

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

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

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

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- Seek the full NETO form to guide additional treatment decisions.

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