Addendum A to Model Policy and Procedure for
DNR Orders in Dialysis Facility

Advance Directive for a Do Not Resuscitate Order in the Dialysis Unit

Having considered the things that are important to me in life, my current medical condition, the probability that my medical condition will not improve in the future, and my feelings about life and the quality of my life, I hereby state my wishes.

I request that I not have cardiopulmonary resuscitation (CPR) performed on me when my heart or lungs stop functioning.

I understand that CPR will probably not be successful in prolonging my life, or if it is, that my quality of life will probably not be satisfactory to me.

Based on the above reasons and after discussion with family, friends, and health care professionals to the extent to which I wish to have such discussions, I've come to the conclusion that I do not want CPR, even though I still want to continue my dialysis treatments.

In this regard, I hereby direct that if my heart or my breathing stops while being treated in the dialysis unit, I do not want to undergo CPR regardless of whether the stoppage of my heart or lungs is due to my underlying medical condition or a complication of the dialysis treatment.

________________________________________  _________________
Signature or Mark                              Date

________________________________________  _________________
Witness                                        Date

________________________________________  _________________
Witness                                        Date

Notary (if required by state law)