

Name: _____ DOB: _____ DATE: _____

MEDICAL ORDERS AND ATTESTATION

Orders for Emergency Medical Services (EMS) or other first responders:

Resuscitation Status:

- Attempt CPR (must select "Intubate" below)
 DO NOT Attempt CPR (DNR)

Intubation Status:

- Intubate if medically indicated
 DO NOT Intubate (non-invasive ventilation OK)

Transportation:

- Transport per protocol
 DO NOT transport unless symptoms cannot be managed in current location

Medical Attestation:

I have written these orders after discussing the patient's health status and preferences with:

- the competent patient named above; OR
 the legal surrogate for the patient named above, who lacks decision-making capacity:

(surrogate name) _____

who is the Guardian POA Next of kin/surrogate. I believe they understand the consequences of these decisions and orders.

_____ Date: _____

Signature of Physician or Nurse Practitioner

Printed Name: _____

License: _____

Phone: _____

DESCRIPTION & AUTHORITY

The Nebraska Emergency Treatment Orders initiative was developed by Nebraska physicians and attorneys to improve patient and family participation in critical medical decisions.

These out-of-hospital orders for Emergency Medical Services are consistent with Nebraska EMS Protocol(s), and are written so that patients receive only the emergency treatment(s) they desire.

This form should be used for patients who do want and/or are unable to use the Nebraska Emergency Treatment Declaration, but still desire orders for Emergency Medical Services.

INSTRUCTIONS FOR USE OF COMPLETED FORM:

- This form accompanies the patient from location to location. If transferring a patient, keep a copy of these orders, and send the original with the patient. A copy is considered as valid as the original, and should be on bright yellow paper.
- A new form is required when a change in the patient's medical condition warrants a revision of the order.
- This form is only available through licensed medical providers.

EMERGENCY CONTACTS

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone 1: _____ Phone 1: _____

Phone 2: _____ Phone 2: _____