

# Continuation Sheet for Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) Order

(With Continuing Effect)

(For Adult)

(Made under the Advance Decision on Life-sustaining Treatment Ordinance)

(Note: Once used and attached to the DNACPR Order, this continuation sheet forms part of the Order.)

## **Details of DNACPR Order**

This is a continuation sheet for the DNACPR Order made for (Name):

\_\_\_\_\_ (*subject person*). The effective period of the Order began on

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

(Day) (Month) (Year)

## **st/nd/rd/th\* Extension of Effective Period**

(Note: An extension should not exceed 1 year.)

Having reviewed the current circumstances of the subject person and considered all other relevant factors, I FURTHER EXTEND the effective period of the Order. The extended effective period is to end at 24:00 hours on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

(Day) (Month) (Year)

I make the No Interest Declaration<sup>(See Part 6 or 8 (as applicable) of the Order)</sup>.

Signature: \_\_\_\_\_ Date of Signing: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Day) (Month) (Year)

Name of Registered Medical Practitioner: \_\_\_\_\_

Medical Council Registration No.: \_\_\_\_\_

Hospital/Clinic\*: \_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

(\* Delete as appropriate.)

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(Day) (Month) (Year)

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Signature: \_\_\_\_\_ Date of Signing: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Day) (Month) (Year)

Name of Registered Medical Practitioner: \_\_\_\_\_

Medical Council Registration No.: \_\_\_\_\_

Hospital/Clinic\*: \_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

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Hospital/Clinic\*: \_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

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(Day) (Month) (Year)

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Signature: \_\_\_\_\_ Date of Signing: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Day) (Month) (Year)

Name of Registered Medical Practitioner: \_\_\_\_\_

Medical Council Registration No.: \_\_\_\_\_

Hospital/Clinic\*: \_\_\_\_\_ Contact Tel. No.: \_\_\_\_\_

(\* Delete as appropriate.)