

MOLST

**Medical Orders for Life-Sustaining Treatment
Do-Not-Resuscitate (DNR) and
other Life-Sustaining Treatments (LST)**

**“Supplemental” Documentation Form for MINORS
Do-Not-Resuscitate (DNR)**

This form is used only for patients/residents who are under the age of 18, are not married, and are not parents. Patients/residents under 18 who are married or are parents are treated as adults for purposes of the DNR law. If there is a question about the capacity of such an individual, contact legal counsel.

Last Name of Patient/Resident

First Name/Middle Initial of Patient/Resident

Patient/Resident Date of Birth

NB: Actual orders should be placed on the MOLST form. The physician is responsible for completing both the MOLST and this documentation form, and for obtaining the additional consultations / signatures where indicated. These forms must be placed in the medical record.

Complete Steps 1-8 for “MINOR” patients/residents:

Step 1: Physician determination of lack of capacity:

I have examined the patient/resident and his/her medical record, and in consultation with his/her parents or legal guardian, have determined that the patient/resident:

- a. does
- b. does not

have the ability to understand and appreciate the nature and consequences of a DNR order, including benefits and burdens of such an order, and to reach an informed decision regarding the order.

Step 2: Physician determination of lack of utility for cardiopulmonary resuscitation:

I have examined the patient/resident and his/her medical record, and have determined to a reasonable degree of medical certainty that: (check all that apply)

- a. The patient/resident has a terminal condition
- b. The patient/resident is permanently unconscious
- c. Resuscitation would be medically futile
- d. Resuscitation would impose an extraordinary burden on the patient/resident in light of the patient/resident’s medical condition and the expected outcome of resuscitation

Step 3: Notification of other or non-custodial parent: (check one)

- a. I do not have reason to believe that there is another parent, or a non-custodial parent.
- b. I have reason to believe that there is another parent, or a non-custodial parent:
Reasonable efforts have been made to attempt to determine if that parent has maintained substantial and continuous contact with the patient/resident, and if so, diligent efforts have been made to notify that parent of the decision and were successful ___ unsuccessful ___.

Describe efforts/contacts:

Note: If the other parent opposes entry of the DNR order, the matter must be submitted to dispute mediation and the order may not be entered and must be revoked pending resolution of the dispute.

Step 4: Additional Requirements for residents from facilities operated or licensed by OMH or OMRDD: (complete only if applicable).

The director of the following facility, from which the patient/resident was transferred, has been notified of the decision to enter the DNR order.

Name of facility notified: _____

Print name of person notified: _____

Step 5: Parent's/Legal Guardian's Consent:

As the parent or legal guardian of _____ (patient/resident name), I authorize Dr. _____ to write a DNR order for the patient/resident. I understand that this means that cardiopulmonary resuscitation will be withheld if his/her heart stops beating and/or he/she stops breathing.

Parent/guardian signature: _____ Date: _____

Check if verbal consent

Print Parent/guardian name: _____

I certify that the person whose signature appears above signed and dated this form in my presence.

Witness signature: _____ Date: _____

Print witness name: _____

Step 6: Patient/Resident Consent: (ONLY if the patient/resident has capacity – see Step 1 above).

I consent to entry of the DNR Order as described on the MOLST Form.

Patient/resident signature: _____ Date: _____

Step 7: Physician Certification and Signature:

I certify that I have examined the patient/resident and his/her medical record, and that I have reviewed and completed Steps 1-6 on this document, supporting my writing a do-not-resuscitate order on the MOLST Form in this patient/resident's medical record.

Physician Signature

Print Name

Date

Step 8: Concurring physician certification and signature:

I certify that I have examined the patient/resident and his/her medical record, and have reviewed Steps 1 & 2 in this form (determination of lack of decision-making capacity and certification of lack of utility of cardiopulmonary resuscitation), supporting, with a reasonable degree of medical certainty, the physician writing a do-not-resuscitate order on the MOLST Form in this patient/resident's medical record.

Concurring Physician Signature

Print Name

Date