

Do Not Resuscitate (DNR)/ Clinician Orders For Life Sustaining Treatment (COLST)

8.8

Medical Policy 8.8

PLEASE NOTE THE MANDATED USE OF THE VERMONT DEPARTMENT OF HEALTH'S DNR/COLST FORM IN THE FOLLOWING CIRCUMSTANCES:

All out-of-hospital DNR orders are mandated to be on the Department of Health's [Vermont DNR/COLST form \(link to form\)](#).

- DNR orders signed prior to July 1, 2011 may continue to be recognized as valid for EMS encounters, if the document complies with statutory requirements.
- Health care facilities and residential care facilities may document DNR/COLST orders in the patient's medical record in a facility specific manner when the patient is in their care so long as they meet the criteria below.

TO BE VALID DNR/COLST ORDERS MUST MEET THE FOLLOWING CRITERIA:

- **DNR Orders must:**
 - Be signed by the patient's clinician. A verbal order documented with the clinician's name, and signed and dated by the patient's nurse or social worker is acceptable.
 - Certify that the clinician has consulted, or made an effort to consult, with the patient, and the patient's agent or guardian, if there is an appointed agent or guardian.
 - Must include: the name of the patient, agent or guardian giving informed consent OR meet the futility standard (section A-3).
- **COLST Orders must:**
 - Be signed by the patient's clinician. A verbal order documented with the clinician's name, and signed and dated by the patient's nurse or social worker is acceptable. Include the name of the patient, agent or guardian giving informed consent.

PEARLS

- One essential element of providing quality end-of-life care involves honoring patient preferences.
- In the past a Do-Not-Resuscitate Order (DNR) has been used when a patient does not wish to have Cardiopulmonary Resuscitation (CPR). In recent years the old "DNR" order has been incorporated into a new form known as the DNR/COLST order by the Vermont Department of Health. The old "DNR" order only dealt with CPR. The **DNR/COLST** order deals with CPR as well as intubation, transfer to hospital, antibiotics, hydration and overall goals of care and is **the only legal out-of-hospital DNR order in Vermont as of July 1, 2011 (old orders will be honored as long as they complied with the statute at the time they were executed). Healthcare and residential care facilities can document these orders in a facility specific manner for inpatients.**
- DNR/COLST is a more complete document that stands for:
Do Not Resuscitate Order/Clinician Orders for Life Sustaining Treatment.
- These are clinician orders that convey patient's wishes for CPR, intubation, transfer to the hospital, antibiotics, artificial nutrition and hydration, as well as overall treatment goals.
- EMS personnel are required to perform CPR if indicated for a victim of cardiac arrest unless there is a signed DNR/COLST order in the out-of-hospital setting or termination of resuscitation criteria are met. See [Resuscitation Initiation and Termination Policy 8.17](#).
- All forms of DNR/COLST remain valid during a transfer from one healthcare facility to another.

Policy Continues

8.8 Do Not Resuscitate (DNR)/ Clinician Orders For Life Sustaining Treatment (COLST)

Policy Continued

PROCEDURE

- Patients should be assessed per routine procedures and if resuscitation is or may be needed, EMS personnel should make reasonable efforts to check the patient for a DNR identification (bracelet, necklace, anklet) or inquire if there is a written DNR/COLST order available. Attempt to determine the identity of the patient (specifically, name and date of birth).
- **If The Patient/Resident Has No Pulse And/OR No Respirations:**
 - Go to Section A of the DNR/COLST form. If the DNR order is checked and there is a clinician signature, a verbal order documented, and signed and dated by the patient's nurse or social worker, or the patient has a DNR identification - Do Not initiate CPR or other resuscitation measures.
 - Do not perform chest compressions or actively assist ventilations via BVM.
 - Do not intubate or place advanced airway devices.
 - Do not defibrillate.
 - Do not administer resuscitation drugs to treat cardiac arrest or dysrhythmias (ventricular fibrillation, pulseless ventricular tachycardia, pulseless electrical activity, or asystole).
- **When Confronted With A Seriously Ill Patient Who Is Not In Cardiac Arrest But Is Breathing And/OR Has A Pulse:**
 - Go to Sections B – G of the DNR/COLST form to review Orders for Other Life-Sustaining Treatment. Check for do not intubate orders (DNI), transfer to hospital orders, orders for medical interventions and other instructions. In Section H, check for clinician signature. A verbal order documented with the clinician's name, and signed and dated by the patient's nurse or social worker is acceptable. Comfort Measures Only: Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen (including CPAP), oral suction and manual treatment of airway obstruction as needed for comfort.
 - Limited Additional Interventions: Includes care described in Sections B-E. Use medical treatments and IV fluids as indicated.
 - Full treatment: Includes care described in sections B-E. Use defibrillation and other interventions as indicated.

