



Do Not Resuscitate (DNR) Suspension Form

My physician has signed an order that I not be resuscitated in case of heart or respiratory failure during my surgery center stay. I understand that by consenting to procedural sedation/anesthesia/analgesia for a surgical procedure, I consent to the administration of potent drugs that often produce significant changes in respiration (breathing) and circulation of blood. I also understand that the administration of procedural sedation/anesthesia/analgesia involves the deliberate depression of vital systems followed by their resuscitation. I understand that heart failure may result for the administration of procedural sedation/anesthesia/analgesia.

This procedure is considered an elective surgery, and all efforts will be made to resuscitate if needed. While under our care at Baylor Scott & White Surgicare – Cityview, your DNR will not be honored.

Your DNR will be reinstated immediately upon discharge from Baylor Scott & White Surgicare – Cityview.

By signing below, I acknowledge that I understand all resuscitative measures will be employed while under the care of Baylor Scott & White Surgicare – Cityview including the operating room, the recovery phase, and in all clinical situations that arise. I understand that by consenting to procedural sedation/anesthesia/analgesia, I am also consenting to the DNR Order and the ATTEMPS WILL BE MADE TO RESUSITATE ME IN THE EVENT OF ANY CARDIOPULMONARY ARREST DURING THE SURGERY AND UNTIL RECOVERY FROM THE EFFECTS OF PROCEDURAL SEDATION/ANESTHESIA/ANALGESIA IS COMPLETED.

Patient or Legal Representative Printed Name

Date

Patient or Legal Representative Signature