Advance Directive Forms:
- Johnson County EMS providers will recognize and immediately honor the following advance directive forms which limit the scope of emergency medical care and intervention. Original forms, photocopied or faxed copies of forms will be honored by field personnel. Anytime care is limited by Advance Directive it should be clearly documented in the provider’s written report and the Advance Directive should be filed with the report at the EMS agency.

- **Pre-Hospital or Out-of-Hospital DNR Request Form**
  - Validity of the above DNR forms is based on the following:
    - It must be signed by the patient/guardian or appropriate surrogate
    - It must be part of the permanent written medical record of the patient
    - It must be signed by the patient’s attending physician
    - The revocation provision must not be signed

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PRE-HOSPITAL DNR REQUEST FORM
An Advanced Request to Limit the Scope of Emergency Medical Care

<table>
<thead>
<tr>
<th>(Name)</th>
<th>Patient/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

REVOCA TION PROVISION
I hereby revoke the above declaration.

Signature | Date

I AFFIRM THIS DIRECTIVE IS THE EXPRESSED WISH OF THE PATIENT/PATIENT'S GUARDIAN, IS MEDICALLY APPROPRIATE AND IS DOCUMENTED IN THE PATIENT'S PERMANENT MEDICAL RECORD.

In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated.

Physician's Signature | Date

Address | Facility or Agency Name

THIS FORM WILL NOT BE ACCEPTED IF IT HAS BEEN AMENDED OR ALTERED IN ANY WAY.

OUTSIDE THE HOSPITAL DNR REQUEST FORM
An Advanced Request to Limit the Scope of Emergency Medical Care

<table>
<thead>
<tr>
<th>(Name)</th>
<th>Patient/Appropriate Surrogate Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness</td>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

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Kansas Right to Die Declaration

Kansas Right to Die Declaration

§ 65-28,101: Withholding or withdrawal of life-sustaining procedures; legislative finding and declaration. The legislature finds that adult persons have the fundamental right to control the decisions relating to the rendering of their own medical care, including the decision to have life-sustaining procedures withheld or withdrawn in instances of a terminal condition.

In order that the rights of patients may be respected even after they are no longer able to participate actively in decisions about themselves, the legislature hereby declares that the laws of this state shall recognize the right of an adult person to make a written declaration instructing his or her physician to withhold or withdraw life-sustaining procedures in the event of a terminal condition.

History:  L. 1979, ch. 199, § 1; July 1.

§ 65-28,102: Same; definitions. As used in this act:

(a) "Attending physician" means the physician selected by, or assigned to, the patient who has primary responsibility for the treatment and care of the patient.

(b) "Declaration" means a witnessed document in writing, voluntarily executed by the declarant in accordance with the requirements of K.S.A. 65-28,103.

(c) "Life-sustaining procedure" means any medical procedure or intervention which, when applied to a qualified patient, would serve only to prolong the dying process and where, in the judgment of the attending physician, death will occur whether or not such procedure or intervention is utilized. "Life-sustaining procedure" shall not include the administration of medication or the performance of any medical procedure deemed necessary to provide comfort care or to alleviate pain.

(d) "Physician" means a person licensed to practice medicine and surgery by the state board of healing arts.

(e) "Qualified patient" means a patient who has executed a declaration in accordance with this act and who has been diagnosed and certified in writing to be afflicted with a terminal condition by two physicians who have personally examined the patient, one of whom shall be the attending physician.

History:  L. 1979, ch. 199, § 2; July 1.

§ 65-28,103: Same; declaration authorizing; effect during pregnancy of qualified patient; duty to notify attending physician; form of declaration; severability of directions. (a) Any adult person may execute a declaration directing the withholding or withdrawal of life-sustaining procedures in a terminal condition. The declaration made pursuant to this act shall be: (1) In writing; (2) signed by the person making the declaration, or by another person in the declarant's presence and by the declarant's expressed direction; (3) dated; and (4) (A) signed in the presence of two or more witnesses at least 18 years of age neither of whom shall be the person who signed the declaration on behalf of and at the direction of the person making the declaration, related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession of this state or under any will of the declarant or codicil thereto, or directly financially responsible for declarant's medical care; or (B) acknowledged before a notary public. The declaration of a qualified patient diagnosed as pregnant by the attending physician shall have no effect during the course of the qualified patient's pregnancy.

(b) It shall be the responsibility of declarant to provide for notification to the declarant's attending physician of the existence of the declaration. An attending physician who is so notified shall make the declaration, or a copy of the declaration, a part of the declarant's medical records.

(c) The declaration shall be substantially in the following form, but in addition may include other specific directions. Should any of the other specific directions be held to be invalid, such invalidity shall not affect other directions of the declaration which can be given effect without the invalid direction, and to this end the directions in the declaration are severable.

DECLARATION

Declaration made this ___________ day of ______ (month, year). I, _____________, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare: If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Signed ___________________________________________  City, County and State of Residence ___________________________________________

The declarant has been personally known to me and I believe the declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness ___________________________________________  Witness ___________________________________________  (OR)

STATE OF ____________________) ______________________________ ss. COUNTY OF ____________________)

This instrument was acknowledged before me on _________ (date) by ________________ (name of person)  ss. COUNTY OF ____________________).  (Signature of notary public) [Seal, if any]  My appointment expires: ___________________________________________

Copies

History:  L. 1979, ch. 199, § 3; L. 1994, ch. 224, § 2; July 1.

§ 65-28,104: Same; revocation of declaration. (a) A declaration may be revoked at any time by the declarant by any of the following methods:

(1) By being obliterated, burnt, torn, or otherwise destroyed or defaced in a manner indicating intention to cancel;

(2) By a written revocation of the declaration signed and dated by the declarant or person acting at the direction of the declarant; or

(3) By a verbal expression of the intent to revoke the declaration, in the presence of a witness eighteen (18) years of age or older who signs and dates a writing confirming that such expression of intent was made. Any verbal revocation shall become effective upon receipt by the attending physician of the above mentioned writing. The attending physician shall record in the patient's medical record the time, date and place of when he or she received notification of the revocation.

(b) There shall be no criminal or civil liability on the part of any person for failure to act upon a revocation made pursuant to this section unless that person has actual knowledge of the revocation.

History:  L. 1979, ch. 199, § 4; July 1.
Appendix D – Patient Self-Determination for Care

Medical Medallion or Bracelet:
- Responders must verify DNR validity by calling the phone number located on the jewelry. Resuscitation does not need to be initiated prior to verification.

Transportable Physician Orders for Patient Preferences (TPOPP):
- Validity of the TPOPP form is based on the following:
  - It must be signed by the patient or recognized decision maker
  - It must be part of the permanent written medical record of the patient
  - It must be signed by the patient’s attending physician
- If patient has selected ‘Attempt Resuscitation/CPR’ in Section A, resuscitation will be attempted per the Cardiac Arrest protocol and Full Treatment will be provided as described in Section B.
- If patient has selected ‘Do Not Attempt Resuscitation’ in Section A, resuscitation will not be attempted and care will be provided to the level chosen in Section B. If Comfort Measures Only is selected in Section B, care will be provided according to the Comfort Care protocol. If Limited Additional Interventions is selected in Section B, care will be provided to the level described with additional orders considered if present.

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