PEARLS

- A DNR Order (Section A of the DNR/COLST form) only precludes efforts to resuscitate in the event of cardiopulmonary arrest and does not affect other therapeutic interventions that may be appropriate for the patient. (Sections B through H of the COLST form address other interventions).
- EMS providers and other health care professionals must honor a DNR order or a DNR identification unless it is believed in good faith, after consultation with the patient, agent or guardian, where possible and appropriate:
 - That the patient wishes to have the DNR Order revoked if the Order is based on informed consent, or
 - That the patient with the DNR identification or order is not the individual for whom the DNR order was issued.
- A health care provider shall honor in good faith an out-of-state DNR order, orders for life sustaining treatment, or out-of-state DNR identification if there is no reason to believe that what has been presented is invalid.
- Statutory requirements for DNR or DNR/COLST require that the order be signed by the patient's clinician, or a verbal order documented, and signed and dated by the patient's nurse or social worker, and include the name of the patient agent guardian or other individual giving informed consent and their relationship to the patient.
- In the absence of a valid DNR or DNR/COLST order, neither a spouse nor a healthcare agent/durable power of attorney may direct you to withhold resuscitation in the event of a cardiac arrest. **Contact Medical Direction for guidance.**
- Photocopies and faxes of signed DNR/COLST forms are legal and valid.
- An Advanced Directive (formerly referred to as Living Will) is different than DNR/COLST. An Advance Directive is completed by the patient, allows for nuances and is not honored in an out of hospital emergency. The DNR/COLST order is completed by a clinician, is black and white and is honored in an out of hospital emergency.
- **Contact Medical Direction** for circumstances not specifically covered by this protocol. Document in SIREN any actions taken or not taken based on a DNR/COLST order.

Policy Continues

Do Not Resuscitate (DNR)/ Clinician Orders For Life Sustaining Treatment (COLST)



INSTRUCTIONS FOR CLINICIANS COMPLETING VERMONT DNR/COLST FORM (DO NOT RESUSCITATE ORDER/CLINICIAN ORDERS FOR LIFE SUSTAINING TREATMENT)

Completing DNR/COLST

- The DNR/COLST form must be completed and signed by a health care clinician based on patient preferences and medical indications. A clinician is defined as a medical doctor, osteopathic physician, advance practice registered nurse or physician assistant. 18 V.S.A. § 9701(5). Verbal orders are acceptable with follow-up signature by the clinician in accordance with facility/community policy.
- Photocopies and Faxes of signed COLST forms are legal and valid; use of original is encouraged.

Special requirements for completing the DNR section of COLST (18 V.S.A. §§9708, 9709)

- A DNR order may be written on the basis of either informed consent or futility. Complete section A-2 for informed consent; Section A-3 for futility.
- An order based on informed consent must include the name of the patient, agent, guardian, or other individual giving informed consent. Beginning January 2018, the name of the patient, agent, guardian, or surrogate.
- An order based on futility must include a certification by the clinician and a second clinician that resuscitation would not prevent the imminent death of the patient, should the patient experience cardiopulmonary arrest.
- If patient is in a health care facility, the clinician must certify that the requirements of the facility's DNR protocol as required by 18 V.S.A. § 9709 have been met
- The clinician shall authorize the issuance of a DNR identification to the patient
- Clinician must certify that clinician has consulted or made an attempt to consult with the patient, and the patient's agent or guardian.

