ALABAMA
Emergency Medical Services
Do Not Attempt Resuscitation Order

Patient’s Full Name __________________________________________________________________________________________

Attending/Treating Physician’s Order

I, the undersigned, a physician licensed in Alabama, state that I am the attending physician; or a physician providing
treatment to the patient named above. It is my determination that [must check 1 or 2, below]:

1. The patient is an adult (eighteen years of age or older) and IS capable of making an informed decision and
   of granting consent about providing, withholding, or withdrawing specific medical treatment or course of
   treatment, and the patient has decided that he or she does not wish to be provided resuscitative measures in
   the prehospital setting. (Signature of patient required on reverse side).

2. The patient is an adult (eighteen years of age or older) and is NOT capable of making an informed decision
   and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of
   treatment, because the patient is not able 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 in Alabama.

If 2, above, is checked (patient if NOT CAPABLE of making an informed decision), then either A, B, or C, below, must
also be checked.

A. The patient, while still competent, executed a written advance directive which directed that resuscitative
   measures be withheld or withdrawn under the present circumstances. (Signature of next of kin required on
   reverse.)

B. The patient appointed a surrogate or attorney-in-fact with authority to direct that resuscitative measures be
   withheld or withdrawn under the present circumstances, and the surrogate or attorney-in-fact has so directed.
   (Signature of surrogate or attorney-in-fact required on reverse).

C. The patient has not executed a written advance directive, nor has he or she appointed a surrogate or attorney-
   in-fact, but either a court appointed guardian with authority to make such decisions, or a court of competent
   jurisdiction has directed that resuscitative measures to be withheld under the present circumstances.
   (Signature of guardian required on reverse side, or certified copy of court order must be attached hereto.)

Based on the foregoing, I hereby direct any and all emergency medical services personnel, commencing on the date
below, to withhold resuscitative measures, i.e., cardiopulmonary resuscitation, cardiac compression, endotracheal
intubation and other advanced airway management, artificial ventilation, cardiac resuscitative medications, and
cardiac defibrillation, in the event of the patient’s cardiac or respiratory arrest. I further direct such personnel to
provide all reasonable comfort care such as intravenous fluids, oxygen, suction, control of bleeding, administration
of pain medication (if personnel are properly authorized), and other therapies to provide comfort and alleviate pain,
and to provide support to the patient, family members, friends, and others present.

_______________________________________________________________      _________________________________________
Signature of Attending/Treating Physician                                           Date

_______________________________________________________________      _________________________________________
Printed Name                                        Telephone Number (Emergencies)

_______________________________________________________________      _________________________________________
Signature of Second (Consulting) Physician                                         Date

_______________________________________________________________      _________________________________________
Printed Name                                        Telephone Number (Emergencies)

If the patient should die at home while EMS is present or during transport by EMS Personnel, The EMS Provider
shall document such in the narrative portion of the EMS Run Report.
NOTE: The do not attempt resuscitation order on the reverse side is not valid unless paragraph I, II, III, or IV, below, is signed and dated, or unless a certified court order is attached hereto.

I. I, the undersigned patient, understand that I suffer from a terminal condition, which is an illness or injury for which there is no reasonable prospect of cure or recovery, death is imminent, and the application of resuscitative measures would only prolong the dying process. I hereby direct that prehospital resuscitative measures be withheld from me. I have discussed this decision with my physician, and I understand the consequences of this decision.

_______________________________________________________________
Signature of Patient

_______________________________________________________________
Printed Name

_______________________________________________________________
Date

II. I, the undersigned, hereby certify that I am related by blood or marriage to the patient named on the reverse side, and that I have personal knowledge that the patient has executed an advance directive (living will), a copy of which is attached, which requires that prehospital resuscitative measures be withheld from the patient under the present circumstances.

_______________________________________________________________
Signature of Relative

_______________________________________________________________
Printed Name

_______________________________________________________________
Date

III. I, the undersigned, hereby certify that I have been duly appointed as attorney-in-fact or health care surrogate by the patient named on the reverse side, and that my appointment gives me specific authority to make decisions related to withholding or withdrawing of medical care. I hereby direct that prehospital resuscitative measures be withheld from the patient.

_______________________________________________________________
Signature of Surrogate or Attorney-In-Fact

_______________________________________________________________
Printed Name

_______________________________________________________________
Date

IV. I, the undersigned, hereby certify that I have been duly appointed by a court of competent jurisdiction in Alabama as guardian of the patient named on the reverse side, with full power and authority to make decisions related to withholding or withdrawing of medical care. I hereby direct that prehospital resuscitative measures be withheld from the patient.

_______________________________________________________________
Signature of Guardian

_______________________________________________________________
Printed Name

_______________________________________________________________
Date

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