

Chart Documentation Form

Aligns with Legal Requirements Checklist for Minor Patients

For minor patients and the minor patient's parents or other legal guardians with authority to make health care decisions for the minor patients

(For use in any setting)

Complete each step, check the appropriate lines and complete required documentation, as indicated. Completion of this form serves as documentation of both the conversation and the legal requirements and should remain in the medical record. Use of this form is optional.

_____ LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT
_____ ADDRESS
_____ CITY/STATE/ZIP
_____ DATE OF BIRTH (MM/DD/YYYY)
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

Step 1: Assess health status and prognosis.

- a. Current Health Status (For example, use the Palliative Performance Scale) **Check one:**
- Full function; self-care full; intake normal; mental status normal (80-100)
 - Reduced function; self-care full to occasional assist; intake normal or reduced; mental status normal (60-70)
 - Mainly lie, sit or in bed; considerable assistance; normal or reduced intake; normal or confused (40-50)
 - Bed-bound; total care; reduced intake; normal, drowsy, or confused (30)
 - Bed-bound; total care; minimal sips and bites; normal, drowsy, or confused (10-20)
- b. Estimated Prognosis **Check one:**
- Days to weeks
 - Weeks to 3 months
 - 3 Months to 6 months
 - 6 Months to < 1 year
 - > 1 year

Step 2: Identify the decision-maker.

____ Minor patient's parent or guardian. It has been determined that the parent or guardian has legal authority to make medical decisions for the minor patient. (*Seek legal advice if the decision-maker's authority is unclear.*)

Step 3: Document where the MOLST form is being completed. **Check one:**

- ____ Hospital (see Glossary for definition)
- ____ Nursing Home (see Glossary for definition)
- ____ Community (see Glossary for definition)

Step 4: Discuss goals for care with the parent or guardian who will make the decision. _____

Review what the parent/guardian knows and wants to know about the patient's condition/prognosis. Provide new information about patient's condition/prognosis. Explore common understanding and differences. Determine next steps needed to resolve any differences.

Briefly summarize content of discussion with the parent or guardian and the patient's goals for care.

Step 5: Parent or legal guardian has given informed consent to the treatment decision.***Check all:***

- ___ Parent or legal guardian has been fully informed about the patient's medical condition and the risks, benefits and burdens of, and alternatives to, possible life-sustaining treatment.
- ___ Parent or legal guardian has consented to the withholding, withdrawal or delivery of certain life-sustaining treatment, for which medical orders are written.
- ___ Parent's or legal guardian's decision is patient-centered, in accordance with the patient's wishes, including the patient's religious and moral beliefs; or if the patient's wishes are not reasonably known and cannot with reasonable diligence be ascertained, in accordance with the patient's best interests. The parent's or legal guardian's assessment is based on the patient's wishes and best interests, not the parent's or guardian's, and includes consideration of:
- the dignity and uniqueness of every person;
 - the possibility and extent of preserving the patient's life;
 - the preservation, improvement or restoration of the patient's health or functioning;
 - the relief of the patient's suffering; and
 - any medical condition and such other concerns and values as a reasonable person in the patient's circumstances would wish to consider.

Step 6: If the decision is to withhold or withdraw life sustaining treatment, the parent's or legal guardian's decision complies with the following clinical standards, as determined by the physician, with independent physician concurrence and, where applicable, by an ethics review committee. *Check (i) and/or (ii) and (iii) and any applicable lines underneath:*

- ___ (i) Treatment would be an extraordinary burden to the patient, **and** an attending physician determines, with the independent concurrence of another physician, that, to a reasonable degree of medical certainty and in accord with accepted medical standards,
- the patient has an illness or injury which can be expected to cause death within six months, whether or not treatment is provided; or
 - the patient is permanently unconscious.
- ___ (ii) The provision of treatment would involve such pain, suffering or other burden that it would reasonably be deemed inhumane or extraordinarily burdensome under the circumstances; **and** the patient has an irreversible or incurable condition, as determined by an attending physician with the independent concurrence of another physician to a reasonable degree of medical certainty and in accord with accepted medical standards.

