



HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

HPHA RESUSCITATION STATUS ORDER SET

RESUSCITATION STATUS:

After direct communication between MRP and capable patient or SDM:

- ATTEMPT RESUSCITATION (includes CPR, defibrillation, intubation and mechanical ventilation where vital signs absent)
- DO NOT ATTEMPT RESUSCITATION (DNAR) (**DO NOT ATTEMPT** CPR, defibrillation, intubation and mechanical ventilation)

Where DNAR order chosen, please indicate the following if deemed acceptable by the patient/SDM and if clinically indicated:

- Non-invasive ventilation (CPAP, BiPAP)
- Vasoactive Infusions + Central Venous Access Device (CVAD)
- Cardioversion
- Transcutaneous pacing
- Not discussed Why? _____/admitting physician

COMMENTS/DISCUSSION WITH PATIENT/SDM:

OTHER ORDERS:

If patient's resuscitation status changes, a new Resuscitation Status Order Set must be completed.

By signing below the transferring MRP is verifying that there has been no change in the patient's current Resuscitation Status

Date Care Transferred:	Physician Name (Printed):	Physician Signature:

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time