



December 14, 1993

SUBJECT: Do Not Resuscitate Order (DNRO)

TO: Hospital Administrators, Nursing Home Administrators, and County Public Health Unit Administrators

This is to inform you that the 1992 Legislature amended Florida Statutes to authorize Emergency Medical Services (EMS) personnel to honor a prehospital DNRO if it is presented to EMS in a manner provided by rule. We are asking you to assist us in making DNRO information available to all appropriate patients or clients you serve. Attached is a packet of information that is available to assist you in this effort.

Please review the enclosed documents to implement a prehospital DNRO: Guide Booklet For Implementing Prehospital Do Not Resuscitate Order, DNRO rules (section 10D-66.325, Florida Administrative Code), a DNRO form (HRS Form 1896, Oct 93), DNRO bracelet with instructions for use, DNRO Informational Sheet, and a form to order additional DNRO forms and bracelets. The DNRO Informational Sheet should be distributed with each DNRO form. The use of the DNRO bracelet is optional.

Hospitals, nursing homes and hospices may initiate the enclosed DNRO, HRS Form 1896, or they may use their own DNRO forms. However, in order for EMS personnel to honor forms other than HRS Form 1896, they must be substantially similar. The form must state that the patient is not to be resuscitated, has an effective date, includes the patient's full legal name, is signed by the patient, surrogate, proxy or guardian and the patient's attending physician. It must also include the physician's medical license number, telephone number and is signed and dated by at least two witnesses.

In order to implement this program, the enclosed packet of information is being sent to EMS providers, hospitals, nursing homes, hospices, and county public health units. However, it is difficult to reach every physician and individual who may be interested in the DNRO. Therefore, we are requesting that you assist us in giving the DNRO information the widest distribution possible. Your cooperation in making this program a success is appreciated.

**GUIDE BOOKLET
FOR IMPLEMENTING PREHOSPITAL
DO NOT RESUSCITATE ORDERS**



October 1993



Department of Health and Rehabilitative Services

TABLE OF CONTENTS

FLORIDA PREHOSPITAL DO NOT RESUSCITATE PROGRAM

LEGISLATIVE AUTHORITY	2
LIVING WILL VS. DNRO	2
ESTABLISHING THE PROGRAM	3
PREHOSPITAL DNRO FORM	3
PREHOSPITAL DNRO SIGNATURES	6
COMPLETED FORM	7
LOCATION OF FORM IN RESIDENCE	7
REVOCAION OF PREHOSPITAL DNRO FORM	7
COPIES VS. THE ORIGINAL FORM	8
PREHOSPITAL DNRO BRACELET	8
DISTRIBUTION OF DNRO FORMS AND BRACELETS	8
HONORING OTHER HEALTH CARE FACILITIES DNRO DOCUMENTS	9
PREHOSPITAL DNRO RESPONSE PROTOCOLS	9
SECTION 401.45, F.S., (CHAPTER 92-78, LAWS OF FLORIDA)	10
ORDER FORM	11

LEGISLATIVE AUTHORITY

Chapter 765, Florida Statutes

In 1992, chapter 765, Florida Statutes (F.S.) (chapter 92-199, Laws of Florida), which relates to the right to decline life-prolonging procedures was amended consolidating the laws on health care surrogacy, previously in chapter 745, F.S., and the chapter was retitled "Health Care Advance Directives". In addition, chapter 765, F.S., was expanded and clarified that a competent adult, or an incompetent adult, through a health care surrogate who was previously chosen, or proxy or guardian, had the right to be able to control decisions regarding medical care, including the withdrawal or withholding of life-prolonging procedures.

Specific to EMS, one component of the Health Care Advance Directives legislation authorizes EMS personnel to honor a prehospital Do Not Resuscitate Order (DNRO). The order must be written on a form adopted by rule of the Department of Health and Rehabilitative Services (HRS) and must be presented to EMS personnel when they respond to a call for assistance.

Chapter 401, FS

In 1992, chapter 401, F.S., (chapter 92-78, Laws of Florida), EMS Transportation Act, was also amended to specifically authorize EMS personnel to honor a prehospital DNRO form if it is presented to them in a manner provided by HRS rule. The policies and procedures outlined herein for honoring prehospital DNRO are based on the dual legislative authority in chapters 765 and 401, F.S. (See page 11 for section 401.45, F.S.)

