



Scott K Walker  
Governor

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## State of Wisconsin

### Department of Health Services

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### DO-NOT-RESUSCITATE (DNR) INFORMATION

Chapter 154, Subchapter III (Section 154.17 through 154.29) of the Wisconsin Statutes establishes a system for the issuance of do-not-resuscitate orders in certain situations and for do-not-resuscitate bracelets signifying those orders. The original bracelets were plastic. In 1999, the statutes were amended to also allow the use of metal bracelets. This information sheet addresses some of the most common questions that have arisen concerning do-not-resuscitate orders and bracelets under Chapter 154, Subchapter III.

#### *Which do-not-resuscitate (DNR) orders are controlled by these statutes?*

These do-not-resuscitate orders are written orders issued by physicians under chapter 154 of the Wisconsin statutes to direct emergency medical technicians, first responders, and emergency health care facilities personnel not to attempt cardiopulmonary resuscitation (CPR) on a person for whom the order is issued if that person suffers cardiac or respiratory arrest. Standardized DNR bracelets identify a person with a valid DNR order. Specifications for DNR bracelets and the procedures for emergency medical technicians, first responders and emergency health care facilities personnel to use in following the DNR order are described in Administrative Code HFS 125 and Wisconsin Statutes Chapter 154, Subchapter III.

These statutes only apply to the entities identified above, which are primarily prehospital, and emergency department health care providers. These statutes do not control DNR orders for inpatient hospital settings or other inpatient settings.

#### *Who is eligible for a DNR order under Chapter 154, Subchapter III?*

A person must be a "qualified patient" to be eligible for a DNR order. A qualified patient is someone age 18 or older who has a terminal condition or a medical condition such that were the patient to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful, cause significant harm or pain, or would be successful only temporarily. See the DNR order form completion guidelines for additional details.

#### *Who can issue a legal DNR order under Chapter 154, Subchapter III?*

Only an attending physician may issue a DNR order under these statutes. The attending physician may issue a DNR order to a patient only if all of the following apply:

- \* The patient is a qualified patient.
- \* The patient or the patient's legal guardian/health care agent of an incapacitated patient requests the order.
- \* The order is in writing.
- \* The patient or the legal guardian or health care agent of an incapacitated patient signs the order.
- \* The attending physician does not know the patient to be pregnant.

#### *How does someone obtain a DNR order under Chapter 154, Subchapter III?*

After consulting with the attending physician, the patient or the legal guardian or health care agent of an incapacitated patient must be provided written information about DNR procedures by the attending physician. The attending physician or designee must also document in the patient's file the qualifying medical condition that warrants the DNR order. A physician can request a copy of the WI DNR order form, information sheet and bracelet insert, from the Department of Health Services, Division of Public Health, Local Health Practice and Emergency Medical Services by calling (608) 266-1568. Blank WI DNR order forms can be photo copied if additional copies are needed.

#### *What type of bracelets can qualified patients use after the prerequisites are met, under a DNR order?*

A patient may choose to wear either a plastic or metal bracelet after a DNR order is signed.

**DNR Plastic Bracelet:** The attending physician or designee attaches a standardized DNR plastic bracelet. The hospitals, clinics, etc. will supply the plastic bracelets and insert a standardized insert with the required patient information. The bracelet must be clear and at least ¼ of an inch in width.

The insert, distributed by the Department of Health Services has a preprinted logo of the State of Wisconsin and the words "Do-Not-Resuscitate" in blue. The attending physician is required to have the following information printed in a size 10 point or larger font with the physician's name, business telephone number, and signature on the right half of the form.

**DNR Metal Bracelet:** A metal bracelet displaying the international recognized symbol Staff of Aesculapius on the front, the words "Wisconsin-Do-Not-Resuscitate-EMS" and the qualified patient's first and last name engraved on the back will be ordered by the attending physician through MedicAlert. The order must include:

1. Copy of WI DNR form signed by the attending physician and the patient, legal guardian, or health care agent
2. Complete MedicAlert DNR application including a return address for mailing the bracelet.
3. Send appropriate forms and payment to MedicAlert,

**WI DNR**

**2323 Colorado Ave**

**Turlock, CA, 95382.**

**MedicAlert will waive their yearly membership fee for Wisconsin DNR residents.**

A copy of the order form and other information can be obtained through your physician or from Wisconsin Department of Health Services/Division of Public Health/Bureau of Local Health Support and Emergency Medical Services by calling 608/266-1568.

*What will happen when a DNR patient wearing a bracelet needs health care?*

Health care will be provided to a DNR patient with only full resuscitative care being withheld. Comfort care will be given, but no life sustaining cardiac or pulmonary care will be provided.

*What if the patient changes his or her mind and wants to revoke the DNR order?*

The patient, patient's guardian or health care agent can revoke the DNR order by expressing to emergency health care personnel the desire that the patient be resuscitated, or by defacing, cutting, removing, or asking someone to remove the bracelet. The attending physician shall be notified as soon as possible of revocation of the DNR order and shall record in the patient's medical record the time, date, and place of revocation.

*What if a family member or friend wants to revoke the order?*

In the event a family member or friend of a patient with a valid DNR bracelet wishes resuscitative measures be taken, their wishes do not supersede the wishes of the patient or the patient's legal guardian or health care agent. Individuals with DNR orders should make family members and friends aware of their wishes.

*What immunities are there with this law?*

No physician, emergency medical technician, first responder, health care professional or emergency health care facility may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

1. Under the directive of a DNR order, withholding or withdrawing resuscitation from a patient;
2. Failing to act upon the revocation of a DNR order unless they had actual knowledge of the revocation;
3. Failing to comply with a DNR order if the person or the facility did not have actual knowledge of the DNR order or if the person in good faith believed the order had been revoked.

*What penalties are there for violations of the DNR laws of Chapter 154, Subchapter III?*

1. Any person who willfully conceals, defaces or damages the DNR bracelet of another person without that person's consent may be fined not more than \$500 or imprisoned for not more than 30 days or both.

