RESUSCITATION STATUS (CODE STATUS)

I would like the following procedures followed if in case of emergency I am not able to make any of the following decisions. I understand I can change my mind about the following anytime. In case of emergency if I pass out or not able to breathe the following procedures may be done.

YES	NO	PROCEDURES
____	_____	CHEST COMPRESSIONS/ CPR
____	_____	BREATHING TUBE/ VENTILATOR
____	_____	CARDIAC MEDICATIONS
____	_____	DEFIBRILLATOR/ SHOCK TO HEART
____	_____	DO NOT RESCUSITATE

PATIENT SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

PHYSICIAN SIGNATURE _____ DATE _____