LIVING WILL VS. DNRO

It should be emphasized that chapters 765 and 401, F.S., grant EMS personnel the authority only to honor a DNRO. A living will may be executed by a perfectly healthy person with no known terminal condition or it may be executed after an individual has been diagnosed as being in a terminal condition. A living will states the kind of medical care an individual wants or does not want if unable to make his own decision regarding medical care. Therefore, it serves as a helpful guide to a physician in trying to chart a course of treatment for an incapacitated patient and may form the basis for the issuance of the DNRO. 1

A properly executed DNRO must be signed by a physician who has determined that the patient is in a terminal condition or vegetative state with very little probability of recovery. It also includes instructions that a patient in cardiac or respiratory arrest is not to be resuscitated and defines what limited medical care should be provided. EMS personnel may therefore honor a DNRO, but not a living will, because a DNRO serves as evidence that a physician has made a determination regarding the patient's medical condition and that there is mutual agreement regarding a course of treatment.



DO NOT RESUSCITATE

Florida Prehospital Do Not Resuscitate Order (DNRO)

Patient's Full Legal Name _____
(Please Print or Type)

ATTENDING PHYSICIAN'S ORDER

I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S., state that I am the attending physician of the patient named above. I have documented in the patient's medical record that: (must check 1 or 2)

- 1. The patient is **CAPABLE** of making an informed decision and consent about providing, withholding or withdrawing a specific medical treatment or course of treatment. (Signature of patient is required in Box A, reverse side).
- 2. The patient is **INCAPABLE** of making an informed decision and consent about providing, withholding or withdrawing a specific medical treatment because the patient is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. I have made this determination after consultation with a second physician licensed under Chapter 458 or 459.

If 2 above is checked, (patient is INCAPABLE of making an informed decision), either 1, 2, or 3 below must be checked:

- 1. The patient has executed a written advance directive which directs that life-prolonging procedures be withheld or withdrawn (Signature of surrogate or proxy or guardian is required in Box B, reverse side and a copy of the advance directive must be attached).
- 2. The patient has executed a written advance directive which appoints a health care surrogate pursuant to Chapter 765, F.S., to make health care decisions on behalf of the patient and provides that surrogate with authority to direct that life-prolonging procedures be withheld or withdrawn (Signature of the appointed surrogate is required in Box B, reverse side and a copy of the advance directive must be attached).
- 3. The patient has NOT executed a written advance directive (living will, designation of a health care surrogate or durable power of attorney for health care). (Signature of guardian, if one has been appointed, or proxy, pursuant to Chapter 765, Part IV, F.S., is required in Box B, reverse side).

Based upon the informed directive, decision and consent on the reverse side, I hereby direct any and all emergency medical services personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation, and other advanced airway management, artificial ventilation, defibrillation and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide to the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain.

Signature of Attending Physician and Date

Printed Name

Telephone # (Emergencies)

Physician's Medical License Number

This DNRO has been properly completed. _____
Signature of Patient or Surrogate or Proxy or Guardian

If the patient should die at home while EMS is present or during transport by EMS personnel, the EMS provider shall document in the narrative portion of the patient's EMS run report the information required in section 10D-66.325(9), F.A.C.

Type In Information, cut out, fold and insert in bracelet.

Patient's Name _____ Patient's SSN# _____
M.D.'s Name _____ M.D.'s Phone # _____
Effective Date: _____

This DNRO has been properly completed. _____
Signature of Patient or Surrogate or Proxy or Guardian

PREHOSPITAL DNRO SIGNATURES

- *Patient's Signature*

The patient's signature is required in Box A on side two of the form if the patient is competent. An environment should exist in which the wishes of the patient and the patient's mental state and medical condition are clearly understood and communicated by and among the patient, the patient's family and the attending physician, before the form is signed. Consideration and discussion of personal values and goals of treatment may help to clarify the patient's wishes and medical values. Entering into a prehospital DNRO, regardless of where it is actually prepared, requires the same degree of thought and deliberation as the more common in-hospital DNRO.