Any person who, with the intent to cause the withholding or withdrawal for resuscitation contrary to the wishes of the patient, falsifies, forges or transfers a DNR bracelet to that patient or conceals a revocation shall be fined not more than \$10,000 or imprisoned for not more than 15 years or both. Any responsible person who withholds personal knowledge of a revocation faces the same penalties. Any person who directly or indirectly coerces, threatens or intimidates an individual so as to cause the individual to sign or issue a DNR order shall be fined not more than \$500 or imprisoned for not more than 30 days or both.

PPH 4767 Rev (1/00)

**EMERGENCY CARE  
DO NOT RESUSCITATE ORDER (DNR)**

This form provides consistent language and documentation for emergency care DO NOT RESUSCITATE (DNR) orders and bracelets to direct emergency medical technicians, first responders and emergency health care personnel in the field. By wearing a DNR bracelet a patient clearly notifies emergency medical personnel of the intent to have these orders followed. This form is the legal document that serves as the basis for a do not resuscitate bracelet. This form also provides specific care instructions for health care providers responding to emergency calls. If this form is appropriately completed, emergency personnel should limit care as outlined. **The patient and the legal guardian or health care agent of an incapacitated patient have the right to revoke these restrictions on care at any time.**

Action desired: Call 911 for urgent needs or call an ambulance for routine transport: Phone # \_\_\_\_\_

Emergency provider as appropriate will provide	Emergency provider will NOT provide
Clear airway Administer oxygen Position for comfort Splint Control bleeding Provide pain medication Provide emotional support Contact hospice or home health agency if either has been Involved in patient's care, or patients attending physician	Perform chest compressions Insert advanced airways Administer cardiac resuscitation drugs Provide ventilator assistance Defibrillate

Male Female (print) Patient Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand this document identifies the level of care to be rendered to the patient by an emergency medical technician, first responder, or emergency health care facility personnel in situations where death may be imminent. I make this request knowingly and I am aware of the alternatives as explained to me by the attending physician. I expressly release all persons who shall in the future provide medical care of any and all liability whatsoever for acting in accordance with this request. I am aware that I can revoke this order at any time by removing or defacing the identification bracelet or by requesting resuscitation.

Signature of Patient or Legal Guardian or Health Care Agent of an incapacitated patient \_\_\_\_\_ Date \_\_\_\_\_

Print Attending Physician's Name \_\_\_\_\_

Attending Physician's Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**THE ABOVE SIGNATURES AND DATES ARE REQUIRED FOR THIS FORM TO BE VALID AND ITS INTENT CARRIED OUT. See reverse side for background information and instructions on how to complete this form.**

**THE PATIENT MUST WEAR THE STANDARDIZED PLASTIC OR METAL IDENTIFICATION BRACELET FOR THIS ORDER TO BE VALID AND HONORED BY EMERGENCY HEALTH CARE PERSONNEL. A PATIENT WITHOUT A BRACELET WILL BE PRESUMED TO HAVE REVOKED THE DNR ORDER BY REMOVING THE BRACELET.**

1. **BACKGROUND INFORMATION**

Cardiopulmonary resuscitation (CPR) is a procedure employed after cardiac arrest in which cardiac massage, drugs, and artificial ventilation are used to restore breathing and circulation. It is standard medical practice to perform CPR on all persons found to be in cardiac or respiratory arrest in the absence of directives from an attending physician to withhold such action. However, patients may legally and ethically decline these treatments. The DNR order is used to implement their decision that CPR is not to be performed. This decision to limit CPR rests with the attending physician and his/her qualified patient, legal guardian, or health care agent as described in Chapter 154, Subchapter III of the Wisconsin Statutes. A qualified patient means a person who is at least 18 years old and to whom any of the following conditions applies:

1. The person has a terminal condition.
2. The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
3. The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period of time.

**The bracelet is intended to communicate the existence of a "Do Not Resuscitate" order to the emergency medical personnel who may be summoned in the event of an emergency. In addition, it provides guidelines for comfort and supportive care short of CPR that may be administered by emergency personnel.**

11. **GUIDELINES FOR FORM COMPLETION, AFFIXING PLASTIC BRACELET, ORDERING METAL BRACELET.**

After discussing treatment options the patient or the legal guardian or health care agent of the incapacitated patient, completes the DNR order. The types of care to be rendered and withheld should be carefully explained to the patient, legal guardian or health care agent, and family members by the attending physician or the attending physician's designee before the form is signed. After the form is completed and signed, the attending physician or designee shall either affix the Do Not Resuscitate plastic bracelet to the patient's wrist or order a metal bracelet from MedicAlert. This decision must be documented in the patient's medical record. It is recommended that this documentation include:

1. The rationale for the decision including qualifying medical condition.
2. The presence or absence of decision making capacity on the part of the patient.

**Two dated signatures are required for this document to be valid and its intent carried out.**

1. Patient, legal guardian, or health care agent's signature and date signed.
2. Attending Physician's signature and date signed by physician.

The metal bracelet includes an emblem that displays an internationally recognized symbol Staff of Aesculapius along with MedicAlert on the front and the words "Wisconsin Do-Not-Resuscitate-EMS, and the qualified patient's first and last name on the back. WI DNR residents may provide MedicAlert with other important health information to be engraved on the back of the bracelet at the time of ordering.

**To order a metal bracelet you need to include:**

1. **Copy of WI DNR form signed by the attending physician and the patient, legal guardian, or health care agent.**
2. **MedicAlert DNR brochure with clear information and address for mailing the bracelet.**
3. **Send payment to MedicAlert, WI DNR, 2323 Colorado Ave, Turlock, Ca. 95382.**

**(A yearly membership fee will be waived by WI DNR residents.)**

**The patient should receive a copy of the DNR Order Form. An original signed form or a legible photocopy or electronic facsimile is presumed to be valid.**

III. **REVOKING THE DNR ORDER**

The patient, legal guardian or health care agent can revoke the DNR order by any of the following methods:

1. The patient, legal guardian or health care agent expresses to emergency personnel the desire that the patient be resuscitated.
2. The patient, legal guardian, or health care agent defaces, burns, cuts or otherwise destroys the DNR bracelet.
3. The patient, legal guardian, or health care agent removes the DNR bracelet or another person, at the request of the patient, legal guardian, or health care agent removes the DNR bracelet.

