

Leamington Mennonite Home  
Long Term Care

POLICY AND PROCEDURE

<b>CATEGORY:</b> Nursing	<b>SUBJECT:</b> Do Not Resuscitate Confirmation Form	<b>SECTION:</b> D
<b>DATE:</b> February 2008	<b>Administrator:</b> _____ <i>J. M.</i>	<b>POLICY:</b> 5
<b>REVISION DATES:</b>	<b>Director of Care:</b> _____ <i>Cheryl Allick</i>	

**DO NOT RESUSCITATE CONFIRMATION FORM**

**POLICY:**

To ensure that the resident's request for CPR not be initiated when being transferred from the Home to hospital by paramedics or fire fighters.

**PROCEDURE:**

1. Upon admission, the resident or resident POA will complete the Personal Care Decision form to indicate his/her preference for emergency care or comfort measures.
2. If the resident chooses comfort measures only, the Registered Staff will complete the Do Not Resuscitate Confirmation Form indicating that no CPR has been requested.
3. Each form has a serial number which will be noted in the nursing notes by the Registered Staff and then copies made for future use. File the original form behind the Personal Care Decision form in the front of the resident's chart. Should the resident be sent to hospital, one of the copies made is to be sent with the paramedics.
4. If the original form is used or lost, a new form will be filled out by the Registered Staff and the above process followed.
5. This form will be reviewed yearly at the resident's annual care plan conference.