- *Surrogate or Guardian or Proxy's Signature*

The signature of the health care surrogate or court appointed guardian or proxy is required in Box B on side two of the form if the patient is incapacitated or incompetent. Section 765.101(9), F.S., defines "incapacity" or "incompetent" to mean that the patient is physically or mentally unable to communicate a willful and knowing health care decision. Incapacity must be determined by the patient's attending physician, in consultation with a second physician, and documented in the patient's medical record. If the patient is no longer capable of making decisions about his health care or giving informed consent, and has not executed an advance health care directive (living will), a prehospital DNRO can still be initiated. This may be done either by the patient's surrogate, if the patient designated a health care surrogate while still capable, or by a court appointed guardian or proxy, as specified in chapter 765, part I.V., F.S.

Before signing the prehospital DNRO form, the patient's health care surrogate or guardian or proxy must be satisfied that:

- (a) the patient does not have a reasonable probability of recovering competency so that this decision could be made directly by the patient,
- (b) the patient would have made a similar decision not to be resuscitated under the circumstances.

- *Attending Physician's Signature*

Side one of the prehospital DNRO form must be signed by the patient's attending physician licensed under chapter 458 or 459, F.S., after consultation with a second physician licensed under chapter 458 or 459, F.S. Before signing the prehospital DNRO form, the attending physician must determine which of the following criteria the patient meets:

- (a) the patient is capable or competent to make health care decisions.

COPIES VERSUS THE ORIGINAL FORM

A copy of the prehospital DNRO should be retained by the family and a copy should be given to the attending physician. Since the original form should remain at all times in the patient's home or with him when traveling, a copy of the form should also be made available to the EMS provider to use when transporting the patient from his home to a health care facility. However, copies of the form can be made only with the expressed consent of the patient or the patient's health care decision maker.

PREHOSPITAL DNRO BRACELET

It is highly unlikely that every patient, family or health care facility will handle the prehospital DNRO form without some forms being lost or damaged. Consequently, a DNRO bracelet will also be available and carries the same validity as the original DNRO form provided both have been properly completed. EMS personnel should honor either the DNRO form or bracelet or both. The bracelet should be placed on the patient immediately, if it is going to be worn. Some patients may prefer to keep the bracelet in a safe place to be worn only if the original DNRO is lost or damaged. If the prehospital DNRO is revoked, the bracelet must also be removed and destroyed. Remember, the bracelet carries the same validity as the original DNRO form.

The information to be completed and inserted in the DNRO bracelet is located on the bottom of side one of the DNRO form (HRS Form 1896, Oct. 93). Type the following information: patient's name, social security number; attending physician's name and phone number; and effective date of order. The box stating "This DNRO has been properly completed" must be checked and the patient or surrogate or proxy or guardian must sign on the designated line. Cut out, fold and insert this information in the bracelet.

- *Design and Quality*

This is a white, water-resistant I.D. bracelet, uniquely designed with the EMS Star of Life repeated on the band portion of the bracelet. This bracelet is made of strong, durable material similar to hospital I.D. bands.

- *Anatomical Location*

Wrist or ankle; necklace, if extremities not available (sealed and closed bracelet on necklace chain).

DISTRIBUTION OF DNRO FORMS AND BRACELETS

The Department of Health and Rehabilitative Services, Office of EMS, will distribute the forms and bracelets along with instructions to county public health units, nursing homes and hospitals. Individuals and physicians may also obtain the forms and bracelets

Section 401.45, Florida Statutes - Denial of Emergency Treatment, Civil Liability.

(1)(a) Except as provided in subsection (3), a person may not be denied needed prehospital treatment or transport from any licensee for an emergency medical condition.

(b) Any person may not be denied treatment for any emergency medical condition that will deteriorate from a failure to provide such treatment at any general hospital licensed under chapter 395 or at any specialty hospital that has an emergency room.

(2) A hospital or its employees or any physician or dentist responding to an apparent need for emergency treatment under this section is not liable in any action arising out of a refusal to render emergency treatment or care if reasonable care is exercised in determining the condition of the person and in determining the appropriateness of the facilities and the qualifications and availability of personnel to render such treatment.

(3)(a) Resuscitation or life-prolonging techniques may be withheld or withdrawn from a patient by an emergency medical technician or paramedic if evidence of an order not to resuscitate by the patient's physician is presented to the emergency medical technician or paramedic in a manner provided by rule of the department.

(b) Any licensee, physician, medical director, or emergency medical technician or paramedic who acts under the direction of a medical director is not subject to criminal prosecution or civil liability, and has not engaged in negligent or unprofessional conduct, as a result of the withholding or withdrawal of resuscitation or life-prolonging techniques from a patient pursuant to this subsection and rules adopted by the department.

