



Patient Last name \_\_\_\_\_

Patient First name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last four digits of SS # \_\_\_\_\_

Male

Female

### Scope Of Care Requests (SOCR)

**Cardiopulmonary Resuscitation:** Patient is not breathing and/or does not have a pulse

**1. Do Not Resuscitate:** Allow Natural Death (No Code/DNR/DNAR): No CPR or advanced cardiac life support interventions

**2. Resuscitate (Full Code):** Provide CPR (artificial respirations and cardiac compressions, defibrillation, and emergency medications as indicated by the medical condition)

**Additional resuscitation instructions:** \_\_\_\_\_

### Advance Directives:

The following documents exist:

LIVING WILL

DURABLE [POWER OF ATTORNEY FOR HEALTH CARE](#) (Advance Medical Directive)

DURABLE [PROTEST POWER](#) OF ATTORNEY FOR HEALTH CARE (Advance Medical Directive)

COURT APPOINTED GUARDIAN WITH HEALTH CARE POWERS

### Renal Support and Artificial Ventilation, Fluids and Nutrition:

Yes  No Renal support by dialysis

Yes  No Ventilation machine

Yes  No Feeding tube

Yes  No IV fluids

**Additional resuscitation instructions:** \_\_\_\_\_

### Antibiotics and blood products:

Yes  No Antibiotics

Yes  No Blood products

Initials of Signatory: \_\_\_\_\_

**Additional resuscitation instructions:** \_\_\_\_\_

**Medical interventions:** Patient has a pulse and is breathing

**Comfort measures only:** Use medications by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suctioning and digital measures to clear airway obstructions. Reasonable measures are to be made to offer food and fluids by mouth.

**Transfer to higher level of care only if comfort needs cannot be met in current location.**

**Limited additional interventions:** In addition to the care described above, in your discretion include cardiac monitoring and oral/IV medications. Transfer to higher level of care (e.g. from home to hospital) and provide treatment as indicated in above.  **Do not admit to Intensive Care.**

**Aggressive interventions:** In addition to the care described above, you may include other interventions (e.g. dialysis, ventricular support). Admission to Intensive Care is authorized.

**The requests provided in this instrument may be changed at any time.**

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

**Patient:**

\_\_\_\_\_

**Signatory is:**

**Patient.**

**Agent for Patient by virtue of relationship (Virginia Code § [54.1-2986](#)), who certifies that Signatory is related to Patient as \_\_\_\_\_, and is aware of no person with a paramount authority who objects to the requests provided above.**

**Agent for Patient under health care power of attorney. Attach a copy of health care power of attorney.**

**Guardian for Patient under court order. Attach a copy of court order and certificate of qualification in office of guardian.**

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**Initials of Signatory:** \_\_\_\_\_