

Golden Moments Adult Day Health Spa, LLC

190 Nonotuck St. Suite 106 Florence, MA 01062

CODE STATUS FORM

Participant Name: _____ DOB _____

Please initial and date the appropriate category

_____ **FULL CODE**

This means cardiopulmonary resuscitation (CPR) and/or Automatic External Defibrillation (effective for treating some abnormal heart rhythms) will begin and I will be transferred by way of ambulance to an Acute Care Hospital. I understand that these attempts may not be successful and death may occur. I further understand that if I am found in a condition that responsible professional judgement determines does not meet the current American Heart Association's standard of care for prompt performance of CPA, CPR may not be initiated. A copy of the American Heart Association guidelines as they relate to the initiation of CPR has been made available to me prior to completing this form.

_____ **DO NOT RESUSCITATE**

Do not resuscitate in the event of a cardiopulmonary arrest, but do treat other respects. I understand that the results of this request would be death and I accept responsibility for this course of action.

_____ **DO NOT RESUSCITATE/PALLIATIVE**

Emphasis on comfort support and symptom management, not preservation of life. The resident is not to be disturbed by tests unless information thereby obtained may be utilized to increase the comfort or otherwise benefit the resident. I understand that the results of this request would be death and I accept the responsibility for this course of action.

The above Code Status has been discussed with and approved by the undersigned.

Resident//Responsible Party Signature

Date

Relationship or Legal Status

Witness Signature

Date

Physicians Signature

Date