(4) Any licensee or emergency medical technician or paramedic who in good faith provides emergency medical care or treatment within the scope of their employment and pursuant to oral or written instructions of a medical director shall be deemed to be providing emergency medical care or treatment for the purposes of s. 768.13(2)(b).

ORDER FORM

for
DO NOT RESUSCITATE ORDERS
(HRS Form 1896 'Oct 93)

Please order only the anticipated amount to be used for a six month period. The bracelet is optional. Often people will not want to wear the bracelet, therefore we recommend you order fewer bracelets than forms.

Please print or type the following information:

NAME OR ORGANIZATION _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

Name of Contact Person _____

Telephone number (____) _____

Number of Forms _____

Number of Bracelets _____

Please mail all requests to:

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
ATTENTION: PREHOSPITAL SERVICES UNIT
1317 WINEWOOD BOULEVARD
TALLAHASSEE, FLORIDA 32399-0700
FAX # (904) 488-2512



DO NOT RESUSCITATE

Florida Prehospital Do Not Resuscitate Order (DNRO)

Patient's Full Legal Name _____
(Please Print or Type)

ATTENDING PHYSICIAN'S ORDER

I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S., state that I am the attending physician of the patient named above. I have documented in the patient's medical record that: (must check 1 or 2)

- 1. The patient is **CAPABLE** of making an informed decision and consent about providing, withholding or withdrawing a specific medical treatment or course of treatment. (Signature of patient is required in Box A, reverse side).
- 2. The patient is **INCAPABLE** of making an informed decision and consent about providing, withholding or withdrawing a specific medical treatment because the patient is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. I have made this determination after consultation with a second physician licensed under Chapter 458 or 459.

If 2 above is checked, (patient is INCAPABLE of making an informed decision), either 1, 2, or 3 below must be checked:

- 1. The patient has executed a written advance directive which directs that life-prolonging procedures be withheld or withdrawn (Signature of surrogate or proxy or guardian is required in Box B, reverse side and a copy of the advance directive must be attached).
- 2. The patient has executed a written advance directive which appoints a health care surrogate pursuant to Chapter 765, F.S., to make health care decisions on behalf of the patient and provides that surrogate with authority to direct that life-prolonging procedures be withheld or withdrawn (Signature of the appointed surrogate is required in Box B, reverse side and a copy of the advance directive must be attached).
- 3. The patient has NOT executed a written advance directive (living will, designation of a health care surrogate or durable power of attorney for health care). (Signature of guardian, if one has been appointed, or proxy, pursuant to Chapter 765, Part IV, F.S., is required in Box B, reverse side).

Based upon the informed directive, decision and consent on the reverse side, I hereby direct any and all emergency medical services personnel, commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation, and other advanced airway management, artificial ventilation, defibrillation and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide to the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or to alleviate pain.

Signature of Attending Physician and Date

Telephone # (Emergencies)

Printed Name

Physician's Medical License Number

This DNRO has been properly completed.

Signature of Patient or Surrogate or Proxy or Guardian

If the patient should die at home while EMS is present or during transport by EMS personnel, the EMS provider shall document in the narrative portion of the patient's EMS run report the information required in section 10D-66.325(9), F.A.C.

Type in information, cut out, fold and insert in bracelet.

Patient's Name _____ Patient's SSN# _____
 M.D.'s Name _____ M.D.'s Phone # _____
 Effective Date: _____

This DNRO has been properly completed.

Signature of Patient or Surrogate or Proxy or Guardian

DO NOT RESUSCITATE ORDER INFORMATIONAL SHEET

LEGISLATIVE AUTHORITY - Under chapter 765, Florida Statutes (F.S.) "Health Care Advance Directives", a competent adult, or an incompetent adult, through a health care surrogate who was previously chosen, or proxy or guardian, has the right to be able to control decisions regarding medical care, including the withdrawal or withholding of life-prolonging procedures.

The EMS Transportation Act (chapter 401 F.S.) authorizes EMS personnel to honor a prehospital Do Not Resuscitate Order (DNRO) if the order is on a Department of Health and Rehabilitative Services (HRS) form and is presented to EMS personnel in a manner provided by HRS rule.

