Figure: 25 TAC §157.25 (h)(2)

OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER DO NOT RESUSCITATE

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Pei	rson's full legal name: his document becomes effective immed	diatah an the data of me	oution for head	Date of	birth:	🛛 Male 🗆	Female Female
unt	il the person is pronounced dead by a	uthorized medical or leg	al authority or	the document is	revoked. Resuscitatio	n measures include cardio	opulmonary
	resuscitation (CPR), transcutaneous	cardiac pacing, defibrilla	ation, advanced	d airway manage	ment, artificial ventil	ation. Comfort care will b	e given.
Α.	Declaration of the <u>adult person</u> : I a Person's signature:	am competent and at leas		ge. I direct that			inued for ı
в.		gent in a Medical or over of Attorney,	proxy in a otherwise	a directive to phy e mentally or phy	sicians of the above- sically incapable of c	noted person who is incor ommunication.	npetent or
	Based upon the known desires of th initiated or continued for the perso Signature:	on.			person, I direct that Printed name:	no resuscitation measure	s be
			Date:				
C.	Declaration by a <u>gualified relative</u> person's spouse, adult child	d, 🛛 parent, or 🗖 ne		ative, and I am c			
	To my knowledge the adult person agent, or proxy. Based upon the kno measures be initiated or continued	is incompetent or otherv own desires of the perso	, wise mentally o	or physically inca			
	Signature:		Date:		Printed name:		
D.	Declaration by physician, based on competent person: I am the above seen evidence of his/her previou physicians by the adult, now inco I direct that no resuscitation measu Attending physician's signature:	-noted person's attendin usly issued directive to ompetent, ures be initiated or cont i	g physician and or inued for this p	d have observed his/he nonwritten mar person.	r issuance before two iner. Licen	o witnesses of an OOH-DN se Number: me:	IR in a
	Attending physician's signature.			Date:			
E.	Declaration on behalf of the minor A physician has diagnosed the minor continued for the person.						iated or
	Person's signature:		Date:		Printed name:		
sigr	O WITNESSES: (See qualifications on nature above and, if applicable, the al noss 1 signature:	bove-noted adult person	making an OO	H-DNR by nonw	ritten communicatior	n to the attending physicia	n.
	ness 1 signature: ness 2 signature:				Printed name:		
The	above noted person personally appe	eared before me and sigr	ned the above r	noted declaratio	n on this date:	·	
Not	tary in the State of Texas and County nature & seal:	/ ofNotary's pri	 intod namo:		Notan	ogl	
[No	te: Notary cannot acknowledge the with	essing of the person making	g an OOH-DNR o	order in a nonwritt	en manner.]	eur	
reco	SICIAN'S STATEMENT: I am the atter ords. I direct health care professional		•	luding a hospita	l emergency departn	nent, not to initiate or co	ntinue
	<pre>sicitation measures for the person. sician's signature:</pre>		Date:	I F	Printed name:		
F.	Directive by two physicians on beh The person's specific wishes are un not in the best interests of the per- department, not to initiate or cont	alf of the adult, who is i nknown, but resuscitatio son. I direct health care inue resuscitation measu	ncompetent or n measures ar professionals a ures for the pe	r unable to com e, in reasonable acting in out-of-l rson.	nunicate and withou medical judgment, c nospital settings, incl	t guardian, agent, proxy onsidered ineffective or a uding a hospital emergen	or relative: are otherw acy
	Attending physician's signature:					Lic. #	
	Signature of second physician:		Date:	Printed hai	ne:	Lic. #	
-	ersons who have signed above must	-					
	on's signature:						
	nding physician's signature:	Witness 2	Second	a Physician Signa			
	iess 1 ature:	signature:			Notary signature:		

INSTRUCTIONS FOR ISSUING AN OOH-DNR ORDER

PURPOSE: The Out-of-Hospital Do-Not-Resuscitate (OOH-DNR) Order on reverse side complies with Health and Safety Code (HSC), Chapter 166 for use by qualified persons or their authorized representatives to direct health care professionals to forgo resuscitation attempts and to permit the person to have a natural death with peace and dignity. This Order does NOT affect the provision of other emergency care, including comfort care. **APPLICABILITY**: This OOH-DNR Order applies to health care professionals in out-of-hospital settings, including physicians' offices, hospital clinics and emergency departments.

IMPLEMENTATION: A competent adult person, at least 18 years of age, or the person's authorized representative or qualified relative may execute or issue an OOH-DNR Order. The person's attending physician will document existence of the Order in the person's permanent medical record. The OOH-DNR Order may be executed as follows:

Section A - If an adult person is competent and at least 18 years of age, he/she will sign and date the Order in Section A.

<u>Section B</u> - If an adult person is incompetent or otherwise mentally or physically incapable of communication and has either a legal guardian, agent in a medical power of attorney, or proxy in a directive to physicians, the guardian, agent, or proxy may execute the OOH-DNR Order by signing and dating it in Section B.

