



NO CARDIOPULMONARY RESUSCITATION – MEDICAL ORDER

Capable patients may request that no cardiopulmonary resuscitation be started on their behalf. This should be done after discussions with their doctor or nurse practitioner. "No cardiopulmonary resuscitation" is defined as no cardiopulmonary resuscitation (no CPR) in the event of a respiratory and/or cardiac arrest.

This form is provided to you or your substitute decision maker to acknowledge that you have had a conversation with a physician or nurse practitioner about a No CPR Order, and understand that no CPR will be provided in circumstances where you can no longer make decisions for yourself. It instructs people such as first responders, paramedics and health care providers not to start CPR on your behalf whether you are at home, in the community or in a residential care facility. The personal information collected on this form assists the health professionals noted above to carry out your wishes. If you have any questions about the collection of this information contact **HealthLink BC at 8-1-1** or go to www.gov.bc.ca/expectedhomedeath.

You or someone at your location should have the form available to show to emergency help if they are called to come to your aid. It is desirable that you wear a MedicAlert® or CPR bracelet or necklet to enable quick verification that you have a No CPR Order in place. To obtain a free No CPR bracelet/necklet, please call 1-800-668-1507, or visit the website at www.medicalert.ca/nocpr. If you change your wishes about this matter, then please inform your doctor, nurse practitioner or residential care facility nurse, and MedicAlert and tear up the form.

PATIENT IDENTIFICATION	Patient Last Name	Birthdate (YYYY / MM / DD)		
	Patient First and Middle Name(s)	Personal Health Number (PHN)		
	Patient Address	Telephone Number		
WITNESSED BY THE PATIENT, OR BY THE PATIENT'S SUBSTITUTE DECISION MAKER (SDM) WHEN THE PATIENT IS INCAPABLE	I, _____ (patient's name or patient's substitute decision maker if patient is incapable) have had a conversation with the undersigned physician/nurse practitioner about this No CPR Order in the event of cardiac or respiratory arrest. I understand that in the event of a cardiac or respiratory arrest, no cardiopulmonary resuscitation is to be undertaken.			
	Patient's Signature	Date Signed		
	Signature of the Patient's Substitute Decision Maker	Date Signed		
	Relationship of the Patient's Substitute Decision Maker to the Patient (e.g. representative, committee of person, or temporary substitute decision maker)			
SECTION TO BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER				
STATUS OF MEDICAL ORDER <input type="checkbox"/> Patient (or SDM) agrees and has signed this form <input type="checkbox"/> Patient (or SDM) agrees but has declined signing this form	The above identified patient has expressed wishes to not have CPR in the event of cardiac or respiratory arrest. I have discussed the patient's health status, life expectancy, and expressed wishes with the patient/patient's substitute decision maker. Based on this discussion, I order that in the event of a respiratory and/or cardiac arrest no cardiopulmonary resuscitation is to be undertaken. This order shall be in effect until cancelled or repealed.			
	Date			
	ATTENDING PHYSICIAN/NURSE PRACTITIONER		ALTERNATE PHYSICIAN/NURSE PRACTITIONER	
	Name of Attending Physician / Nurse Practitioner		Name (Print)	
	License Number of Physician / Nurse Practitioner	Phone Number	Phone Number	
Address	Signature			

PATIENT/FAMILY INSTRUCTIONS

Looking at this form may be one of the most difficult things you have ever done. Many thoughts and emotions may surface. So often people try to ignore their mortality, yet we all know it is one of the facts of life: we all, one day, will die.

This form is a medical order that reflects your wishes about what you would like to have happen in the event you stop breathing or your heart stops beating. Take time to thoughtfully consider your wishes and ask your health care professionals what resuscitation would entail and any risks to quality and/or quantity of life that could accompany resuscitation if you decided to have it.

Whether you live at home or in a residential care facility, your care team will help you and/or your substitute decision maker to make choices and plans for end-of-life-care. If you have a life-limiting illness and are choosing to die at home, you will need to make additional plans. The steps you will need to consider are listed below.

If you are a family member who is asked to consider this document on behalf of your loved one, all of what is said above applies also. This can be a stressful decision. Remember to seek support from trusted family members, friends and/or a spiritual advisor if you have one and your health care team.

IF YOU WANT TO DIE NATURALLY AT HOME, CONSIDER THESE STEPS

INDIVIDUAL / FAMILY

What to Do Ahead of Time

- Discuss the option of an in-home death with your physician/nurse practitioner and community nurse.
- Make a written plan with your physician/nurse practitioner and community nurse so you are clear about what will happen and so family, friends and others may support your decisions and respect your wishes and know what to do at the time of death. You need to write in your plan:
 - who will pronounce death, IF pronouncement is planned. Pronouncement is NOT necessary if a "Notification of Expected Home Death" form has been completed earlier by you and your doctor or nurse practitioner. The form can be found at www.gov.bc.ca/expectedhomedeath.
 - how your physician/nurse practitioner can be reached;
 - what alternate arrangements have been made should your physician/nurse practitioner be unavailable or cannot be reached;
 - which funeral home will be called to transport the deceased.
- Make prearrangements with a funeral home. Such arrangements will normally involve selecting the funeral home and making plans with the funeral director for transportation of the deceased after death and the method of final disposition. For information on funeral homes in your area, you could contact the B.C. Funeral Association at 1-800-665-3899.
- Ensure that a copy of this form is easily available in your home. If you are away from your home for any reason, take the form with you so it's available should it be necessary.

FAMILY / FRIENDS

What to Do at the Time of Death

- DO NOT CALL 911, the ambulance, coroner, police, or fire department. Review your written plan for who to contact at the time of death.
- CALL family, friends, and the spiritual advisor, if any, you would like to have present.
- CALL the physician/nurse practitioner or community nurse to pronounce death IF a "Notification of Planned Home Death" form has NOT been completed, AND/OR pronouncement is planned.
 - If your physician/nurse practitioner or community nurse cannot be reached, CALL the backup physician/nurse practitioner or community nurse if prearranged.
- IF a "Notification of Planned Home Death" form HAS been completed AND is in your home, call the funeral home after one hour or more has passed since your loved one's breathing has stopped.
 - You do NOT need to call a physician/nurse practitioner about completing a Medical Certificate of Death form. The funeral home can contact the physician or nurse practitioner to obtain a signed certificate within 48 hours, because the body cannot be released for burial or cremation without it.

People to Call	Name	Telephone Number
Phys/Nur. Practitioner		
Alternate Practitioner		
Community Nurse		
Funeral Home		
Spiritual Advisor		
Home Support Agency		
Hospice Program		
Family and Friends		

For more information, go to www.gov.bc.ca/expectedhomedeath

There are communities in British Columbia without physicians or nurse practitioners who live in the community and without a funeral home. It is essential that these situations be discussed by the patient and family and physician/nurse practitioner and an appropriate plan suitable for the community be made in advance.