LIVING WILL VS DNRO - Chapters 765 and 401, F.S., grant EMS personnel the authority only to honor a DNRO. A living will may be executed by a perfectly healthy person or by one diagnosed with a terminal condition. It states the kind of medical care an individual wants or does not want if unable to make his own decision regarding medical care.

A properly executed DNRO must be signed by a physician who has determined that the patient is in a terminal condition or vegetative state with very little probability of recovery. EMS personnel may therefore honor a DNRO, but not a living will, because a DNRO serves as evidence that a physician has made a determination regarding the patient's medical condition and that there is mutual agreement regarding a course of treatment.

PATIENT'S SIGNATURE - A patient's signature is required in Box A on side two of the form if the patient is competent. An environment should exist in which the wishes of the patient and the patient's mental state and medical condition are clearly understood and communicated by and among the patient, the patient's family and the attending physician, before the form is signed.

SURROGATE OR GUARDIAN OR PROXY'S SIGNATURE - The signature of the health care surrogate or court appointed guardian or proxy is required in Box B on side two of the form if the patient is incapacitated or incompetent. Section 765.101(9), F.S., defines "incapacity" or "incompetent" to mean that the patient is physically or mentally unable to communicate a willful and knowing health care decision. Incapacity must be determined by the patient's attending physician, in consultation with a second physician, and documented in the patient's medical record. If the patient is no longer capable of making decisions about his health care or giving informed consent, and has not executed an advance health care directive (living will), a prehospital DNRO can still be initiated. This may be done either by the patient's surrogate, if the patient designated a health care surrogate while still capable, or by a court appointed guardian or proxy.

Before signing the prehospital DNRO form, the patient's health care surrogate or guardian or proxy must be satisfied that: the patient does not have a reasonable probability of recovering competency and the patient would have made a similar decision not to be resuscitated under the circumstances.

DO NOT RESUSCITATE ORDERS (DNRO)

10D-66.325 Prehospital Do Not Resuscitate Order (DNRO).

(1) **Scope** - This rule implements the provisions regarding prehospital DNRO of sections 401.45(3) and 765.307, FS., and the manner in which a prehospital DNRO is to be presented to EMS personnel before it will be honored.

(a) Chapters 401 and 765, FS., (1993), grant EMS personnel the authority to honor only a prehospital DNRO. A living will may be executed by a perfectly healthy person with no known terminal condition or it may be executed after an individual has been diagnosed as being in a terminal condition. A living will states the kind of medical care an individual wants or does not want if unable to make his own decision regarding medical care. Therefore, it serves as a helpful guide to a physician in trying to chart a course of treatment for an incapacitated patient and may form the basis for the issuance of the DNRO.

(b) In contrast, to be honored by EMS personnel, a properly executed DNRO must be signed by a physician who has determined that the patient is in a terminal condition or persistent vegetative state with very little probability of recovery. It also includes instructions that a patient in cardiac or respiratory arrest is not to be resuscitated and defines what limited medical care should be provided. EMS personnel may therefore honor a DNRO, but not a living will, because a DNRO serves as evidence that a physician in consultation with a second physician, has made a determination regarding the patient's medical condition and that there is mutual agreement regarding a course of treatment. Furthermore, EMS personnel in the field are without the guidance of the patient's attending physician and need the medical authorization provided by the DNRO to withhold life-prolonging procedures.

(2) **Definitions** - In addition to the definitions provided in section 10D-66.0458, F.A.C., the terms defined in section 765.101, FS., apply to this section.

(3) Prehospital DNRO HRS Form 1896, October 93, bracelet and distribution.

(a) Unless an exception is provided in this section, a prehospital DNRO must be issued on HRS Form 1896, October 93 "Stop Do Not Resuscitate Order", which is incorporated by reference and available from the department.

(b) The prehospital DNRO HRS Form 1896, October 93, is printed on yellow safety paper and has a red, rectangular shaped, DNRO seal in the upper left hand corner and the effective date in the upper right hand corner. The Department of Health

and Rehabilitative Services, Office of EMS, is responsible for distributing the forms with instructions to county public health units, nursing homes and hospitals. The forms shall also be available to individuals and physicians upon request. All agencies and individuals receiving forms can restock them by writing to: Department of Health and Rehabilitative Services, Office of EMS, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700.

(c) A DNRO bracelet shall be distributed with each form and carries the same validity and shall be honored the same as the original DNRO HRS Form 1896, October 93, provided both have been properly completed.

