

NETO

Nebraska Emergency Treatment Orders



Patient Name: _____

DOB: _____

Address: _____

Resuscitation Status:

Intubation Status:

___ Attempt CPR

___ Intubate

___ **DO NOT** Attempt CPR

___ **DO NOT** Intubate

Physician/PA-C/APRN Signature: _____

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- 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.

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