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VERMONT ADVANCE CARE
PLANNING:
FACILITATOR TRAINING
DNR/COLST
SESSION 3
MARCH 17, 2026

Learning Goals & Objectives



Describe Vermont's legal and ethical framework related to portable, out-of-hospital DNR/COLST orders



Appreciate difference between preference based advance directives and consent-based portable medical orders



Describe when DNR/COLST orders may be appropriate and where they fit in the advance care planning continuum

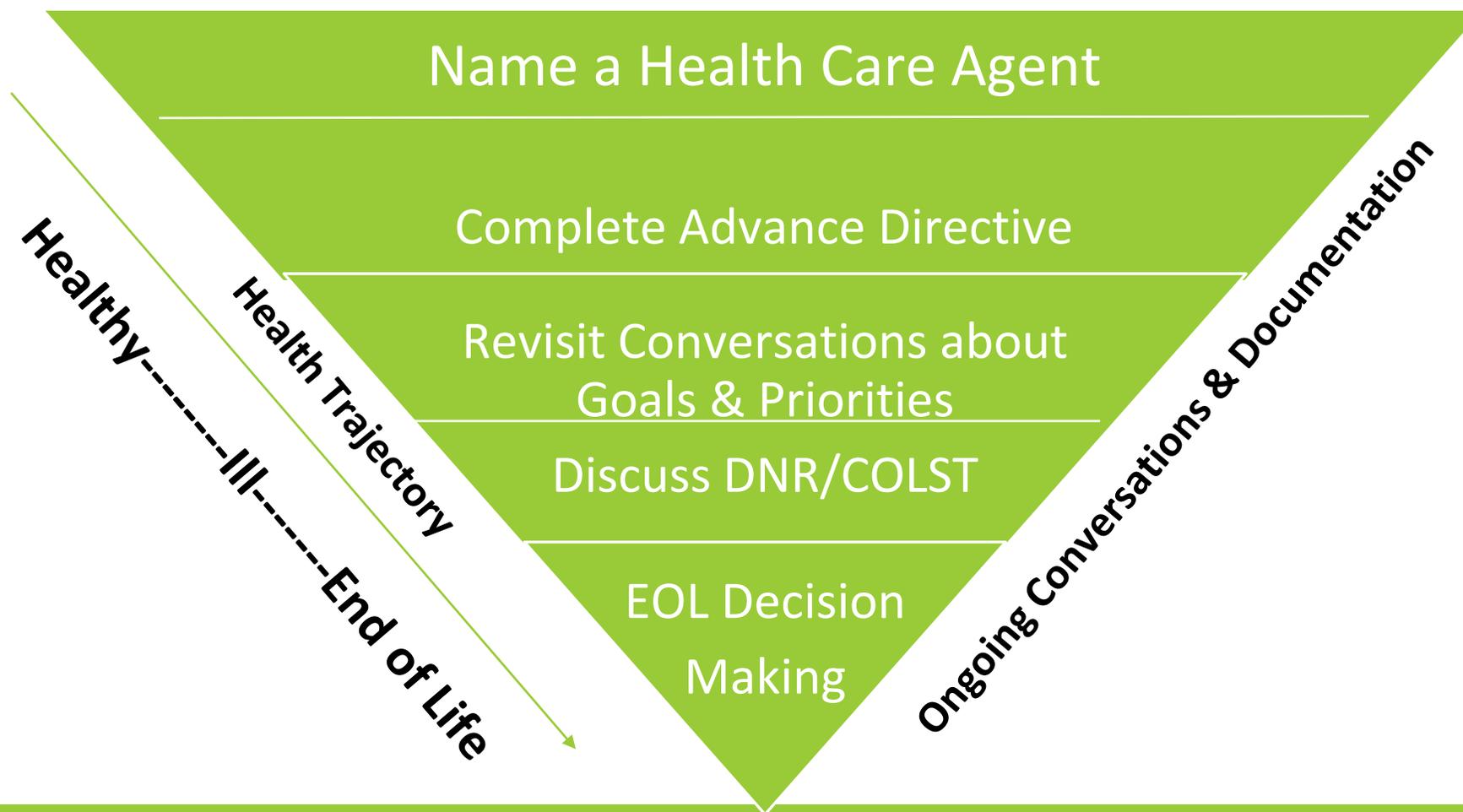
ACP Facilitator & DNR/COLST

DNR/COLST orders are the responsibility of Clinicians (MD, DO, APRN/NP, PA)

Recognize when DNR/COLST may be appropriate as part of the ACP Process

Know when to refer to clinician for follow-up conversation

ACP Continuum



Case Scenario: Setting the Stage

- 72 year old male
- History notable for COPD, CHF, stage 2 CKD
- Comes to hospital in respiratory distress; hospitalized for acute on chronic exacerbation of his COPD, intubated and transferred to ICU
- ICU course complicated due to difficulty weaning off ventilator, two failed extubations
- Eventually stabilized and transferred to floor
- Discharged to short term rehab and back home after 3 weeks
- Recommendation to do advance care planning with his PCP at follow-up visit

Level Set – DNR/COLST Basics

Portable, **out-of-hospital** medical orders

Signed and dated by clinician (MD, DO, PA, APRN/NP), documentation of **informed consent***, goal to guide **current** treatment plan

- Recommendation from the clinician based on what is medically reasonable/appropriate and supports patient's goals
- Actionable in all settings, including emergencies by EMS
- Consent can be provided by someone other than the patient
- Naturopaths are not currently authorized to sign DNR/COLST orders

