VERMONT DNR/COLST – NEW & IMPROVED
EFFECTIVE: JUNE 1, 2022

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Advance Care Planning - Continuum

Name a Health Care Agent

Advance Directive w/ Preferences

Conversations about Goals & Priorities

Discuss DNR/COLST

EOL Decision Making

Shigeko Izumi, PhD, RN, FPCN1 and Erik K. Fromme, MD, MCR, FPCN. Journal of Palliative Medicine. Vol 20; No.7, 2017
Ethical Framework for DNR/COLST

Outcome of shared a decision-making process.

**Medical Order**, completed by a clinician, requires informed consent and is intended to guide current treatment decisions.

- Based on the patient’s current medical condition and their goals and values.
- Consent can be provided by someone other than the patient.
- Recommendation from clinician based on what is medically reasonable/appropriate.
- Actionable in all settings, including emergencies by EMS.
Legal Framework (18 V.S.A. § 9708)

A DNR Order Must:
- be signed by the patient's clinician;
- 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;
- include either:
  - (A) the name of the patient; agent; guardian, in accordance with 14 V.S.A. § 3075(g); or surrogate giving informed consent and the individual's relationship to the patient; or
  - (B) certification that the patient's clinician and one other named clinician have determined that resuscitation would not prevent the imminent death of the patient, should the patient experience cardiopulmonary arrest.

A COLST Must:
- be signed by the patient's clinician; and
- include the name of the patient; agent; guardian, in accordance with 14 V.S.A. § 3075(g); or surrogate giving informed consent for the COLST and the individual's relationship to the patient.
### DNR/COLST

**CLINICIAN ORDERS** for DNR/CPR and OTHER LIFE SUSTAINING TREATMENT

**FIRST** follow these orders, **THEN** contact Clinician.

<table>
<thead>
<tr>
<th>A</th>
<th><strong>DO NOT RESCUEITATE (DNR)</strong></th>
<th><strong>CARDIOPULMONARY RESUSCITATION (CPR)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>DNR/Do Not Attempt Resuscitation (Allow Natural Death)</td>
<td>CPR/Attempt Resuscitation</td>
</tr>
</tbody>
</table>

**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**
- 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:

**A-4 Facility DNR Protocol (required if applicable)**
- This patient is ☐ is not ☐ in a health care facility or a residential care facility.

**A-5 DNR Identification (optional)**
- I have authorized issuance of a DNR Identification (ID) to this patient. Form of ID:

**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.
- Patient's Agent or Guardian: [Name]
- Address or Phone: [Number]
- I certify that I am the clinician for the above patient, and I certify that the above statements are true.

**Signature of Clinician**
- Printed Name of Clinician
- Dated:

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**HIPAA PERMITS DISCLOSURE OF COST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

**B INTUBATION AND MECHANICAL VENTILATION INSTRUCTIONS:**
- If patient has DNR order and has progressive or impending pulmonary failure; without acute cardiopulmonary arrest:
  - Do Not Intubate/Multi-Lumen Airway (DNI)
  - Trial Period of Intubation/Multi-Lumen Airway and ventilation
- Intubation/Multi-Lumen Airway and long-term mechanical ventilation if needed

**C TRANSFER TO HOSPITAL**
- Do not transfer unless comfort care needs cannot be met in current location or if severe symptoms cannot be otherwise controlled
- Transfer

**D ANTIBIOTICS**
- No antibiotics. Use other measures to relieve symptoms
- Determine use or limitation of antibiotics when infection occurs, with comfort as goal
- Use antibiotics

**E ARTIFICIALLY ADMINISTERED NUTRITION:** Offer food and liquids by mouth if feasible.
- Feeding tube:
  - No feeding tube
  - Trial period of feeding tube (Goal: ____________)
  - Long-term feeding tube
- Parenteral nutrition or hydration (e.g. IV fluids or Total Parenteral Nutrition)
  - No parenteral nutrition or hydration
  - Trial period of parenteral nutrition or hydration (Goal: ____________)
  - Long term parenteral nutrition or hydration

**F MEDICAL INTERVENTIONS:**
- 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.
- LIMITED ADDITIONAL INTERVENTIONS: Includes care described above. Use medical treatments and IV fluids as indicated. Avoid intensive care if possible.
- FULL TREATMENT: Includes care described above. Use defibrillation and intensive care as indicated.

