

# NETO

## Nebraska Emergency Treatment Orders



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

### **Resuscitation Status:**

Attempt CPR

**DO NOT** Attempt CPR

### **Intubation Status:**

Intubate

**DO NOT** Intubate

Physician/PA-C/APRN Signature: \_\_\_\_\_

Physician/PA-C/APRN Name: \_\_\_\_\_

Phone: \_\_\_\_\_

# NETO

## Nebraska Emergency Treatment Orders



- I have completed a NETO form
- Please follow the out-of-hospital EMS orders as indicated on the reverse side of this card.
- Seek the full NETO form to guide additional treatment decisions.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_