

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ALL Number orders are active unless: 1. Order is manually lined through to inactivate 2. Orders with check boxes  are unchecked.

DATE TIME

**DRUG AND TREATMENT ORDERS  
ADULT RESUSCITATION STATUS**

**SECTION I. GOALS OF CARE**

- I.  **Comfort Care:** This includes ongoing nursing care and physician evaluation to prevent and/or relieve suffering.
- II.  **No Escalation of Care:** Continue current management without additional artificial (medicinal, procedural or mechanical) interventions.
- III.  **Active Treatment:** goals focused on active treatment of current disease process(es). In the event of a cardiac/pulmonary arrest: please see below.

**SECTION II. RESUSCITATION STATUS (In the Event of Cardiac/Pulmonary Arrest)**

- I.  **Allow Natural Death.**  
Resuscitation will not be attempted in the event of a cardiac and/or respiratory arrest.
- II.  **Limited Resuscitation Efforts.** Please mark the measures a patient is to **RECEIVE** if a limited code is selected.
  - Circulatory Resuscitation:** Defibrillation, Chest Compressions, and Advanced Cardiac Life Support (ACLS) Medications may be attempted if indicated. If you are experiencing respiratory failure or primary respiratory arrest and do not wish to be intubated, resuscitation will not be attempted.

**OR**

  - Invasive Ventilation Assistance:** Endotracheal intubation/mechanical ventilation may be attempted if indicated. **THIS DOES NOT INCLUDE** Manual Ventilation/Non-Invasive Positive Pressure Ventilation (CPAP/BiPAP) which **CAN BE** used as standard of care and/or comfort care.
- III.  **Full Resuscitation Efforts.**  
Both circulatory resuscitation measures and invasive ventilation assistance will be attempted in the event of a cardiac or respiratory arrest.

**Patient WITH Capacity to Consent:**

I have had explained to me in terms that I understand the risks associated with an Allow Natural Death order and the risks associated with refusing any of the above procedures as a part of a Limited Code order. All of my questions have been answered to my satisfaction and I hereby consent to the order set forth above.

Patient's Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Patient WITHOUT Capacity to Consent:**

The ordering Physician and at least one other Physician have documented their determination that the patient has a **terminal condition**, an **end-stage condition** or is in a **persistent vegetative state**.

Mark with a check in the applicable box below.

- I have had explained to me in terms that I understand the risks associated with an Allow Natural Death order and the risks associated with refusing any of the above procedures as a part of a Limited Resuscitation order. All of my questions have been answered to my satisfaction and on behalf of the patient I hereby consent to the order set forth above.
- The patient has executed a written advance directive which directs that life-prolonging procedures be limited or withheld, consistent with the order set forth above, and I do not object to such measures being followed.

Patient's Alternative Decision-Maker (Signature): \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Patient's Alternative Decision-Maker (Print Name): \_\_\_\_\_

Telephone consent obtained from (Print Name): \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness' Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

DRUG ALLERGIES

WT:

KG



Baptist Medical Center Jacksonville, Jacksonville, FL  
 Baptist Medical Center Beaches, Jacksonville Beach, FL  
 Baptist Medical Center Nassau, Fernandina Beach, FL  
 Baptist Medical Center South, Jacksonville, FL  
 Baptist Emergency Center Clay, Fleming Island, FL  
 Baptist Emergency Town Center, Jacksonville, FL  
 Baptist Emergency Center North, Jacksonville, FL  
 Baptist Emergency Center Oakleaf, Jacksonville, FL  
 Wolfson Children's Hospital, Jacksonville, FL

A pharmaceutical equivalent or pharmaceutical alternative may be substituted. Therapeutic alternatives may be substituted as determined by the Pharmacy and Therapeutics Committee.



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PATIENT LABEL