

PATIENT: _____ BIRTHDATE: _____

LAST NAME FIRST NAME MIDDLE INITIAL

SECTION A: Cardiopulmonary Resuscitation: Follow these orders when patient is unresponsive & has NO pulse

- ☐ **NO CPR: Do Not Attempt Resuscitation (DNR)**
(Allow Natural Death)
- ☐ **YES CPR: Attempt Resuscitation**, including chest compressions, intubation, mechanical ventilation, defibrillation and transfer to hospital.

Basis for DNR order: informed consent OR medical non-benefit (Choose one)

☐ **Informed Consent obtained from:**

Name of Person Giving Informed Consent (Can be Patient)

Relationship to Patient (Write "self" if Patient)
(agent, guardian or surrogate)

Signature (if available; not required)
☐ Verbal Consent

OR

☐ **This DNR order is written on the basis of medical non-benefit (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 _____ Date

SECTION B: Intubation and Ventilation: Follow these orders in the event of respiratory distress & HAS a pulse

Instructions for Intubation and Ventilation: (Invasive: place a tube down the patients throat and connect a breathing machine)

Mark one circle → ☐ NO, do not intubate and ventilate (DO NOT check if you checked "YES CPR" in section A)

☐ TRIAL COURSE, of intubation and ventilation treatment

☐ YES, intubate and ventilate

SECTION C: Medical Intervention Guidelines

- ☐ **Focus on Sustaining Life.** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. *Transfer to hospital and/or intensive care unit if indicated.* All patients will receive comfort-focused treatments.
Treatment Plan: Full treatment including life support measures in the intensive care unit.
- ☐ **Avoid Invasive Interventions.** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. high flow, CPAP, BiPAP). *Transfer to hospital if indicated.* Generally avoid intensive level of care (e.g. ICU). All patients will receive comfort-focused treatments.
Treatment Plan: Provide basic medical treatments aimed at treating new or reversible illness.
- ☐ **Comfort-Focused Treatment (Allow Natural Death).** Relieve pain and suffering through the use of any medication by any route, positioning, wound care, and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers *no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.*
Treatment Plan: Maximize comfort through symptom management.

Facility DNR Protocol Requirement (required for patients in health care or residential care facilities, skip if patient is not in a facility)

☐ This patient is in a health care facility or a residential care facility.

Name of Facility: _____

The requirements of the facility's DNR protocol have been met. _____ (Initial here if protocol requirements have been met.)

SIGNATURE OF CLINICIAN for section A, B & C (signature authorizes DNR identification)

Clinician (Print Name): _____ Signature: _____ Date _____

SECTION D: Orders For Other Life Sustaining Treatments

Artificially Administered Nutrition and Hydration

Nutrition (Mark one circle)	<input type="radio"/> NO, do not administer artificial nutrition	<input type="radio"/> TRIAL COURSE, of short-term artificial nutrition. No long term.	<input type="radio"/> YES, administer artificial nutrition	<input type="radio"/> Did not discuss
Hydration (Mark one circle)	<input type="radio"/> NO, do not administer artificial hydration	<input type="radio"/> TRIAL COURSE, of short-term artificial hydration	<input type="radio"/> YES, administer artificial hydration	<input type="radio"/> Did not discuss
Antibiotics (Mark one circle)	<input type="radio"/> NO, do not use antibiotics	<input type="radio"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal.	<input type="radio"/> YES, administer antibiotics (if indicated)	<input type="radio"/> Did not discuss

Other preferences (e.g. dying at home, awareness/level of consciousness, living independently, etc.) and treatment goals specific to the patient’s medical condition and care needs (e.g. blood products, dialysis, etc.).

Name of Person Giving Informed Consent (Can be Patient)

Relationship to Patient (Write “self” if Patient)

Signature (if available; not required)
☐ Verbal Consent

SIGNATURE OF CLINICIAN for section D

Clinician (Print Name): _____ Signature: _____ Date _____

SECTION E: Additional Information

☐ Health Care Agent/Advance Directive

☐ Guardianship Order

☐ Surrogate

Name of Health Care Agent(s) / phone

Name of Guardian / phone

Name of Surrogate / phone

Note: This section CANNOT be used to appoint the health care agent or guardian. Only check if there is existing documentation of medical decision-makers in an advance directive or court order for guardianship. Guardians require additional oversight for permission to consent (emergency exceptions apply).

☐ Patient enrolled in hospice: Name of Hospice Agency _____ Phone/Contact _____

SECTION F: REVIEWS

Date	Reviewer	Location	Outcome
			<div><input type="radio"/> No Change</div> <div><input type="radio"/> New form completed</div> <div><input type="radio"/> Form Voided</div>

Instructions For Clinicians Completing This Form

Completing DNR/COLST: <ul style="list-style-type: none">– Must be completed and signed by a health care clinician (MD, DO, APRN, or PA) based on patient’s medical condition, goals and values.– Verbal orders are acceptable with follow-up signature by the clinician in accordance with facility/agency policy.– Photocopies and faxes of signed DNR/COLST order are legal and valid.– By signing, clinician is certifying that they have consulted or made an attempt to consult with the patient, the patient’s agent, guardian or surrogate.	Documenting Clinician’s Verbal Order <ul style="list-style-type: none">– The patient’s nurse or social worker must print the clinician’s name 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.
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**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).
 - A "clinician" also includes a duly licensed medical doctor, osteopathic physician, advanced practice registered nurse or nurse practitioner, or physician assistant who treated the patient outside Vermont and held a valid license to practice in the state in which the patient was located at the time the DNR/COLST was issued. (18 V.S.A. § 9708).
- Verbal orders are acceptable with follow-up signature by the clinician. See Documenting Clinician's Verbal Order (sections A & D) below.
- Photocopies and Faxes of signed COLST forms are legal and valid.
- Prior orders completed on previously approved Vermont DNR/COLST forms remain legal and valid and shall be honored.

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. Indicate the basis for the order in Section A.
- An order based on informed consent must include the name of the patient, agent, guardian, or other individual giving informed consent.
- 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.
- Clinician signature on this form serves as the issuance of a DNR Identification.
- Clinician signature certifies that the clinician has consulted or made an attempt to consult with the patient, and the patient's agent or guardian if there is an appointed 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 D 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:
 - the patient wishes to have the DNR/COLST order revoked; or
 - the patient with the DNR identification or order is not the individual for whom the DNR order was issued; and
 - documents the basis for the good faith belief in the patient's medical record.

Using COLST (Sections B through D)

- Any sections not completed indicate 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.
- When comfort cannot be achieved in the current setting, the person, including someone with "comfort-focused treatment", may be transferred to a setting able to provide comfort.
- 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(g) or 18 V.S.A. § 9707(h).
- Photocopies and faxes of signed DNR/COLST forms are legal and valid.

Documenting Clinician's Verbal Order (Sections A & D)

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 A for DNR** and/or **Section D 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.