NAME Patient's Name	PHYSICIAN	ID #

CODE STATUS ORDER

Staff to initial Part 1

Part 1. Staff please initial to the left in one of the following blocks.

	This code was prepared in advance by the above named individual.
	This code was prepared in advance by the individual's legally appointed and appropriately empowered Patient Advocate.
	The individual's court appointed guardian.
	Individual has no guardian or legally authorized representative. Individual unable to provide directives.

Medical Treatment Decision Maker to initial Part 2 & 3

Part 2. Medical Treatment Decision Maker please initial in the block opposite the code status wanted.

	NO CODE	Do not resuscitate (No CPR, provide supportive care only and keep comfortable). Request that in the event that the heart and breathing should stop, no person shall attempt to resuscitate.
	FULL CODE	CPR will be initiated per facility protocol and resident will be transfered to an acute care setting.

Part 3. Medical Treatment Decision Maker: Please circle choice and initial in the block(s) opposite those specific treatments wanted.

YES NO Undecided	**Feeding tube (Tube used to put food directly into the stomach for artificial feeding and hydration).**
YES NO Undecided	**Intravenous Therapy for hydration, antibiotics or IV medications.**

Part 4. I have provided my directives as stated in Part 2 & 3 and I understand they shall remain in affect until changed by myself or my medical decision maker.

Patient (or Patient Advocate or Guardian's) Signature	Date
Type or Print Full Name	

ATTESTATION OF WITNESSES

Witnesses are verifying that the individual is making these choices voluntarily. Both witnesses must be disinterested parties, and may not be an employee of the facility nor a relative of the individual.

Witness's Signature	Date	Witness's Signature	Date
Type or Print Full Name		Type or Print Full Name	

Staff whom witnessed / completed form:	Physician's Signature	Date
Staff Signature	Type or Print Full Name	