**The DNR order (and copies) should be torn up and the patient's attending physician should be notified of the revocation. Only the patient, legal guardian, or health care agent may revoke an order issued under Chapter 154 Wisconsin Status. The DNR order is NOT revoked when an ambulance is called. Ambulance personnel will honor the DNR and will provide comfort care only.**

**For questions please call 266-1568.**



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Do Not Resuscitate Orders (DNR)

Please do not mail your DNR orders to Wisconsin Department of Health Services, Division of Public Health. You should keep a copy for your own records and a copy should be in your medical files at your primary care physician's office.

Your primary physician should provide you with the bracelet inserts and plastic bracelets.

If you want to order a medal bracelet from MedicAlert please attach the MedicAlert order form, a copy of your DNR order and a check or money order. Mail to MedicAlert, WI DNR, 2323 Colorado Ave, Turlock CA 95382.

Thank you for your interest in the Wisconsin Do Not Resuscitate Program. If you have any further questions please feel free to contact me at (608) 266-1568, or email at [Helen.Pullen@wisconsin.gov](mailto:Helen.Pullen@wisconsin.gov).

Sincerely,

Helen M. Pullen  
WI Department of Health Services  
Division of Public Health  
Emergency Medical Services Section  
1 West Wilson Street Room 372  
PO Box 2659  
Madison, WI 53701-2659  
608-266-1568  
608-261-6392 (Fax)  
[Helen.Pullen@wisconsin.gov](mailto:Helen.Pullen@wisconsin.gov)  
<http://dhs.wisconsin.gov/ems/system/DNR.htm>



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In an attempt to stream line the process for ordering the Wisconsin Do Not Resuscitate (DNR) information, the Emergency Care, Do Not Resuscitate Order (DNR) DPH 4763 Forms, and Medic Alert information I have included my business card for your use.

Please feel free to email me your requests or questions. My email address is [Helen.Pullen@Wisconsin.gov](mailto:Helen.Pullen@Wisconsin.gov). When emailing your requests, please include the following information: the name and address of your facility and the name of the person ordering the Wisconsin Do Not Resuscitate (DNR) information.

It is my intent that this process makes it easier for you to order the information and materials that you need for your patients in a timely manner. If there is any way that I can assist you, please feel free to contact me.

Thank You,

Helen M. Pullen  
WI Department of Health Services  
Division of Public Health  
Emergency Medical Services  
1 West Wilson Street Room 372  
PO Box 2659  
Madison, WI 53701-2659  
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<http://dhs.wisconsin.gov/ems/>  
<http://dhs.wisconsin.gov/ems/system/DNR.htm>

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## Chapter DHS 125

### DO-NOT-RESUSCITATE ORDERS DIRECTED AT EMERGENCY HEALTH CARE PERSONNEL

DHS 125.01 Authority and purpose.  
DHS 125.02 Applicability.  
DHS 125.03 Definitions.

DHS 125.04 Do-not-resuscitate bracelet.  
DHS 125.05 Following do-not-resuscitate orders.

Note: Chapter HFS 125 was created as an emergency rule effective January 18, 1997. Chapter HFS 125 was renumbered chapter DHS 125 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

**DHS 125.01 Authority and purpose.** This chapter is promulgated under the authority of ss. 154.19 (3) (a) and 154.27, Stats., to establish requirements for the size, color and design of a do-not-resuscitate bracelet worn by a qualified patient for whom a do-not-resuscitate order has been written by the attending physician under s. 154.19 (1), Stats., at the patient's request, and which is to be followed by emergency health care personnel in the event of the patient suffering cardiac or pulmonary arrest, and to establish procedures for emergency health care personnel to follow in honoring a do-not-resuscitate order.

History: Cr. Register, July, 1997, No. 499, eff. 8-1-97.

**DHS 125.02 Applicability.** This section applies to any person providing health care as an emergency medical technician or a first responder, or within an emergency health care facility.

History: Cr. Register, July, 1997, No. 499, eff. 8-1-97.

**DHS 125.03 Definitions.** In this section:

(1) "Ambulance run report form" means the form that the ambulance service provider under s. DHS 110.34 (7) and (8) requires emergency medical technicians to complete at the end of each ambulance run.

Note: An ambulance run report is also known as a patient care report.

(2) "Department" means the Wisconsin department of health services.

(3) "Do-not-resuscitate bracelet" means a standardized identification bracelet of uniform size, color and design approved by the department, that bears the inscription "Do Not Resuscitate" which signifies that the wearer is a qualified patient, as defined in s. 154.17 (4), Stats., who has requested and obtained a do-not-resuscitate order and has not revoked the request for the order.

(4) "Do-not resuscitate order" means a written order issued by a physician under the requirements of subch. III of ch. 154, Stats., that directs emergency health care personnel not to attempt cardiopulmonary resuscitation on a person for whom the order is issued if that person suffers cardiac or respiratory arrest.

(5) "Emergency health care facility staff" means staff of a hospital emergency room or an urgent care clinic whose duties are to render emergency medical care to sick, disabled or injured persons conveyed to the facility.

(5m) "Emergency health care personnel" means emergency medical technicians, first responders and emergency health care facility staff.

(6) "Emergency medical technician" means an emergency medical technician-basic licensed under ch. DHS 110, an emergency medical technician-intermediate licensed under ch. DHS 110 or an emergency medical technician-paramedic licensed under ch. DHS 110, to perform specified functions relating to the administration of emergency medical procedures in a prehospital or interfacility setting and the care for and transport of sick, disabled or injured persons.

(7) "First responder" means a person who provides emergency medical care to a sick, disabled or injured individual prior to the arrival of an ambulance as a condition of employment or as a member of a first responder service, and who may or may not be certified by the department under ch. DHS 110 to perform defibrillation.

(8) "Patient" means a person who is brought for treatment to an emergency medical facility or a person to whom emergency health care personnel go to render treatment.

(9) "Qualified patient" has the meaning specified in s. 154.17 (4), Stats.