Using DNR Order - Section A CPR/DNR - 18 V.S.A. § 9708(i) and (l)

- A DNR Order (Section A of the DNR/COLST form) only precludes efforts to resuscitate in the event of cardiopulmonary arrest and does not affect other therapeutic interventions that may be appropriate for the patient. (Sections B through H of the COLST Form address other interventions.)
- Health care professionals, health care facilities, and residential care facilities must honor a DNR order or a DNR Identification unless the professional or facility believes in good faith, after consultation with the patient, agent or guardian, where possible and appropriate
 - that the patient wishes to have the DNR Order revoked, or
 - that the patient with the DNR identification or order is not the individual for whom the DNR order was issued.Documentation of basis for belief in medical record is required.

Using COLST (Sections B through H)

- Any section of COLST not completed indicates that the COLST order does not address that topic. It may be addressed in a patient's advance directive, or in other parts of the medical record.
- Oral fluids and nutrition must always be offered if medically feasible.
- When comfort cannot be achieved in the current setting, the person, including someone with "comfort measures only", may be transferred to a setting able to provide comfort.
- Treatment of dehydration is a measure that may prolong life. For a patient who desires IV fluids the order should indicate "Limited Interventions" or Full Treatment."
- A patient with or without capacity, or another person authorized to provide consent, may revoke the COLST order at any time and request alternative treatment. Exceptions may apply. See, 18 V.S.A. § 9707(h) or 18 V.S.A. § 9707(g).
- Photocopies and faxes of signed DNR/COLST forms are legal and valid; use of original is encouraged.

Documenting Clinician's Verbal Order (Sections A6 & H)

To document a clinician's verbal order for a DNR/COLST:

- The patient's nurse or social worker must print the clinician's name in **Section A6 for DNR** and/or **Section H for COLST** and write "Verbal Order" on the clinician signature line.
- The nurse or social worker documenting the verbal order must also sign and date the form.
- A duplicate DNR/COLST must be completed and sent to the clinician for an original signature.
- At the earliest convenience, the order with the original signature must be returned to the patient to replace the previously documented verbal order.

Reviewing DNR/COLST

This form should be reviewed periodically and a new form completed if necessary when:

1. The patient is transferred from one care setting or care level to another, or
2. There is a substantial change in the patient's health status, or
3. The patient's treatment preferences change, or
4. At least annually, but more frequently in residential or inpatient settings.

Voiding DNR/COLST

To void this form or a part of it, draw a line through each page or section to be voided and write "VOID" in large letters.

8.8 Do Not Resuscitate (DNR)/ Clinician Orders For Life Sustaining Treatment (COLST)

Patient Name / D.O.B. _____ / _____

DNR/COLST CLINICIAN ORDERS for DNR/CPR and OTHER LIFE SUSTAINING TREATMENT FIRST follow these orders, THEN contact Clinician.	Patient Last Name
	Patient First/Middle Initial
	Date of Birth

(If patient/resident has no pulse and/or no respirations)

A DO NOT RESUSCITATE (DNR) <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death)	CARDIOPULMONARY RESUSCITATION (CPR) <input type="checkbox"/> CPR/Attempt Resuscitation
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For patient who is breathing and/or has a pulse, GO TO SECTION B – G, PAGE 2 FOR OTHER INSTRUCTIONS. CLINICIANS MUST COMPLETE SECTIONS A-1 THROUGH A-5

A-1 Basis for DNR Order
Informed Consent - Complete Section A-2
Futility - Complete Section A-3

A-2 Informed Consent
 Informed Consent for this DO NOT RESUSCITATE (DNR) Order has been obtained from:

 Name of Person Giving Informed Consent (Can be Patient) Relationship to Patient (Write "self" if Patient)

 Signature (If Available)

A-3 Futility (required if no consent)

I have determined that resuscitation would not prevent the imminent death of this patient should the patient experience cardiopulmonary arrest. Another clinician has also so determined:

 Name of Other Clinician Making this Determination (Print here) Signature of Other Clinician

Dated: _____

A-4 Facility DNR Protocol (required if applicable)

This patient is is not in a health care facility or a residential care facility.

Name of Facility: _____

If this patient is in a health care facility or a residential care facility, the requirements of the facility's DNR protocol have been met. _____ (Initial here if protocol requirements have been met.)

