

DIGNITY EXTENSIVISTS OF CENTRAL TEXAS

Texas Out-of-Hospital Do Not Resuscitate (OOH-DNR) / POLST Orders

Executed pursuant to Texas Health and Safety Code Chapter 166, Subchapter C

PATIENT IDENTIFICATION

Patient Name _____ DOB _____
Address _____ Phone _____
Facility Name / Location _____ MRN _____

A CARDIOPULMONARY RESUSCITATION (CPR)

Follow Section A when the patient is in cardiopulmonary arrest (has **no pulse and is not breathing**).

- ☐ **ATTEMPT CPR:** Attempt resuscitation, chest compressions, electrical defibrillation, endotracheal intubation, and advanced cardiac life support.
- ☐ **DO NOT ATTEMPT CPR / OOH-DNR:** Do NOT attempt CPR. Allow natural death with comfort measures only. EMS responders, facility rounding clinicians, and home care staff are ordered to withhold chest compressions, artificial ventilation, advanced airway insertion, and defibrillation.

B MEDICAL INTERVENTIONS & LEVEL OF CARE

Follow Section B when the patient **HAS a pulse and/or IS breathing**.

- ☐ **FULL TREATMENT:** Use all appropriate interventions including intubation, mechanical ventilation, IV medications, advanced cardioversion, and transfer to an acute care Intensive Care Unit (ICU) if indicated.
- ☐ **SELECTIVE TREATMENT:** Use medical care, IV antibiotics, IV fluids, non-invasive airway support (CPAP/BiPAP), and cardiac monitoring. Do NOT intubate. Transfer to hospital if needed; avoid ICU admission if possible.
- ☐ **COMFORT-FOCUSED CARE:** Provide medication, positioning, wound care, oxygen, and oral hydration/feeding to relieve pain and suffering. Transfer to hospital **ONLY** if comfort needs cannot be managed in current residential setting.

C MEDICALLY ADMINISTERED NUTRITION & HYDRATION

Always offer food and fluids by mouth if feasible and tolerated.

- ☐ Long-term artificial nutrition and hydration by tube (e.g., G-tube/PEG tube).
- ☐ Trial period of artificial nutrition and hydration by tube (Goal/Time: _____).
- ☐ No artificial nutrition and hydration by tube.

D STATUTORY SIGNATURE REQUIREMENTS FOR TEXAS VALIDITY

This form constitutes a binding medical order under Texas law and must be signed by the patient/surrogate **AND** the attending physician, accompanied by two witnesses or a notary.

1. PATIENT / LEGAL SURROGATE / AGENT CONSENT

I consent to the medical orders set forth above.

- | | |
|---|---|
| ☐ Patient | ☐ Designated Medical Power of Attorney (MPOA) |
| ☐ Court-Appointed Guardian | ☐ Qualified Texas Surrogate (Tx HSC § 166.088) |

Signature _____ Date _____

Printed Name _____

2. ATTENDING PHYSICIAN SIGNATURE (MANDATORY UNDER TEXAS LAW)

I verify that I am a physician licensed by the Texas Medical Board. These orders reflect the goals-of-care discussion and conform to standard medical care.

Physician Name _____

Texas License # _____ Phone _____

Physician Signature _____ Date _____

3. WITNESS / NOTARY VALIDATION

Witness 1 Signature _____ Date _____

Witness 2 Signature _____ Date _____

OR

Notary Public Signature & Seal _____ Date _____