

Advance Care Planning is a Gift to You and Your Family

Sudden illness or accident can happen to anyone at any time. Preparing in advance minimizes conflict and uncertainty about decisions that may arise. Talk to your family, friends and health care providers about what matters most to you.



An advance care planning initiative by Vermont Ethics Network. For more information, contact us at:

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Considering Medical Orders to Limit Life-Sustaining Treatment

Understanding DNR/COLST

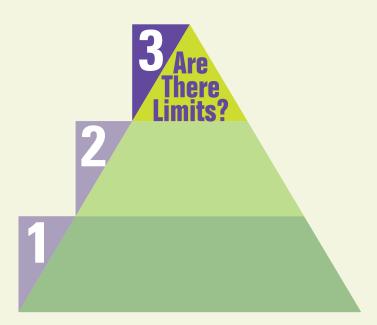
(do-not-resuscitate/clinician orders for life-sustaining treatment)



STEP

DNR/COLST Form

The Vermont DNR/COLST form is completed by a clinician (doctor, nurse practitioner, or physician assistant). It improves the quality of care for patients who are seriously ill or at end-of-life by translating their goals and treatment wishes into medical orders that are recognized in all settings.



Completing a DNR/COLST form begins with a conversation between the patient (or patient's medical decision-maker if the patient is not able to speak for themself) and the patient's clinician. The form addresses:

- Resuscitation (CPR)
- ▲ Breathing Machines (Intubation & Ventilation)
- ▲ Artificial feeding & fluids
- Going to the hospital
- Antibiotics
- Other medical treatments

Decisions About DNR/COLST

Decisions about a DNR/COLST order are based on the patient's medical condition, their values and their wishes.

How is DNR/COLST different from an Advance Directive?

- Advance directives are *completed by* **patients** and give *guidance* about **future** medical decisions if the patient loses capacity, becomes terminally ill or is permanently unconscious.
- DNR/COLST orders are completed by clinicians and are binding medical orders for current treatment decisions.
- Everyone 18 years of age or older should have an advance directive. Some of these people will also need a DNR/COLST order.

Why is DNR/COLST Important?

- A DNR Order is needed for emergency medical technicians (EMT) to withhold CPR.
- Without a DNR Order, CPR will be attempted if it is medically indicated, even if your preference for no CPR is in your advance directive.

Who Should Consider a DNR/COLST?

- People with serious, advanced, or life-limiting medical conditions
- People who are certain that they want to avoid life-sustaining treatments
- ▲ People who might die within the next year

What to Consider When Making Decisions about Life-Sustaining Treatment

- Will the treatment help?
- Is recovery possible? If so, what will life be like afterward?
- Do the potential benefits of the treatment outweigh the burdens?
- How much are you willing to go through for the possibility of gaining more time?