



# Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order



Person's Full Legal Name: \_\_\_\_\_

Surrogate's Full Legal Name (if applicable): \_\_\_\_\_

I, the undersigned person or surrogate who has been designated to make health care decisions in accordance with Kentucky Revised Statutes, hereby direct that in the event of my cardiac or respiratory arrest that this **DO NOT RESUSCITATE (DNR) ORDER** be honored. I understand that DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart function, more specifically the insertion of a tube into the lungs, or electrical shocking of the heart or cardiopulmonary resuscitation (CPR) will be started by emergency medical services (EMS) personnel.

I understand this decision will *not* prevent emergency medical services personnel from providing other medical care.

I understand that I may revoke this DNR order at any time by destroying this form, removing the DNR bracelet, or by telling the EMS personnel that I want to be resuscitated. Any attempt to alter or change the content, names, or signatures on the EMS DNR form shall make the DNR form invalid.

I understand that this form, or a standard EMS DNR bracelet must be available and must be shown to EMS personnel as soon as they arrive. If the form or bracelet is not provided, the EMS personnel will follow their normal protocols which could include cardiopulmonary resuscitation (CPR) or other resuscitation procedures. I understand that should I die, EMS personnel will require this form and/or bracelet for their records.

I give permission for information about this EMS DNR Order to be given to the prehospital emergency medical care personnel, physicians, nurses, or other health care personnel as necessary to implement this directive.

I hereby state that this **'Do Not Resuscitate (DNR) Order'** is my authentic wish to **not** be resuscitated.

\_\_\_\_\_  
**Person/Legal Surrogate Signature** \_\_\_\_\_  
**Date**

Commonwealth of Kentucky County of \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_ to be his/her own  
free act and deed, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, Notary Public  
My commission expires: \_\_\_\_\_

In lieu of having this Form notarized, it may be witnessed by two persons not related to the individual noted above.

WITNESSED BY:

1. \_\_\_\_\_
2. \_\_\_\_\_

### Verification of the original document

**Upon transfer out of the facility:**

This document is a copy generated on the current date from an original document maintained in the patient's chart, is true to the original, and recognized to be in full force.

\_\_\_\_\_  
*Signature of person sending patient* *Date*

**Upon transfer back to the facility:**

This signed copy was received during the admission of the patient and to the treatment team's reasonable knowledge, the DNR remains in effect at the date of the discharge.

\_\_\_\_\_  
*Signature of person returning patient* *Date*

This EMS Do Not Resuscitate Form was approved by the Kentucky Board of Medical Licensure at their March 2024 meeting.  
Complete the portion below, cut out, fold, and insert in DNR bracelet.



**I certify that an EMS Do Not Resuscitate (DNR) form has been executed.**

Person's Name (print/type) \_\_\_\_\_ Person's / Legal Surrogate's Signature \_\_\_\_\_

**KENTUCKY EMERGENCY MEDICAL SERVICES  
DO NOT RESUSCITATE (DNR) ORDER**

**INSTRUCTIONS**

**PURPOSE**

This standardized EMS DNR Order has been developed and approved by the Kentucky Board of Medical Licensure, in consultation with the Cabinet for Human Resources. It is in compliance with KRS Chapter 311 as amended by Senate Bill 311 passed by the 1994 General Assembly, which directs the Kentucky Board of Medical Licensure to develop a standard form to authorize EMS providers to honor advance directives to withhold or terminate care.

For covered persons in cardiac or respiratory arrest, resuscitative measures to be withheld include external chest compressions, intubation, defibrillation, administration of cardiac medications and artificial respiration. The EMS DNR Order does **not** affect the provision of other emergency medical care, including oxygen administration, suctioning, control of bleeding, administration of analgesics and comfort care.

**APPLICABILITY**

This **EMS DNR Order** applies only to resuscitation attempts by health care providers in the **prehospital** setting (i.e., certified EMT-First Responders, Emergency Medical Technicians, and Paramedics) — in patients' homes, in a long-term care facility, during transport to or from a health care facility, or in other locations outside acute care hospitals.

**INSTRUCTIONS**

Any adult person may execute an EMS DNR Order. The person for whom the Order is executed shall sign and date the Order and may either have the Order notarized by a Kentucky Notary Public or have their signature witnessed by two persons not related to them. The executor of the Order must also place their printed or typed name in the designated area and their signature on the EMS DNR Order bracelet insert found at the bottom of the EMS DNR Order form. The bracelet insert shall be detached and placed in a hospital type bracelet and placed on the wrist or ankle of the executor of the Order.

If the person for whom the EMS DNR Order is contemplated is unable to give informed consent, or is a minor, the person's legal surrogate shall sign and date the Order and may either have the form notarized by a Kentucky Notary Public or have their signature witnessed by two persons not related to the person for which the form is being executed or related to the legal health care surrogate. The legal health care surrogate shall also complete the required information on the EMS DNR bracelet insert found at the bottom of the EMS DNR Order form. The bracelet shall be detached and placed in a hospital type bracelet and placed on the wrist or ankle of the person for which this Order was executed.

**The original, completed EMS DNR Order or the EMS DNR Bracelet must be readily available to EMS personnel in order for the EMS DNR Order to be honored.** Resuscitation attempts may be initiated until the form or bracelet is presented and the identity of the patient is confirmed by the EMS personnel. **It is recommended that the EMS DNR Order be displayed in a prominent place close to the patient and/or the bracelet be on the patient's wrist or ankle.**

**REVOCATION**

An EMS DNR Order may be revoked at any time orally or by performing an act such as burning, tearing, canceling, obliterating or by destroying the order by the person on whose behalf it was executed or by the person's legal health care surrogate.

**IT SHOULD BE UNDERSTOOD BY THE PERSON EXECUTING THIS EMS DNR ORDER OR THEIR LEGAL HEALTH CARE SURROGATE, THAT SHOULD THE PERSON LISTED ON THE EMS DNR ORDER DIE WHILE EMS PREHOSPITAL PERSONNEL ARE IN ATTENDANCE, THE EMS DNR ORDER OR EMS DNR BRACELET MUST BE GIVEN TO THE EMS PREHOSPITAL PERSONNEL FOR THEIR RECORDS.**

**The original, completed EMS DNR Order or the EMS DNR Bracelet or a copy of the original with verification must be available to EMS personnel in order for the EMS DNR Order to be honored.**

**Verification of original document**

**Upon transfer out of the facility:**

The person sending the patient will sign and date the check box stating the document is a copy generated on the current date from an original document maintained in the patient's chart, is true to the original, and recognized to be in full force.

**Upon transfer back to the facility:**

The facility discharging the patient will sign and date the second box stating the signed copy was received during the admission of the patient and to the treatment team's reasonable knowledge, the DNR remains in effect at the date of the discharge.

**Upon completion of the transfer:**

The EMS staff should properly destroy the document or attach it to the patient care report. The document would have no force beyond the signed dates.