**G Other Instructions:**
- GIVE COPY TO PATIENT AND REPRESENTATIVE
- SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
### Other Life-Sustaining Treatments

**SECTION D: Orders For Other Life Sustaining Treatments**

**Artificially Administered Nutrition and Hydration**

- **Nutrition**
  - Mark one circle:
    - No do not administer artificial nutrition
    - **TRIAL COURSE of short-term artificial nutrition.** No long term.
    - Yes, administer artificial nutrition
    - Did not discuss

- **Hydration**
  - Mark one circle:
    - No do not administer artificial hydration
    - **TRIAL COURSE of short-term artificial hydration**
    - Yes, administer artificial hydration
    - Did not discuss

- **Antibiotics**
  - Mark one circle:
    - No do not use antibiotics
    - **Yes, administer antibiotics (if indicated)**
    - Did not discuss

### Other Preferences
- Example: Dying at home, awareness/level of consciousness, living independently, etc.
- Treatment goals specific to the patient's medical condition and care needs (e.g., blood products, dialysis, etc.).

**Informed Consent for orders for other life sustaining treatment (section D) has been obtained from:**

- Name of Person Giving Informed Consent (Can be Patient):
- Relationship to Patient: [Write “self” if Patient]
- Signature (if applicable, not required):
- **Verbal Consent**

**SIGNATURE OF CLINICIAN for section D**

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

**SECTION E: Additional Information**

- **Health Care Agent/Advance Directive**
  - Name of Health Care Agent's phone:
  - Name of Guardian's phone:
  - Name of Surrogate's phone:

- **Guardianship Order**

- **Surrogate**

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

**SECTION F: REVIEWS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Reviewer</th>
<th>Location</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No Change</td>
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<tr>
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<td></td>
<td>New form completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Form Voided</td>
</tr>
</tbody>
</table>

### Instructions For Clinicians Completing This Form

- Must be completed and signed by a health care clinician (MD, DO, ARNP, PA)
- must be completed and signed by the clinician in accordance with facility policy.
- Photocopies and facsimiles of signed UND/COST are not valid.
- If expired, clinician is certifying that there was consultation or an attempt to consult with the patient, the patient’s agent, guardian or surrogate.
After Completion of DNR/COLST

• Give patient original copy and ensure patient is aware of where it should be located in home (i.e. refrigerator, vial/file for life, facility specific location, etc.)

• If verbal order, duplicate DNR/COLST must be completed, sent to clinician for original signature and returned to patient at earliest convenience

• Provide information for obtaining DNR Identification from VT Approved Vendors
  - MedicAlert Foundation
  - StickyJ Medical ID

• Recommended review of existing DNR/COLST:
  - When patient is transferred from one setting to another (affirm existing order)
  - If there is a significant change in patient’s health status
  - If patient’s preferences change
  - Annually
  - Complete new order if necessary/indicated
Surrogate Consent for DNR/COLST

• Health Care Agent

• Guardian (with appropriate oversight)
  • Probate Court for Title 14 guardianships (private or elders under public guardianship)
  • DAIL Ethics Committee for Title 18 guardianships (individuals with developmental disability)

• Surrogate (“interested individual”)
  • Spouse, adult child, parent, adult sibling, adult grandchild or clergy person; or
  • Any adult who has exhibited special care and concern for the principal/patient and who is personally familiar with their values

• Consensus model – NO HEIRARCHY
Standard for Surrogate Decision-Making

• **Substituted Judgment**
  • Advance directive, knowledge of wishes, goals, values, belief, priorities, health care agent

• **Best Interest**
  • Proportionality - balancing benefits and burdens
  • What most people would choose / society values
• DNR/COLST is **not** a replacement for advance directives

• DNR/COLST should not guide goals of care conversations. Rather—orders should be informed by conversations that cover medical context/prognosis **AND** goals/values

• DNR/COLST must include the date that the order is completed

• **AVOID Incompatible Instructions** – i.e. Yes-CPR but NO-Intubation

• **DNR/COLST should NOT BE USED to document Full Code** - provision of CPR is the default standard of care in the absence of a DNR/COLST
Tips & Take-Aways

- **Prior orders** completed on previously approved Vermont DNR/COLST forms remain legal and valid and shall be honored.

- Clinician signature serves as issuance of DNR Identification.

- Give patient original copy of DNR/COLST and make additional copies for approved DNR ID vendor, as well as for health care facility or additional clinicians where patient receives care.

- Patients with OR without capacity, or surrogates authorized to provide/withhold consent, may revoke COLST and request alternative treatment.
  - Orders based on medical non-benefit (futility) CANNOT be revoked.
  - Surrogates shall make decisions based on 1.) substituted judgement, 2.) best interest. NOT surrogate’s personal values or interests.
Thank You!

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