orders shall remain in full force during surgery and throughout the post-anesthesia recovery period.

**Consent:**

*I have read the above information (or it has been explained to me). My signature below is specific confirmation that my Do-Not-Resuscitate orders will remain in full effect, and that CPR and/or other resuscitation efforts will NOT be used during the period I am in surgery as well as in the post-surgical recovery room, even if this was needed to save my life.*

Patient/Agent Signature: \_\_\_\_\_  
Date/Time: \_\_\_\_\_  
  
Surgeon/Anesthesiologist: \_\_\_\_\_  
Date/Time: \_\_\_\_\_