

MOLST

**Medical Orders for Life-Sustaining Treatment
(DNR/DNI/LST)**

"Supplemental" Documentation Form for MINORS

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, and determined that the patient/resident:

- a. does
- b. does not

have the ability to understand and appreciate the nature and consequences of a DNR/DNI 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, who has not been informed of the decision to issue a DNR/DNI order.
- b. I have reason to believe that there is another parent, or a non-custodial parent, who has not been informed of the decision to issue a DNR/DNI order. 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.

Describe efforts/contacts: _____

Note: If the other parent opposes entry of the DNR/DNI 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/DNI 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/DNI order for the patient/resident. I understand that this means that cardiopulmonary resuscitation will be withheld if his/her heart stops beating or he/she stops breathing. I have also reviewed and consent on the patient/resident's behalf to any other limitations on medical intervention designated on the MOLST Form.

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/DNI Order, and other limitations on medical treatment 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 and other treatment limitations 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 and other treatment limitations on the MOLST Form in this patient/resident's medical record.

Concurring Physician Signature **Print Name** **Date**