



Code Status Form

We have found that it is helpful to know a patient's decision regarding resuscitation well in advance of the need of such information. Please indicate your wishes on the form below and sign and date at the bottom. Your doctor will discuss this decision with you. It is also important that you let your family members know your wishes. This will help ease their minds during an emergency situation.

Check the Appropriate Choice:

_____ **Full Resuscitation** – (Full Code)

_____ **Do Not Resuscitate** – (No Code)

_____ **Do Not Resuscitate/Palliative Care** – (No Code, Administer Palliative Care)

Treatments providing comfort will continue. Other treatments may be withheld if they do not contribute to the goal of providing comfort, or if they cause discomfort.

_____ **Do Not Intubate** – Resuscitate short of Intubation – (Full Code, No Intubation)

The following resuscitation measures will be carried out unless crossed out:

- *CPR*
- *Defibrillation*
- *Drugs*
- *Bag and Mask*

(Date)

(Patient's Signature)

(Date)

(Physician or Nurse Practitioner Signature)