History: Cr. Register, July, 1997, No. 499, eff. 8-1-97; corrections in (1), (6) and (7) made under s. 13.93 (2m) (b) 7., Stats., Register July 2001, No. 547; corrections in (1), (2), (6) and (7) made under s. 13.92 (4) (b) 6. and 7., Stats., Register January 2009 No. 637; corrections in (1), (6), (7) made under s. 13.92 (4) (b) 7., Stats., Register July 2011 No. 667.

**DHS 125.04 Do-not-resuscitate bracelet.** A do-not-resuscitate bracelet shall meet all of the following requirements:

(1) The bracelet shall be a clear, standard hospital-type bracelet at least 3/4 of an inch in width.

(2) The identifying information placed in the bracelet shall be printed on a bracelet insert form supplied by the department. The bracelet insert form as supplied by the department shall have on it, preprinted in blue, the words "Do Not Resuscitate" and the state seal of Wisconsin.

Note: Copies of the bracelet insert form may be obtained from the EMS Section, Division of Health, P.O. Box 309, Madison, WI 53701-0309.

(3) The physician who has issued the do-not-resuscitate order shall complete or direct another person to complete the bracelet information by printing on the bracelet insert form in size 8 or greater font all of the following information:

(a) On the left half of the form, the patient's name, address, date of birth and gender.

(b) On the right half of the form, the physician's name, business phone number and original signature.

History: Cr. Register, July, 1997, No. 499, eff. 8-1-97.

**DHS 125.05 Following do-not-resuscitate orders.**

(1) GENERAL REQUIREMENT. Emergency health care personnel shall follow a do-not-resuscitate order, as evidenced by a patient wearing a do-not-resuscitate bracelet, unless the order is invalidated by a condition under sub. (3). If there is any doubt about honoring a do-not-resuscitate bracelet, emergency medical technicians and first responders shall contact the medical control hospital and emergency health care facility staff shall contact the director of emergency services.

(2) PROCEDURE. Emergency health care personnel shall carry out the following procedure in the emergency care setting:

(a) Assess the patient.

(b) If the patient is pulseless and non-breathing, check the patient's wrist for a do-not-resuscitate bracelet.

(c) If no do-not-resuscitate bracelet is found on the patient's wrist, provide usual care.

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(d) If a do-not-resuscitate bracelet is found on the patient's wrist, and the bracelet is not defaced, do not undertake life support measures. Provide comfort care.

Note: Examples of comfort care include, but are not limited to, administration of oxygen, clearing the airway, controlling bleeding, positioning for comfort, providing emotional support, providing pain medication and splinting.

(3) CONDITIONS INVALIDATING A DO-NOT-RESUSCITATE ORDER. Any of the following conditions, as set out in s. 154.19 (3) (b), Stats., invalidates a do-not-resuscitate order and therefore the obligation of emergency health care personnel to be bound by it and to honor the do-not-resuscitate bracelet on the patient's wrist or with the patient:

(a) The patient has revoked the do-not-resuscitate order by doing any of the following:

1. Expressing to an emergency medical technician, first responder or emergency health care facility staff member the desire to be resuscitated. When this is done, emergency health care personnel shall promptly remove the do-not-resuscitate bracelet.

2. Defacing, burning, cutting or otherwise destroying the do-not-resuscitate bracelet.

3. Removing the do-not-resuscitate bracelet or asking another person to remove it.

(b) The do-not-resuscitate bracelet appears to have been tampered with or removed.

(c) The emergency medical technician, first responder or emergency health care facility staff member knows that the patient is pregnant.

(4) PATIENT DESIRE NOT TO BE RESUSCITATED IS CONTROLLING. If a member of the patient's family or a friend of the patient requests that resuscitative measures be taken, that person's request does not supersede the do-not-resuscitate order for the patient if the patient is wearing a valid do-not-resuscitate bracelet and has not revoked the order under s. 154.21, Stats.

(5) DOCUMENTATION OF PATIENT CONTACT AND REMOVAL OF PATIENT. (a) Even if resuscitation is not attempted, the emergency medical technician, first responder or emergency health care facility staff member shall document the patient contact in the patient's medical record or the ambulance run report form, as appropriate.

(b) Local protocols shall determine the procedure for removing the patient from the emergency care setting.

(6) VIOLATIONS. An emergency medical technician, first responder or emergency health care facility staff member who does any of the following is subject to the penalties set forth in s. 154.29 (1) or (2), Stats.:

(a) Willfully conceals, defaces or damages a patient's do-not-resuscitate bracelet without the patient's consent.

(b) With the intent to cause withholding or withdrawal of resuscitation contrary to the wishes of a patient, falsifies, forges or transfers a do-not-resuscitate bracelet to that patient or conceals the patient's revocation of a do-not-resuscitate order.

(c) Withholds personal knowledge of a patient's revocation of a do-not-resuscitate order.

History: Cr. Register, July, 1997, No. 499, eff. 8-1-97.

CHAPTER 154

DECLARATIONS TO PHYSICIANS AND DO-NOT-RESUSCITATE ORDERS

154.01	Definitions.	SUBCHAPTER I DEFINITIONS	154.15	Penalties.	SUBCHAPTER III DO-NOT-RESUSCITATE ORDERS
154.02	Definitions.	SUBCHAPTER II DECLARATION TO PHYSICIANS	154.17	Definitions.	
154.03	Declaration to physicians.		154.19	Do-not-resuscitate order.	
154.05	Revocation of declaration.		154.21	Revocation of do-not-resuscitate order.	
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			154.27	Specifications and distribution of do-not-resuscitate bracelet.	
			154.29	Penalties.	

SUBCHAPTER I  
DEFINITIONS

154.01 Definitions. In this chapter:

(1) "Attending physician" means a physician licensed under ch. 448 who has primary responsibility for the treatment and care of the patient.

(2g) "Department" means the department of health and family services.

(3) "Health care professional" means a person licensed, certified or registered under ch. 441, 448 or 455.

(4) "Inpatient health care facility" has the meaning provided under s. 50.135 (1) and includes community-based residential facilities, as defined in s. 50.01 (1g).

