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## **POLICY DIRECTIVE**

**Policy Title: CPR Consent Form**

**Related Policy Manual: HARC**

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## **CPR CONSENT FORM**

Rescue Name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Please review the following HARC policy:**

*In the event of an emergency or anesthetic complication, HARC will perform lifesaving measures, up to and including intubation and administration of oxygen, administration of medication, and closed chest CPR. Costs range from \$50 to \$200. If the rescue does not wish to pursue these measures, and wishes to have a DNR order (Do not resuscitate order) invoked for any patient, they will need to notify HARC prior to or at presentation for an exam or anesthetic procedure.*

I, \_\_\_\_\_, understand and consent to the above HARC policy in the event of an emergency or anesthetic complication. I understand that this policy will continue to be followed until I, \_\_\_\_\_, notify HARC differently via verbal or written consent.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_