___ (iii) The concurring physician's determination is **documented below**.

Step 7: Assess minor patient's capacity and secure minor's informed consent if he/she has capacity. Check (i) or (ii)

___ (i) Patient has capacity to make medical decisions. **Check both**

___ The attending physician, in consultation with the minor patient's parent or guardian, has determined that the patient has the ability to understand and appreciate the nature and consequences of DNR and life-sustaining treatment orders, including benefits and burdens of, and alternatives to, such orders, and to reach an informed decision regarding the orders.

___ The minor patient has been fully informed about his/her medical condition and the risks, benefits, burdens and alternatives of possible life-sustaining treatment. The minor patient has consented to the withholding, withdrawal or delivery of certain life-sustaining treatment, for which medical orders are written.

___ (ii) Patient lacks capacity to make medical decisions. The attending physician, in consultation with the minor patient's parent or guardian, has determined that the patient lacks the ability to understand and appreciate the nature and consequences of *DNR and life-sustaining treatment orders*, including benefits and burdens of, and alternatives to, such orders, and to reach an informed decision regarding the orders.

Step 8: Notify minor patient of capacity determination. Check one

___ Notice of the determination that the minor patient lacks medical decision-making capacity has been given to the minor patient (the patient may be able to comprehend such notice).

___ Notice of the determination that the minor patient lacks medical decision-making capacity has not been given to the minor patient because there is no indication of the patient's ability to comprehend the information.

Step 9: Notify other parent or guardian besides the one who consented in Step 5. Check one.

___ There is a parent or guardian other than the one who consented in Step 5, and that parent or guardian has been informed of the decision.

___ There is no reason to believe that the minor patient has a parent or guardian other than the one who consented in Step 5.

MOLST | MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT

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DATE OF BIRTH (MM/DD/YYYY)

GENDER: MALE FEMALE

____ There is reason to believe that the minor patient has a parent or guardian other than the one who consented in Step 5, and that parent or guardian (including a non-custodial parent or guardian) has not been informed of the decision. Reasonable efforts have been made to determine if the un-informed parent or guardian has maintained substantial and continuous contact with the minor; and: *Check (i) or (ii)*

____ (i) It has been determined that the un-informed parent or guardian has not maintained substantial and continuous contact with the minor.

____ (ii) It has been determined that the un-informed parent or guardian has maintained substantial and continuous contact with the minor. The other parent or guardian could not be notified after diligent efforts were made to do so.

Step 10: Participation in the Decision by Another Parent or Guardian Besides the One Who Consented in Step 5. (If a parent or guardian objects to a decision, stop filling out the form and refer to the ethics review committee or consult with legal counsel.) *Check one*

____ The parent or guardian other than the one who consented in Step 5 has been informed of the decision, has legal authority to make health care decisions for the patient, has been given the opportunity to object to the decision, and has not objected to the decision.

____ The parent or guardian other than the one who consented in Step 5 has been informed of the decision, but does not have legal authority to make health care decisions for the patient.

____ No parent or guardian other than the one who consented in Step 5 has been notified of the decision. (There is no reason to believe that the minor patient has another parent or guardian, or it has been determined that the un-informed parent or guardian has not maintained substantial and continuous contact with the minor, or another parent or guardian could not be notified after diligent efforts were made to do so.)

Step I1: Witness Requirements *Check one:*

Two witnesses are always recommended. The physician who signs the orders may be a witness. To document that the attending physician witnessed the consent, the attending physician signs the order and prints his/her name as a witness. Witness signatures are not required – printing the witnesses' names is sufficient.

- The parent or guardian consented in writing.
 The parent or guardian consented verbally, and the attending physician witnessed the consent.

Step I2: Physician Signature

- The attending physician signed the MOLST form.

Total time spent in counseling and in meeting clinical and legal requirements: _____ minutes

Start time(s) / Stop time(s): _____

Attending Physician Signature: _____

Print Name of Attending Physician: _____

Physician NPI: _____ Date/Time: _____

Total time spent in assessment of meeting clinical standards: _____ minutes

Start time(s) / Stop time(s): _____

Concurrent Physician Signature: _____

Print Name of Concurrent Physician: _____

Physician NPI (if applicable): _____ Date/Time: _____