(5) "Life-sustaining procedure" means any medical procedure or intervention that, in the judgment of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified patient. "Life-sustaining procedure" includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures, but does not include:

(a) The alleviation of pain by administering medication or by performing any medical procedure.

(b) The provision of nutrition or hydration.

(5m) "Persistent vegetative state" means a condition that reasonable medical judgment finds constitutes complete and irreversible loss of all of the functions of the cerebral cortex and results in a complete, chronic and irreversible cessation of all cognitive functioning and consciousness and a complete lack of behavioral responses that indicate cognitive functioning, although autonomic functions continue.

(8) "Terminal condition" means an incurable condition caused by injury or illness that reasonable medical judgment finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

History: 1983 a. 202; 1985 a. 199; 1987 a. 161 s. 13m; 1991 a. 84; 1993 a. 27; 1995 a. 27 s. 9.126 (19); 1995 a. 168, 200.

SUBCHAPTER II  
DECLARATION TO PHYSICIANS

154.02 Definitions. In this subchapter:

(1) "Declaration" means a written, witnessed document voluntarily executed by the declarant under s. 154.03 (1), but is not limited in form or substance to that provided in s. 154.03 (2).

(2) "Feeding tube" means a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of a qualified patient.

(3) "Qualified patient" means a declarant who has been diagnosed and certified in writing to be afflicted with a terminal condition or to be in a persistent vegetative state by 2 physicians, one of whom is the attending physician, who have personally examined the declarant.

History: 1995 a. 200.

154.03 Declaration to physicians. (1) Any person of sound mind and 18 years of age or older may at any time voluntarily execute a declaration, which shall take effect on the date of execution, authorizing the withholding or withdrawal of life-sustaining procedures or of feeding tubes when the person is in a terminal condition or is in a persistent vegetative state. A declarant may not authorize the withholding or withdrawal of any medication, life-sustaining procedure or feeding tube if the declarant's attending physician advises that, in his or her professional judgment, the withholding or withdrawal will cause the declarant pain or reduce the declarant's comfort and the pain or discomfort cannot be alleviated through pain relief measures. A declarant may not authorize the withholding or withdrawal of nutrition or hydration that is administered or otherwise received by the declarant through means other than a feeding tube unless the declarant's attending physician advises that, in his or her professional judgment, the administration is medically contraindicated. A declaration must be signed by the declarant in the presence of 2 witnesses. If the declarant is physically unable to sign a declaration, the declaration must be signed in the declarant's name by one of the witnesses or some other person at the declarant's express direction and in his or her presence; such a proxy signing shall either take place or be acknowledged by the declarant in the presence of 2 witnesses. The declarant is responsible for notifying his or her attending physician of the existence of the declaration. An attending physician who is so notified shall make the declaration a part of the declarant's medical records. No witness to the execution of the declaration may, at the time of the execution, be any of the following:

(a) Related to the declarant by blood, marriage or adoption.

(b) Have knowledge that he or she is entitled to or has a claim on any portion of the declarant's estate.

(c) Directly financially responsible for the declarant's health care.

(d) An individual who is a health care provider, as defined in s. 155.01 (7), who is serving the declarant at the time of execution, an employee, other than a chaplain or a social worker, of the health care provider or an employee, other than a chaplain or a social worker, of an inpatient health care facility in which the declarant is a patient.

(2) The department shall prepare and provide copies of the declaration and accompanying information for distribution in quantities to health care professionals, hospitals, nursing homes, county clerks and local bar associations and individually to private persons. The department shall include, in information

154.03 DECLARATIONS TO PHYSICIANS

accompanying the declaration, at least the statutory definitions of terms used in the declaration, statutory restrictions on who may be witnesses to a valid declaration, a statement explaining that valid witnesses acting in good faith are statutorily immune from civil or criminal liability, an instruction to potential declarants to read and understand the information before completing the declaration and a statement explaining that an instrument may, but need not be, filed with the register in probate of the declarant's county of residence. The department may charge a reasonable fee for the cost of preparation and distribution. The declaration distributed by the department of health and family services shall be easy to read, the type size may be no smaller than 10 point, and the declaration shall be in the following form, setting forth on the first page the wording before the ATTENTION statement and setting forth on the 2nd page the ATTENTION statement and remaining wording:

DECLARATION TO PHYSICIANS  
(WISCONSIN LIVING WILL)

I, ..., being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician honor this document as the final expression of my legal right to refuse medical or surgical treatment.

1. If I have a TERMINAL CONDITION, as determined by 2 physicians who have personally examined me, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

.... YES, I want feeding tubes used if I have a terminal condition.

.... NO, I do not want feeding tubes used if I have a terminal condition.

If you have not checked either box, feeding tubes will be used.

2. If I am in a PERSISTENT VEGETATIVE STATE, as determined by 2 physicians who have personally examined me, the following are my directions regarding the use of life-sustaining procedures:

.... YES, I want life-sustaining procedures used if I am in a persistent vegetative state.

.... NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state.

If you have not checked either box, life-sustaining procedures will be used.

3. If I am in a PERSISTENT VEGETATIVE STATE, as determined by 2 physicians who have personally examined me, the following are my directions regarding the use of feeding tubes:

.... YES, I want feeding tubes used if I am in a persistent vegetative state.

.... NO, I do not want feeding tubes used if I am in a persistent vegetative state.

If you have not checked either box, feeding tubes will be used.

If you are interested in more information about the significant terms used in this document, see section 154.01 of the Wisconsin Statutes or the information accompanying this document.

ATTENTION: You and the 2 witnesses must sign the document at the same time.

Signed .... Date ....  
Address .... Date of birth ....

I believe that the person signing this document is of sound mind. I am an adult and am not related to the person signing this document by blood, marriage or adoption. I am not entitled to and do not have a claim on any portion of the person's estate and am not otherwise restricted by law from being a witness.

Witness signature .... Date signed ....  
Print name ....

Witness signature .... Date signed ....  
Print name ....

DIRECTIVES TO ATTENDING PHYSICIAN

1. This document authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes when 2 physicians, one of whom is the attending physician, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.