(d) The I.D. bracelet is white in color, water-resistant, and uniquely designed with the EMS Star of Life repeated on the band portion and a larger Star of Life on the I.D. portion of the bracelet. The letters "PREHOSPITAL DNRO" appear along the lower window of the bracelet. Made of a strong, durable material, similar to hospital I.D. bands; it shall contain the following information: patient's name, social security number, attending physician's name and phone number, and effective date of order.

(4) Each EMS Provider shall have written EMS and dispatch protocols that provide a standard, straightforward course of action when emergency personnel respond to assist a patient who has a prehospital DNRO HRS Form 1896, October 93, or bracelet. If EMS dispatch personnel have been informed of the presence of a prehospital DNRO HRS Form 1896, October 93, or bracelet, they shall make that information known to the responding EMS personnel. Either the intact prehospital DNRO bracelet or original prehospital DNRO HRS Form 1896, October 93, shall be present for the order to be honored by EMS personnel.

(5) Any individual certified as an EMT or paramedic pursuant to section 401.27, FS., and these rules who is employed or works voluntarily for a licensed EMS provider shall honor a prehospital DNRO when responding to a call for assistance provided that the EMT or paramedic:

(a) is presented either a prehospital DNRO bracelet or a prehospital DNRO on HRS Form 1896, October 93, immediately upon arrival at the scene; or

(b) is presented a copy of a DNRO document from a facility licensed pursuant to chapters 393, 395, or 400, FS., or patients of a licensed hospice facility receiving home health care. For EMS personnel to honor a facility's DNRO it shall:

is used to establish patient identification, the name of the attending physician who signed the DNRO, and the name of the patient who signed the DNRO. If someone other than the patient signed the DNRO, the EMS provider shall indicate on the run report that the form was signed by a health care surrogate or proxy.

(10) The EMS provider shall ensure that the patient is either wearing a DNRO bracelet or that a copy of the prehospital DNRO HRS Form 1896, October 93, accompanies the live patient each time they transport the patient. Upon arrival at the receiving facility, the EMS provider shall relinquish the DNRO form, along with the patient to the receiving facility. If the EMS provider receives a request to transport the patient to his home or to some other facility for further treatment, the EMS provider shall obtain a copy of the DNRO form from the sending facility prior to the transport.

(11) If the patient should die at home or during transport by EMS personnel, the EMS provider shall document in the narrative portion of the patient's EMS run report the information required in section 10D-066.325(9), F.A.C. If the EMS provider utilizes computerized run reports, the DNRO information required in section 10D-66.325(9), F.A.C., shall be included in the narrative portion of the patient's EMS run report.

(12) EMS personnel shall honor a DNRO that meets the conditions in section 10D-66.325(5)(a)-(d), F.A.C., unless they have received notice that the form was revoked pursuant to section 765.104, FS. Under this statute the patient can revoke a DNRO in writing by physical cancellation or destruction of the DNRO form or by orally expressing a contrary intent, i.e., request that resuscitation measures be initiated. A prehospital DNRO may be revoked at any time by the patient or designated health care surrogate pursuant to section 765.104, FS., and section 10D-66.325(9), F.A.C. If the prehospital DNRO is revoked, the bracelet must also be removed and destroyed. A DNRO that does not meet the conditions in section 10D-66.325(5)(a)-(d), F.A.C., shall not be honored by EMS personnel. If any doubt exists as to the applicability or validity of DNRO Form 1896, October 93, or a DNRO presented to them by a licensed facility, EMS personnel shall initiate resuscitation measures.

Specific Authority 765.307 FS. Law Implemented
401.45 FS. History-New 11-30-93.

ORDER FORM

for

DO NOT RESUSCITATE ORDERS

(HRS Form 1896 'Oct 93)

Please order only the anticipated amount to be used for a six month period. The bracelet is optional. Often people will not want to wear the bracelet, therefore we recommend you order fewer bracelets than forms.

Please print or type the following information:

NAME OR ORGANIZATION _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

Name of Contact Person _____

Telephone number (____) _____

Number of Forms _____

Number of Bracelets _____

Please mail all requests to:

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
OFFICE OF EMERGENCY MEDICAL SERVICES
ATTENTION: PREHOSPITAL SERVICES UNIT
1317 WINWOOD BOULEVARD
TALLAHASSEE, FLORIDA 32399-0700
FAX # (904) 488-2512