

# Pediatric Nebraska Emergency Treatment Directive

**Declaration:** I am the legal decision-maker for the child named in this Emergency Treatment Declaration. This is my authorization to accept, limit, or refuse medical treatment if my child has a life-threatening medical emergency or accident and I am unable to make or communicate decisions for my child. I have initialed the medical directives I have chosen for treatment in each section below. I have discussed my choices with their doctor. If other decisions are required, those decisions should be as consistent with these choices as my child's condition allows.

Child's Last Name
Child's First, Middle Name
Child's Date of Birth

Declarant's Full Name:	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian
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Child's Diagnoses:

<b>Section A</b> Initial ONE choice	<b>Scope of Treatment</b>	
	If my child has a <b>life-threatening emergency</b> and my child's heart is still beating, I want:	
		<b>ALL</b> medically indicated interventions. Use any <b>intensive life sustaining treatments</b> required to attempt to reverse or stabilize the emergency condition.
		<b>LIMITED</b> medically indicated interventions. Use <b>general medical interventions</b> including but not limited to fluids, blood products, medications, and non-invasive ventilation. <b>DO NOT INTUBATE (DNI)</b> . I hope for my child to avoid surgery and to avoid ICU transfer if possible.
	<b>NO TREATMENT</b> to reverse or stabilize the emergency condition. Allow my child to die naturally, using medication and oxygen for comfort only.	

<b>Section B</b> Initial ALL that apply	<b>Stopping Life Sustaining Treatment</b>	
	If Life Sustaining Treatment has begun and I am unable to communicate decisions for my child. 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 my child worsens or does not improve either: (Check One) <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 my child appears to have lasting, serious brain damage.
	<b>STOP</b> life sustaining treatment if surrogate decision maker(s) believe the burdens of treatment are too high for the expected benefit, or my child's life after treatment would be unacceptable based on what I've told them or what they know about my child.	

<b>Section C</b> Initial ONE choice	<b>Cardio-Pulmonary Resuscitation (CPR)</b>	
	If my child's heart stops beating and if my child is not breathing (cardiac arrest), I want medical providers to:	
		<b>ATTEMPT CPR</b> to try to restart my child's heart (CPR).
		<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>	

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 _____  (seal)
Printed Name and Address:	
Witness Two Sig:	
Printed Name and Address:	

# Pediatric Nebraska Emergency Treatment Orders

These orders assure your directives for the named child 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.

Child's Name:	Date of Birth
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## Medical Orders for EMS

## Medical Provider Attestation

*Medical Orders for EMS DO NOT APPLY in situations of apparent intentional injury.*

### Resuscitation: Cardiac Arrest

Provider Initial One		Attempt CPR per protocol
		DO NOT Attempt CPR

### Intubation: Non-Cardiac Arrest

Provider Initial One		Intubate per protocol
		DO NOT Intubate

### Transportation to higher level of care

Provider Initial One		Transport per protocol
		<b>DO NOT transport</b> unless symptoms cannot be managed in current setting <i>(Usually reserved for those enrolled in hospice or other reliable home care)</i>

**“I attest that the patient’s parent/guardian and I have discussed the choices they have indicated, and I have written the adjacent orders accordingly. In my opinion, the patient’s guardian has capacity to make these decisions. I believe the patient’s guardian understands that their decisions will apply to both life-limiting conditions and medical emergencies.”**

[ \_\_\_\_\_ Initial here if Parent/ Guardian requests EMS orders but has declined to complete the Directive on the reverse side. Strike through the reverse page.]

Provider Signature	Provider License
Printed Name and Date	Phone

### Description and Authority

This Pediatric Nebraska Emergency Treatment Declaration and Orders document was created by Nebraska physicians and attorneys to improve parental participation in critical clinical decision making. The Treatment Directives Page allows the child’s parent/guardian to accept or refuse medical care and treatment on behalf of their minor child with a life-threatening condition if the parent/guardian is unable to make or to communicate their decisions regarding the child. The Treatment Orders page contains out-of-hospital orders for EMS and other first responders consistent with Nebraska EMS protocol.

### Instructions

- This legal document belongs to the parent/guardian. The original should follow the patient from location to location.
- A parent/guardian 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 parent/guardian should be followed.
- The Directive is voluntary, no one may be required to complete a directive.
- More information can be found on the internet at <https://NebraskaNETO.org>

**Review:** Forms should be rewritten when the parent’s/guardian’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			
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