2. The choices in this document were made by a competent adult. Under the law, the patient's stated desires must be followed unless you believe that withholding or withdrawing life-sustaining procedures or feeding tubes would cause the patient pain or reduced comfort and that the pain or discomfort cannot be alleviated through pain relief measures. If the patient's stated desires are that life-sustaining procedures or feeding tubes be used, this directive must be followed.

3. If you feel that you cannot comply with this document, you must make a good faith attempt to transfer the patient to another physician who will comply. Refusal or failure to make a good faith attempt to do so constitutes unprofessional conduct.

4. If you know that the patient is pregnant, this document has no effect during her pregnancy.

\* \* \* \* \*

The person making this living will may use the following space to record the names of those individuals and health care providers to whom he or she has given copies of this document:

.....  
.....  
.....

History: 1983 a. 202; 1985 a. 199; 1991 a. 84, 281; 1995 a. 27 s. 9126 (19); 1995 a. 168.

Living will statutes: The first decade. Gelfand. 1987 WLK 737.  
Planning Ahead for Incapacity. Shapiro. Wis. Law. Aug. 1991.  
Wisconsin's New Living Will Act. Gilbert. Wis. Law. March 1992.

154.05 Revocation of declaration. (1) METHOD OF REVOCATION. A declaration may be revoked at any time by the declarant by any of the following methods:

(a) By being canceled, defaced, obliterated, burned, torn or otherwise destroyed by the declarant or by some person who is directed by the declarant and who acts in the presence of the declarant.

(b) By a written revocation of the declarant expressing the intent to revoke, signed and dated by the declarant.

(c) By a verbal expression by the declarant of his or her intent to revoke the declaration. This revocation becomes effective only if the declarant or a person who is acting on behalf of the declarant notifies the attending physician of the revocation.

(d) By executing a subsequent declaration.

(2) RECORDING THE REVOCATION. The attending physician shall record in the patient's medical record the time, date and place of the revocation and the time, date and place, if different, that he or she was notified of the revocation.

History: 1983 a. 202; 1995 a. 168.

154.07 Duties and immunities. (1) LIABILITY. (a) No physician, inpatient health care facility or health care professional acting under the direction of a physician may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

1. Participating in the withholding or withdrawal of life-sustaining procedures or feeding tubes under this subchapter.

2. Failing to act upon a revocation unless the person or facility has actual knowledge of the revocation.

3. Failing to comply with a declaration, except that failure by a physician to comply with a declaration of a qualified patient constitutes unprofessional conduct if the physician refuses or fails to make a good faith attempt to transfer the qualified patient to another physician who will comply with the declaration.

(b) 1. No person who acts in good faith as a witness to a declaration under this subchapter may be held civilly or criminally liable for participating in the withholding or withdrawal of life-sustaining procedures or feeding tubes under this subchapter.

2. Subdivision 1. does not apply to a person who acts as a witness in violation of s. 154.03 (1).

(c) Pars. (a) and (b) apply to acts or omissions in connection with a provision of a document that is executed in another jurisdiction if the provision is valid and enforceable under s. 154.11 (9).

(2) **EFFECT OF DECLARATION.** The desires of a qualified patient who is competent supersede the effect of the declaration at all times. If a qualified patient is incompetent at the time of the decision to withhold or withdraw life-sustaining procedures or feeding tubes a declaration executed under this subchapter is presumed to be valid. The declaration of a qualified patient who is diagnosed as pregnant by the attending physician has no effect during the course of the qualified patient's pregnancy. For the purposes of this subchapter, a physician or inpatient health care facility may presume in the absence of actual notice to the contrary that a person who executed a declaration was of sound mind at the time.

History: 1983 a. 202; 1991 a. 84; 1995 a. 200; 2003 a. 290.

**154.11 General provisions.** (1) **SUICIDE.** The withholding or withdrawal of life-sustaining procedures or feeding tubes from a qualified patient under this subchapter does not, for any purpose, constitute suicide. Execution of a declaration under this subchapter does not, for any purpose, constitute attempted suicide.

(2) **LIFE INSURANCE.** Making a declaration under s. 154.03 may not be used to impair in any manner the procurement of any policy of life insurance, and may not be used to modify the terms of an existing policy of life insurance. No policy of life insurance may be impaired in any manner by the withholding or withdrawal of life-sustaining procedures or feeding tubes from an insured qualified patient.

(3) **HEALTH INSURANCE.** No person may be required to execute a declaration as a condition prior to being insured for, or receiving, health care services.

(4) **OTHER RIGHTS.** This subchapter does not impair or supersede any of the following:

(a) A person's right to withhold or withdraw life-sustaining procedures or feeding tubes.

(b) The right of any person who does not have a declaration in effect to receive life-sustaining procedures or feeding tubes.

(5) **INTENT.** Failure to execute a declaration under this subchapter creates no presumption that the person consents to the use or withholding of life-sustaining procedures or feeding tubes in the event that the person suffers from a terminal condition or is in a persistent vegetative state.

(5m) **VALID DECLARATION.** A declaration that is in its original form or is a legible photocopy or electronic facsimile copy is presumed to be valid.

(6) **CONSTRUCTION.** Nothing in this subchapter condones, authorizes or permits any affirmative or deliberate act to end life other than to permit the natural process of dying.

(7) **APPLICABILITY.** (a) A declaration under s. 154.03 (2), 1983 stats., that is executed before April 22, 1986, and that is not subsequently revoked or has not subsequently expired is governed by the provisions of ch. 154, 1983 stats.

(b) A declaration under s. 154.03 (2), 1983 stats., that is executed after April 22, 1986, is void.

(c) A declaration under s. 154.03 (2), 1989 stats., that is executed before, on or after December 11, 1991, and that is not subsequently revoked or has not subsequently expired is governed by the provisions of ch. 154, 1989 stats.

(d) Nothing in this chapter, except par. (b), may be construed to render invalid a declaration that was validly executed under this chapter before April 6, 1996.