<u>Section C</u> - If the adult person is incompetent or otherwise mentally or physically incapable of communication and does not have a guardian, agent, or proxy, then a qualified relative may execute the OOH-DNR Order by signing and dating it in Section C.

<u>Section D</u> - If the person is incompetent and his/her attending physician has seen evidence of the person's previously issued proper directive to physicians or observed the person competently issue an OOH-DNR Order in a nonwritten manner, the physician may execute the Order on behalf of the person by signing and dating it in Section D.

<u>Section E</u> - If the person is a minor (less than 18 years of age), who has been diagnosed by a physician as suffering from a terminal or irreversible condition, then the minor's parents, legal guardian, or managing conservator may execute the OOH-DNR Order by signing and dating it in Section E.

<u>Section F</u> - If an adult person is incompetent or otherwise mentally or physically incapable of communication and does not have a guardian, agent, proxy, or available qualified relative to act on his/her behalf, then the attending physician may execute the OOH-DNR Order by signing and dating it in Section F with concurrence of a second physician (signing it in Section F) who is not involved in the treatment of the person or who is a representative of the ethics or medical committee of the health care facility in which the person is a patient.

In addition, the OOH-DNR Order must be signed and dated by two competent adult witnesses, who have witnessed either the competent adult person making his/her signature in section A, or authorized declarant making his/her signature in either sections B, C, or E, and if applicable, have witnessed a competent adult person making an OOH-DNR Order by nonwritten communication to the attending physician, who must sign in Section D and also the physician's statement section.

Optionally, a competent adult person or authorized declarant may sign the OOH-DNR Order in the presence of a notary public. However, a notary cannot acknowledge witnessing the issuance of an OOH-DNR in a nonwritten manner, which must be observed and only can be acknowledged by two qualified witnesses. Witness or notary signatures are not required when two physicians execute the OOH-DNR Order in section F. The original or a copy of a fully and properly completed OOH-DNR Order or the presence of an OOH-DNR device on a person is sufficient evidence of the existence of the original OOH-DNR Order and either one shall be honored by responding health care professionals.

<u>REVOCATION</u>: An OOH-DNR Order may be revoked at ANY time by the person, person's authorized representative, or physician who executed the order. Revocation can be by verbal communication to responding health care professionals, destruction of the OOH-DNR Order, or removal of all OOH-DNR identification devices from the person.

<u>AUTOMATIC REVOCATION</u>: An OOH-DNR Order is automatically revoked for a person known to be pregnant or in the case of unnatural or suspicious circumstances.

DEFINITIONS

<u>Attending Physician</u>: A physician, selected by or assigned to a person, with primary responsibility for the person's treatment and care and is licensed by the Texas Medical Board, or is properly credentialed and holds a commission in the uniformed services of the United States and is serving on active duty in this state. [HSC §166.002(12)].

<u>Health Care Professional</u>: Means physicians, nurses, physician assistants and emergency medical services personnel, and, unless the context requires otherwise, includes hospital emergency department personnel. [HSC §166.081(5)]

Qualified Relative: A person meeting requirements of HSC §166.088. It states that an adult relative may execute an OOH-DNR Order on behalf of an adult person who has not executed or issued an OOH-DNR Order and is incompetent or otherwise mentally or physically incapable of communication and is without a legal guardian, agent in a medical power of attorney, or proxy in a directive to physicians, and the relative is available from one of the categories in the following priority: 1) person's spouse; 2) person's reasonably available adult children; 3) the person's parents; or, 4) the person's nearest living relative. Such qualified relative may execute an OOH-DNR Order on such described person's behalf. Qualified Witnesses: Both witnesses must be competent adults, who have witnessed the competent adult person making his/her signature in section A, or person's authorized representatives making his/her signature in either Sections B, C, or E on the OOH-DNR Order, or if applicable, have witnessed the competent adult person making an OOH-DNR by nonwritten communication to the attending physician, who signs in Section D. Optionally, a competent adult person, guardian, agent, proxy, or qualified relative may sign the OOH-DNR Order in the presence of a notary instead of two qualified witnesses. Witness or notary signatures are not required when two physicians execute the order by signing Section F. One of the witnesses must meet the qualifications in HSC §166.003(2), which requires that at least one of the witnesses not: (1) be designated by the person to make a treatment decision; (2) be related to the person by blood or marriage; (3) be entitled to any part of the person's estate after the person's death either under a will or by law; (4) have a claim at the time of the issuance of the OOH-DNR against any part of the person's estate after the person's death; or, (5) be the attending physician; (6) be an employee of the attending physician or (7) an employee of a health care facility in which the person is a patient if the employee is providing direct patient care to the patient or is an officer, director, partner, or business office employee of the health care facility or any parent organization of the health care facility.

Report problems with this form to the Texas Department of State Health Services (DSHS) or order OOH-DNR Order/forms or identification

devices at (512) 834-6700.

Declarant's, Witness', Notary's, or Physician's electronic or digital signature must meet criteria outlined in HSC §166.011 Publications No. EF01-11421 - Revised December 10, 2020, by the Texas Department of State Health Services