

**IF YOU RECEIVED THIS FAX IN ERROR,  
PLEASE CALL 604-806-8886 IMMEDIATELY**



**PRESCRIBER'S ORDERS**

Enter Order into SCM (facilities with SCM order entry)

**OPTIONS FOR CARE AND RESUSCITATION / DNAR ORDERS**

Reminder: A change in decision or option necessitates the completion of a new Prescriber's Order

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Patient/Resident:  is competent to make own medical decisions  
 is NOT competent to make own medical decisions (PHC-MR081 completed)

Substitute Decision Maker: \_\_\_\_\_  
Full printed name Telephone number

**Attempt Resuscitation (CPR)**

In the event of acute medical event: Maximum therapeutic effort.

**Do NOT Attempt Resuscitation (DNAR: NO CPR)**

In the event of serious acute illness:

- Option 1** No CPR. Supportive care such as nursing care, relief of pain, control of fever, provision of fluids and continued management of chronic conditions.
- Option 2** No CPR. Option 1 plus therapeutic measures and medications to manage acute conditions within the limits of the residential care facility or program to which the patient/resident is admitted.
- Option 3** No CPR. Option 2 plus admission to an acute care hospital (if not already admitted) for medical/surgical treatment as indicated. No referral to critical care.
- Option 4** No CPR. Maximum therapeutic effort as in Option 3, including referral to critical care but no intubation.
- Option 5** No CPR. Maximum therapeutic effort as in Option 4, including referral to critical care, intubation & ventilation.

**Additional information:**

Most Responsible Physician/Provider consulted: \_\_\_\_\_  
Printed name Date

Registered Health Care Provider completing this form:

Printed Name \_\_\_\_\_ Discipline \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Details of advance care planning conversation (more space on back)  Existing Advance Care Planning document in patient chart.