(8) **INCLUSION IN MEDICAL RECORD.** Upon receipt of a declaration, a health care facility, as defined in s. 155.01 (6), or a health care provider, as defined in s. 155.01 (7), shall, if the declarant is a patient of the health care facility or health care provider, include the declaration in the medical record of the declarant.

(9) **DECLARATION FROM OTHER JURISDICTION.** A valid document that authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes and that is executed in another state or jurisdiction in compliance with the law of that state or jurisdiction is valid and enforceable in this state to the extent that the document is consistent with the laws of this state.

History: 1983 a. 202; 1985 a. 199; 1991 a. 84; 1995 a. 168, 200.

**154.13 Filing declaration.** (1) A declarant or an individual authorized by the declarant may, for a fee, file the declarant's declaration, for safekeeping, with the register in probate of the county in which the declarant resides.

(2) If a declarant or authorized individual has filed the declarant's declaration as specified in sub. (1), the following persons may have access to the declaration without first obtaining consent from the declarant:

(a) The individual authorized by the declarant.

(b) A health care provider who is providing care to the declarant.

(c) The court and all parties involved in proceedings for guardianship of the declarant under ch. 880, for emergency detention under s. 51.15, for involuntary commitment under s. 51.20, or for protective placement or protective services under ch. 55.

(d) Any person under the order of a court for good cause shown.

(3) Failure to file a declaration under sub. (1) creates no presumption about the intent of an individual with regard to his or her health care decisions.

History: 1991 a. 281.

**154.15 Penalties.** (1) Any person who intentionally conceals, cancels, defaces, obliterates or damages the declaration of another without the declarant's consent may be fined not more than \$500 or imprisoned not more than 30 days or both.

(2) Any person who, with the intent to cause a withholding or withdrawal of life-sustaining procedures or feeding tubes contrary to the wishes of the declarant, illegally falsifies or forges the declaration of another or conceals a declaration revoked under s. 154.05 (1) (a) or (b) or any person who intentionally withholds actual knowledge of a revocation under s. 154.05 is guilty of a Class F felony.

History: 1983 a. 202; 1985 a. 199; 1991 a. 84; 1995 a. 168; 1997 a. 283; 2001 a. 109.

### SUBCHAPTER III

#### DO-NOT-RESUSCITATE ORDERS

**154.17 Definitions.** In this subchapter:

(1) "Do-not-resuscitate bracelet" means a standardized identification bracelet that meets the specifications established under s. 154.27 (1), or that is approved by the department under s. 154.27 (2), that bears the inscription "Do Not Resuscitate" and signifies that the wearer is a qualified patient who has obtained a do-not-resuscitate order and that the order has not been revoked.

(2) "Do-not-resuscitate order" means a written order issued under the requirements of this subchapter that directs emergency medical technicians, first responders and emergency health care facilities personnel not to attempt cardiopulmonary resuscitation on a person for whom the order is issued if that person suffers cardiac or respiratory arrest.

(3) "Emergency medical technician" has the meaning given under s. 146.50 (1) (e).

(3m) "First responder" has the meaning given under s. 146.53 (1) (d).

154.17 DECLARATIONS TO PHYSICIANS

(4) "Qualified patient" means a person who has attained the age of 18 and to whom any of the following conditions applies:

- (a) The person has a terminal condition.
- (b) The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
- (c) The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period of time.

(5) "Resuscitation" means cardiopulmonary resuscitation or any component of cardiopulmonary resuscitation, including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications and related procedures. "Resuscitation" does not include the Heimlich maneuver or similar procedure used to expel an obstruction from the throat.

History: 1995 a. 200; 1997 a. 27; 1999 a. 9.

**154.19 Do-not-resuscitate order.** (1) No person except an attending physician may issue a do-not-resuscitate order. An attending physician may issue a do-not-resuscitate order to a patient only if all of the following apply:

- (a) The patient is a qualified patient.
- (b) Except as provided in s. 154.225 (2), the patient requests the order.
- (bm) Except as provided in s. 154.225 (2), the patient consents to the order after being provided the information specified in sub. (2) (a).
- (c) The order is in writing.
- (d) Except as provided in s. 154.225 (2), the patient signs the order.
- (e) The physician does not know the patient to be pregnant.

(2) (a) The attending physician, or a person directed by the attending physician, shall provide the patient with written information about the resuscitation procedures that the patient has chosen to forego and the methods by which the patient may revoke the do-not-resuscitate order.

(b) After providing the information under par. (a), the attending physician, or the person directed by the attending physician, shall document in the patient's medical record the medical condition that qualifies the patient for the do-not-resuscitate order, shall make the order in writing and shall do one of the following, as requested by the qualified patient:

1. Affix to the wrist of the patient a do-not-resuscitate bracelet that meets the specifications established under s. 154.27 (1).
2. Provide an order form from a commercial vendor approved by the department under s. 154.27 (2) to permit the patient to order a do-not-resuscitate bracelet from the commercial vendor.

(3) (a) Except as provided in par. (b), emergency medical technicians, first responders and emergency health care facilities personnel shall follow do-not-resuscitate orders. The procedures used in following a do-not-resuscitate order shall be in accordance with any procedures established by the department by rule.

(b) Paragraph (a) does not apply under any of the following conditions:

1. The order is revoked under s. 154.21 or 154.225 (2).
2. The do-not-resuscitate bracelet appears to have been tampered with or removed.
3. The emergency medical technician, first responder or member of the emergency health care facility knows that the patient is pregnant.

History: 1995 a. 200; 1997 a. 27; 1999 a. 9.  
Cross Reference: See also ch. HFS 125, Wis. adm. code.

Wisconsin's Do Not Resuscitate Bracelet Law Raises Legal and Medical Issues. Mandel. Wis. Law. Dec. 1997.

**154.21 Revocation of do-not-resuscitate order.** (1) METHOD OF REVOCATION. A patient may revoke a do-not-resuscitate order at any time by any of the following methods:

- (a) The patient expresses to an emergency medical technician, first responder or to a person who serves as a member of an emergency health care facility's personnel the desire to be resuscitated. The emergency medical technician, first responder or the member of the emergency health care facility shall promptly remove the do-not-resuscitate bracelet.
- (b) The patient defaces, burns, cuts or otherwise destroys the do-not-resuscitate bracelet.
- (c) The patient removes the do-not-resuscitate bracelet or another person, at the patient's request, removes the do-not-resuscitate bracelet.

