

## NON-SURGICAL PROCEDURE-SPECIFIC DNR SUSPENSION FORM

Numerous medical tests and procedures may be used to diagnose and treat various medical conditions. Each is accompanied by various potential risks, particularly if the tests or procedures require increased physical exertion and/or the administration of medications or imaging agents. In such circumstances, these medical tests and procedures can cause breathing, blood pressure and heart complications. The potential for risks is 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 treatment(s) or procedure(s):

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

However, this/these treatment(s) and/or procedure(s) could disrupt your body's vital functions, including breathing and heart function. Should any such disruption occur, medical staff 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 this/these treatment(s) and/or procedure(s) have been completed, your DNR orders will be reinstated as previously agreed upon.

### 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: \_\_\_\_\_