

“Supplemental” Documentation Form for MINORS

For Do-Not-Resuscitate (DNR) Orders

For MOLST Program

Medical Orders for Life-Sustaining Treatment

**Do-Not-Resuscitate (DNR) and
other Life-Sustaining Treatments (LST)**

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/First/Middle Initial of Patient/Resident
Address
City/State/Zip
Patient/Resident Date of Birth (mm/dd/yyyy)
Gender <input type="checkbox"/> M <input type="checkbox"/> F
Unique Patient Identifier (Last 4 SSN)

NB: Actual orders should be placed on the MOLST form. New York State Public Health Law requires capacity assessment and documentation prior to issuing a DNR order. 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. *This documentation is not required if CPR order is chosen.*

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.

