DATE: 08/29/2025 2:34 PM

ACTION: Final

AMENDED
Appendix
3701-62-04

DNR COMFORT CARE

A printed copy of this order form or other authorized DNR identification must accompany the patient during transports and transfers between facilities.

Any medical orders, instructions, or information other than the those required elements of the form itself, that are written on this order form are not transportable and are not provided protections or immunities.

Patient Name:	Patient Birth Date:
Optional Patient or Authorized Representative's Signature:	
Printed name of Physician, APRN or PA*:	Date:
REQUIRED Signature of Physician, APRN or PA:	Phone:

CHECK ONLY ONE BOX BELOW

☐ **DNR Comfort Care — Arrest:** Providers will treat patients as any other patient without a DNR order until the point of cardiac or respiratory arrest at which point all interventions will cease and the DNR Comfort Care protocol will be implemented.

☐ **DNR Comfort Care:** The following DNR protocol is effective immediately:

DNR PROTOCOL

Providers Will:	**Providers Will Not:**
• Conduct an assessment • Perform basic medical care • Clear airway of obstruction or suction • If necessary for comfort or to relieve distress, may administer oxygen, CPAP, or BiPAP • If necessary, may obtain IV access for hydration or pain medication to relieve discomfort, but not to prolong death • If possible, may contact other appropriate health care providers (hospice, home health, physician, APRN, or PA)	• Perform CPR • Administer resuscitation medications with the intent of restarting the heart or breathing • Insert an airway adjunct • Defibrillate, cardiovert or initiate pacing • Initiate continuous cardiac monitoring

Physicians, emergency medical services personnel, and persons acting under the direction of or with the authorization of a physician, APRN or PA who participate in the withholding or withdrawal of CPR from the person possessing the DNR identification are provided immunities **under section 2133.22 of the Revised Code**. This DNR order is effective until revoked.

* A DNR may be issued by an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) when authorized by section 2133.211 of the Ohio Revised Code.