A-5 DNR Identification (optional)

I have authorized issuance of a DNR Identification (ID) to this patient. Form of ID: _____

Certification and signature for DNR	<p>A-6 Clinician Certifications and Signature for CPR/DNR (required) I have consulted, or made an effort to consult with the patient and the patient's agent or guardian.</p> <p>Patient's Agent or Guardian _____ Address or Phone _____</p> <p>I certify that I am the clinician for the above patient, and I certify that the above statements are true.</p> <p>_____ Signature of Clinician Printed Name of Clinician</p> <p>Dated: _____</p>
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GIVE COPY TO PATIENT AND REPRESENTATIVE
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

Medical Policy 8.8

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8.8

Patient Name / D.O.B. _____ / _____

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HIPAA PERMITS DISCLOSURE OF COLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY	
ORDERS FOR OTHER LIFE-SUSTAINING TREATMENT (If patient/resident is breathing and/or has pulse)	
B	<p>INTUBATION AND MECHANICAL VENTILATION INSTRUCTIONS:</p> <p>If patient has DNR order and has progressive or impending pulmonary failure <u>without</u> acute cardiopulmonary arrest:</p> <p><input type="checkbox"/> Do Not Intubate/Multi-Lumen Airway (DNI)</p> <p><input type="checkbox"/> Trial Period of Intubation/Multi-Lumen Airway and ventilation</p> <p><input type="checkbox"/> Intubation/Multi-Lumen Airway and long-term mechanical ventilation if needed</p>
C	<p>TRANSFER TO HOSPITAL</p> <p><input type="checkbox"/> Do not transfer unless comfort care needs cannot be met in current location or if severe symptoms cannot be otherwise controlled</p> <p><input type="checkbox"/> Transfer</p>
D	<p>ANTIBIOTICS</p> <p><input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms</p> <p><input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal</p> <p><input type="checkbox"/> Use antibiotics</p>
E	<p>ARTIFICIALLY ADMINISTERED NUTRITION: Offer food and liquids by mouth if feasible.</p> <p>Feeding tube</p> <p><input type="checkbox"/> No feeding tube</p> <p><input type="checkbox"/> Trial period of feeding tube (Goal: _____)</p> <p><input type="checkbox"/> Long-term feeding tube</p> <p>Parenteral nutrition or hydration (e.g. IV fluids or Total Parenteral Nutrition)</p> <p><input type="checkbox"/> No parenteral nutrition or hydration</p> <p><input type="checkbox"/> Trial period of parenteral nutrition or hydration (Goal: _____)</p> <p><input type="checkbox"/> Long term parenteral nutrition or hydration</p>
F	<p>MEDICAL INTERVENTIONS:</p> <p><input type="checkbox"/> COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Offer food and fluids by mouth, if feasible.</p> <p><input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatments and IV fluids as indicated. <i>Avoid intensive care if possible.</i></p> <p><input type="checkbox"/> FULL TREATMENT Includes care described above. Use defibrillation and intensive care as indicated.</p>
G	<p>Other Instructions :</p>
<p>GIVE COPY TO PATIENT AND REPRESENTATIVE SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED</p>	

8.8

Do Not Resuscitate (DNR)/ Clinician Orders For Life Sustaining Treatment (COLST)

Patient Name / D.O.B. _____ / _____

HIPAA PERMITS DISCLOSURE OF COLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

H Informed Consent and Clinician Signature for COLST Order (Sections B through G)

Informed Consent for this COLST Order has been obtained from:

Name of Person Giving Informed Consent
(Patient if competent)

Relationship to Patient
(Write "self" if Patient)

Signature

Clinician Signature for COLST

Signature of Clinician

Printed Name of Clinician

Dated: _____

Print Clinician Name

Clinician Signature (mandatory)

Phone Number

Person providing consent's signature (if available)

Date

Other Contact Information (Optional)

Name of Guardian, Agent or other Contact Person

Relationship

Phone Number

Name of Health Care Professional Preparing Form

Preparer Title/Facility

Phone Number

Date Prepared

Review Date

Reviewer

Location of Review

Review Outcome

- No Change
- New form completed
- Form Voided

- No Change
- New form completed
- Form Voided

- No Change
- New form completed
- Form Voided

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

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