(2) RECORDING THE REVOCATION. The attending physician shall be notified as soon as practicable of the patient's revocation and shall record in the patient's medical record the time, date and place of the revocation, if known, and the time, date and place, if different, that he or she was notified of the revocation. A revocation under sub. (1) is effective regardless of when the attending physician has been notified of that revocation.

History: 1995 a. 200.

**154.225 Guardians and health care agents.** (1) In this section:

- (a) "Guardian" has the meaning given in s. 51.40 (1) (f).
- (b) "Health care agent" has the meaning given in s. 155.01 (4).
- (c) "Incapacitated" has the meaning given in s. 50.06 (1).

(2) The guardian or health care agent of an incapacitated qualified patient may request a do-not-resuscitate order on behalf of that incapacitated qualified patient and consent to the order and sign it after receiving the information specified in s. 154.19 (2) (a). The guardian or health care agent of an incapacitated qualified patient may revoke a do-not-resuscitate order on behalf of the incapacitated qualified patient by any of the following methods:

- (a) The guardian or health care agent directs an emergency medical technician, first responder or a person who serves as a member of an emergency health care facility's personnel to resuscitate the patient. The emergency medical technician, first responder or the member of the emergency health care facility shall promptly remove the do-not-resuscitate bracelet.
- (b) The guardian or health care agent defaces, burns, cuts or otherwise destroys the do-not-resuscitate bracelet.
- (c) The guardian or health care agent removes the do-not-resuscitate bracelet.

History: 1997 a. 27.

**154.23 Liability.** No physician, emergency medical technician, first responder, health care professional or emergency health care facility may be held criminally or civilly liable, or charged with unprofessional conduct, for any of the following:

- (1) Under the directive of a do-not-resuscitate order, withholding or withdrawing, or causing to be withheld or withdrawn, resuscitation from a patient.
- (2) Failing to act upon the revocation of a do-not-resuscitate order unless the person or facility had actual knowledge of the revocation.
- (3) Failing to comply with a do-not-resuscitate order if the person or facility did not have actual knowledge of the do-not-resuscitate order or if the person or facility in good faith believed that the order had been revoked.

History: 1995 a. 200.

**154.25 General provisions.** (1) SUICIDE. Under this subchapter, the withholding or withdrawing of resuscitation from a patient wearing a valid do-not-resuscitate bracelet does not, for any purpose, constitute suicide. Requesting a do-not-resuscitate

order under this subchapter does not, for any purpose, constitute attempted suicide.

(2) **LIFE INSURANCE.** Requesting a do-not-resuscitate order under s. 154.19 may not be used to impair in any manner the procurement of any policy of life insurance, and may not be used to modify the terms of an existing policy of life insurance. No policy of life insurance may be impaired in any manner by the withholding or withdrawal of resuscitation from a qualified patient.

(3) **HEALTH INSURANCE.** No person may be required to request a do-not-resuscitate order as a condition prior to being admitted to a health care facility or being insured for, or receiving, health care services.

(4) **OTHER RIGHTS.** This subchapter does not impair or supersede any of the following:

(a) A person's right to withhold or withdraw resuscitation.

(b) The right of any person who does not have a do-not-resuscitate order in effect to receive resuscitation.

(5) **INTENT.** Failure to request a do-not-resuscitate order creates no presumption that the person consents to the use or withholding of resuscitation in the event that the person suffers from a condition that renders the person a qualified patient.

(6) **VALID DO-NOT-RESUSCITATE BRACELET.** A do-not-resuscitate bracelet that has not been removed, altered or tampered with in any way shall be presumed valid, unless the patient, the patient's guardian or the patient's health care agent expresses to the emergency medical technician, first responder or emergency health care facility personnel the patient's desire to be resuscitated.

(6m) **DESIRE OF THE PATIENT.** The desire of a patient to be resuscitated supersedes the effect of that patient's do-not-resuscitate order at all times.

(7) **CONSTRUCTION.** Nothing in this subchapter condones, authorizes or permits any affirmative or deliberate act to end life other than to permit the natural process of dying.

History: 1995 a. 200; 1997 a. 27.

**154.27 Specifications and distribution of do-not-resuscitate bracelet.** (1) The department shall establish by rule a uniform standard for the size, color, and design of all do-not-resuscitate bracelets. Except as provided in sub. (2), the rules shall require that the do-not-resuscitate bracelets include the inscription "Do Not Resuscitate"; the name, address, date of birth and gender of the patient; and the name, business telephone number and signature of the attending physician issuing the order.

(2) The department may approve a do-not-resuscitate bracelet developed and distributed by a commercial vendor if the bracelet contains an emblem that displays an internationally recognized medical symbol on the front and the words "Wisconsin Do-Not-Resuscitate-EMS" and the qualified patient's first and last name on the back. The department may not approve a do-not-resuscitate bracelet developed and distributed by a commercial vendor if the vendor does not require a doctor's order for the bracelet prior to distributing it to a patient.

History: 1995 a. 200; 1999 a. 9.

Cross Reference: See also ch. HFS 125, Wis. adm. code.

**154.29 Penalties.** (1) Any person who willfully conceals, defaces or damages the do-not-resuscitate bracelet of another person without that person's consent may be fined not more than \$500 or imprisoned for not more than 30 days or both.

(2) Any person who, with the intent to cause the withholding or withdrawal of resuscitation contrary to the wishes of any patient, falsifies, forges or transfers a do-not-resuscitate bracelet to that patient or conceals the revocation under s. 154.21 of a do-not-resuscitate order or any responsible person who withholds personal knowledge of a revocation under s. 154.21 is guilty of a Class F felony.

(3) Any person who directly or indirectly coerces, threatens or intimidates an individual so as to cause the individual to sign or issue a do-not-resuscitate order shall be fined not more than \$500 or imprisoned for not more than 30 days or both.

History: 1995 a. 200; 1997 a. 283; 2001 a. 109.