

# Nebraska Emergency Treatment Declaration (V2.0 7/2019)

**Declaration:** This is my authorization to accept, limit, or refuse treatment if I have a life-threatening condition AND I am unable to make or communicate my own decisions. I have initialed the medical directives I have chosen for treatment in each section below. I understand that my directives will be followed whether I have a life threatening injury/accident or a medical emergency. If other decisions are required, those decisions should be as consistent with these choices as my condition allows.

Last Name
First, Middle Name
Date of Birth

<b>Section A</b> Initial <b>ONE</b> choice	<b>Scope of Treatment</b> If I have a life-threatening emergency and my heart is still beating, I want:	
		<b>ALL</b> medically indicated interventions. Use any intensive life sustaining treatments required to attempt to reverse or stabilize the emergency condition.
		<b>LIMITED</b> medically indicated interventions. Use general medical interventions including but not limited to fluids, blood products, medications, and non-invasive ventilation. <u>I DO NOT WANT TO BE INTUBATED (DNI)</u> . I hope to avoid surgery and avoid ICU transfer if possible.
		<b>NO TREATMENT</b> to reverse or stabilize the emergency condition. I want to be allowed to die naturally, using medication and oxygen for comfort purposes only. <b>DO NOT</b> use antibiotics or fluids to prolong my life. I agree to Hospice if indicated for my care.

<b>Section B</b> Initial <b>ALL that apply</b>	<b>Stopping Life Sustaining Treatment</b> If Life Sustaining Treatment has begun and I am still unable to make my own decisions. I want to:	
		<b>CONTINUE</b> life sustaining treatments as long as possible. I understand this may require a transfer to a long-term care facility on a breathing machine or other life sustaining measures.
		<b>STOP</b> life sustaining treatment if I worsen or do not improve either: (Check ONE of the following) <input type="checkbox"/> after a trial of a few days. (Usually for those with serious illness who still want to try treatment.) <input type="checkbox"/> before long-term measures are required, usually about 10-14 days.
		<b>STOP</b> life sustaining treatment if I appear to have lasting, serious brain damage.
		<b>STOP</b> life sustaining treatment if my surrogate decision maker(s) believe the burdens of treatment are too high for the expected benefit, or my life after treatment would be unacceptable to me based on what I've told them or what they know about me.

<b>Section C</b> Initial <b>ONE</b> choice	<b>Cardio-Pulmonary Resuscitation (CPR)</b> If my heart stops beating (cardiac arrest)	
		<b>ATTEMPT CPR</b> to try to restart my heart ( <b>CPR</b> ).
		<b>DO NOT ATTEMPT CPR/ Allow Natural Death EXCEPT</b> for cardiac arrest occurring during a medical intervention or procedure for which I have given consent. ( <b>DNR except procedures</b> )
		<b>DO NOT ATTEMPT CPR/ Allow Natural Death. (DNR)</b>

<b>Section D</b> Initial <b>ONE</b> choice	<b>Long-Term Nutrition/Tube Feeding</b> provided through a tube into stomach or veins. If, after following the instructions above, I am still unable to make my own decisions AND I am not able to safely take food by mouth:	
		<b>I accept</b> long-term nutrition/tube feeding if medically recommended.
		<b>I refuse</b> long-term nutrition/tube feeding.

Declarant Signature	Date
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Signature witnessed by TWO Adults (only one of whom can work for health care provider) OR NOTARY PUBLIC	
Witness One Sig:	Acknowledgement State of _____ County of _____ The foregoing was acknowledged before me this (date) _____ by (name) _____ Notary Public Signature _____  <div style="text-align: center;">(seal)</div>
Printed Name and Address:	
Witness Two Sig:	
Printed Name and Address:	

# Nebraska Emergency Treatment Orders (NETO™) (V2.0 7/2019)

These orders assure your directives are followed by Emergency Medical Services (EMS). They are only necessary if you are refusing CPR, Intubation, or Transport by EMS. Limitations of treatment must be completed and signed by a license medical provider.

Patient Name:	Date of Birth
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<b>Medical Orders for EMS</b>	<b>Medical Provider Attestation</b>						
<i>Medical Orders for EMS DO NOT APPLY in situations of apparent intentional injury.</i>							
<b>Resuscitation: Cardiac Arrest</b>	<b>“I attest that the patient and I have discussed the choices they have indicated on the reverse side of this form, and I have written the adjacent orders accordingly. In my opinion, the patient has capacity to make these decisions. I believe the patient understands that their decisions will apply to both life-limiting injuries/accidents and medical emergencies.”</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Provider Initial</td> <td style="width: 15%;"></td> <td style="padding: 2px;">Attempt CPR per protocol</td> </tr> <tr> <td style="padding: 2px;">One</td> <td></td> <td style="padding: 2px;">DO NOT Attempt CPR</td> </tr> </table>		Provider Initial		Attempt CPR per protocol	One		DO NOT Attempt CPR
Provider Initial			Attempt CPR per protocol				
One			DO NOT Attempt CPR				
<b>Intubation: Non-Cardiac Arrest</b>							
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Provider Initial		Intubate per protocol					
One		DO NOT Intubate					
<b>Transportation to higher level of care</b>							
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Provider Initial		Transport per protocol					
One		DO NOT transport unless symptoms cannot be managed in current setting ( <i>Usually reserved for those enrolled in hospice or other reliable home care</i> )					
Provider Signature, Name and Date	Provider License and Office Phone						

**Description and Authority**

The Nebraska Emergency Treatment Declaration and Orders document (NETO™) was created by Nebraska physicians and attorneys to improve patient and family participation in critical clinical decision making. The Treatment Declaration Page allows patients to express their right to accept or refuse medical care and treatment if they are unable to speak for themselves, in accordance with US Common Law and The Nebraska Rights of the Terminally Ill Act. The Declaration is an Advance Directive and should be treated as such in all medical records. It replaces any prior declarations/living wills. It does not appoint a surrogate decision maker, though it does provide guidance for surrogates to follow regarding medical decision making. The Treatment Orders page contains out-of-hospital orders for EMS and other first responders consistent with Nebraska Emergency Medical Services protocol.

- Instructions**
- This legal document belongs to the patient. The original should follow the patient from location to location.
  - The Declaration is an Advance Directive and should be treated as such with respect to medical records.
  - A patient may revise or revoke the instructions at any time by informing a medical professional who should update any medical records accordingly. A new form can be used to record new decisions. Copies are valid instruments. If there are multiple versions, the version most recently signed by the patient should be followed.
  - The Declaration is voluntary, no one may be required to complete a declaration.
  - More information can be found on the internet at <https://NebraskaNETO.org>

**Review:** Forms should be rewritten when the declarant's decisions change. Write a NEW document, do NOT alter a completed form. The form has no expiration date, but review is suggested every 2 years to assure choices match current health status. Initial and date each time these decisions are reviewed and approved.

Patient Initials & Date	Patient Initials & Date	Patient Initials & Date	Patient Initials & Date
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