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State of Nevada
Do-Not-Resuscitate Identification
Application – Adult

Patient Information (Please Print or Type)

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone #: _____ Birthdate: _____ Gender: ☐ Male
☐ Female

A. Patient's Statement

I, the above-named patient, am capable of making an informed decision and **do not wish to receive life-resuscitating treatment in the event of a cardiac or respiratory arrest.** Therefore, I **direct Emergency Medical Services personnel to withhold life-resuscitating treatment.** I verify that I have informed each member of my immediate family whose whereabouts are known to me, and/or my legal guardian or caretaker of my decision to apply for a Do-Not-Resuscitate Identification.

Patient's Signature/Date: _____

B. Agent's Statement

I am the above-named patient's agent (with durable power of attorney for healthcare decisions pursuant to NRS 449.786 to 449.900, inclusive). The patient does not wish to receive life-resuscitating treatment in the event of a cardiac or respiratory arrest. **I direct Emergency Medical Services personnel to withhold life-resuscitating treatment in the event of a cardiac or respiratory arrest.**

Agent's Name: _____
Last First Middle

Address: _____
Street City State Zip Code Phone #

Agents's Signature/Date: _____

Attending Physician's Statement

As required by Nevada Revised Statutes (NRS) 450B.520(2), I certify that I am the above patient's physician or attending advanced practice registered nurse who has primary responsibility for the treatment and care of the patient and that the patient suffers from a terminal condition. The patient is capable of making an informed decision or, when he/she was capable of making an informed decision, he/she executed a written directive that life resuscitating treatment be withheld under certain circumstances, or a durable power of attorney for health care decisions pursuant to NRS 449.786 to 449.900, inclusive, or he/she was issued a Do-Not-Resuscitate order pursuant to NRS 450B.510.

Attending Physician's Name (print): _____ Phone #: _____

Attending Physician's Name (sign/date): _____ NV License #: _____

Office use Only:

Received by: _____ Issued: _____ DNR ID#: _____

Applicant Instructions:

1. Provide the information required in the 'Patient Information' section of the application.
2. Sign and date the 'Patient Statement' section of the application or the patient's power of attorney for healthcare decisions sign and date the 'agents' statement' section.
3. Have your attending physician or attending advanced practice registered nurse complete and sign the 'Attending Physician's Statement' section of the application.
4. Include a check or money order in the amount of \$5, payable to the Nevada State Health Division, with the completed application.
5. Mail the completed application to:

Emergency Medical Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Attending Physician's Instructions:

1. Provide your name, phone number and NV license number; and
2. Sign the 'Attending Physician's Statement' where indicated.

**For additional information please call:
Nevada State Health Division Emergency Medical
Services
775-687-7590**

The 1997 Legislature enacted Assembly Bill (AB) 29, allowing "qualified patients" to apply for a DNR Identification. AB 29 subsequently was codified as Nevada Revised Statute NRS 450B.400 to 450B.590, inclusive. DNR Identification instructs pre-hospital emergency medical services personnel to withhold life resuscitating treatment in the event of cardiac or respiratory arrest. EMS personnel will provide appropriate emergency medical and supportive care to patients with DNR Identification if the patient is not experiencing cardiac or respiratory arrest.

A "qualified patient" is a patient who has executed a declaration, in accordance with NRS 450B.470, governing the withholding or withdrawal of life sustaining treatment and who has been determined by his attending physician to be a terminal condition.

DNR Identification will be a card and document issued by the Division of Public and Behavioral Health signifying the person is a qualified patient who wishes not to be resuscitated in the event of cardiac or respiratory arrest. NRS 450B.410.

Life-resuscitating treatment means cardiopulmonary resuscitation (CPR) or any of its components including chest compressions, defibrillation, cardioversion, assisted ventilation, airway intubation and administration of cardiotoxic medications.

Patients applying for DNR Identification should fully discuss their decision with their family members or caretakers. Family members or caretakers are generally the ones who call EMS when the patient needs medical assistance. Being aware and supportive of the patient's wishes in this area allows them to appropriately advise EMS personnel responding to care for the patient.



State of Nevada

Do-Not-Resuscitate

Identification

Application

**Adult
(18+ years of age)**

Nevada State Health Division

Emergency Medical Systems

4126 Technology Way, Ste 100

Carson City, NV 89706

775-687-7590