

PERI-OPERATIVE DNR SUSPENSION 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. Should any such disruption occur, your surgeon(s) intend to use CPR and/or other resuscitation techniques to an attempt to restore your vital functions. Therefore, you are being presented with this consent form to temporarily suspend your existing DNR orders. Once you leave the surgical recovery room, these DNR orders will be reinstated as previously agreed upon with your regular physician(s).

Consent:

I have read the above information (or it has been explained to me). My signature below is my agreement that CPR or other resuscitation efforts may be used during the period I am in surgery and in the surgical recovery room, if this is needed.

Patient/Agent Signature: _____
Date/Time: _____

Surgeon/Anesthesiologist: _____
Date/Time: _____