Not exclusively a code status documentation tool; outcome of a **shared decision-making process** based on patient's current medical condition AND their goals and values

* Can be written without consent if 2 clinicians certify that CPR would not prevent the imminent death of the patient

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)

- | | | |
|---|----|---|
| <p><input type="radio"/> Informed Consent obtained from:</p> <p>_____
 Name of Person Giving Informed Consent (Can be Patient)</p> <p>_____
 Relationship to Patient (Write "self" if Patient)
 (agent, guardian or surrogate)</p> <p>_____
 Signature (If available; not required)</p> <p><input type="checkbox"/> Verbal Consent</p> | OR | <p><input type="radio"/> This DNR order is written on the basis of medical non-benefit (futility). Required if no consent.</p> <p>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:</p> <p>_____
 Name of Other Clinician Making this Determination (Print here)</p> <p>_____
 Signature of Other Clinician</p> <p>_____
 Date</p> |
|---|----|---|

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 →
- | | | |
|--|---|---|
| <input type="radio"/> NO , do not intubate and ventilate (DO NOT check if you checked "YES CPR" in section A) | <input type="radio"/> TRIAL COURSE , of intubation and ventilation treatment | <input type="radio"/> 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 _____

**Vermont
 DNR/COLST
 Page 1**

Code Status

Consent or
 Medical
 Non-Benefit
 (Futility)

Intubation

Treatment
 Plan &
 Transfer

Facility Protocol

Clinician Signature

Who & Why: DNR/COLST Page 1

WHO

- Patients with serious or life limiting illness for whom death in the next year would not be a surprise
- Patients who do not want/would not benefit from CPR and/or Intubation regardless of the clinical circumstance

WHY

- Actionable in an emergency and out of hospital settings
- Continuity regarding CPR/Intubation across care settings
- Instructs the medical team when to forego CPR and/or Intubation if indicated
- Protects patient from getting treatment that they don't want (especially in an emergency)

Remember: Conversation is key - saying no to things requires a careful plan

Vermont DNR/COLST Page 2

PATIENT: _____ BIRTHDATE: _____
 LAST NAME FIRST NAME MIDDLE INITIAL

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.).

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 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
			<input type="radio"/> No Change <input type="radio"/> New form completed <input type="radio"/> Form Voided

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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Other Life-Sustaining Treatments

Additional Information

Why - Page 2?

WHY

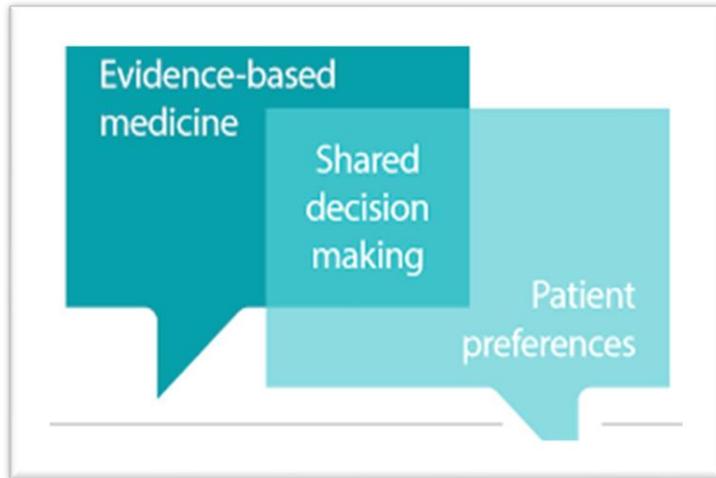
- Addresses additional treatments that may or may not be desired

REMEMBER

- Still requires informed consent
 - No futility provision for page 2
 - Both pages DO NOT need to be completed to be valid.
 - Conversation is important - saying no to things requires a careful plan
- 

The Finer Points

Ethics Framework



- ❖ Conversation first, then document on DNR/COLST order **if there is a limitation**
- ❖ **NO NEED** to write an out-of-hospital order to receive CPR (**Full Code**) - provision of CPR is the default standard of care in the absence of a DNR/COLST
- ❖ Details of the discussion should be documented in the medical record
- ❖ **AVOID Incompatible Instructions** – i.e. Yes-CPR but NO-Intubation, etc.
- ❖ Give patient the original and instruct to post on the refrigerator in residence

NOTE: Hospitals should not rely on scanned orders from prior admissions to guide the plan for a new hospitalization without affirming goal with patient/surrogate. Since these are out-of-hospital orders, responsibility rests with the patient/surrogate/sending facility to have the order with them (or wear DNR ID) if order is in effect.

Case Scenario Wrap Up

Home Health case manager supported patient to complete an AD

Recognized need for further discussion of possible Portable Medical Order and recommended follow-up with PCP to discuss DNR/COLST

Reminded patient to tell PCP office of reason for visit (review AD and discuss DNR/COLST) so ample time is allocated

Supported to register AD and advised to take copy to follow-up appointment

Clinician to complete DNR/COLST if appropriate and discuss plan

After Completion of DNR/COLST



Keep original copy, give agent a copy and ensure everyone is aware of where it should be located in home (i.e. refrigerator, vial/file for life, facility specific location, etc.)

Provide information for obtaining DNR Identification from [VT Approved Vendors](#)

- MedicAlert Foundation
- StickyJ Medical ID

No automatic expiration or required review

Recommend 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

Additional Take-Aways

DNR/COLST is NOT a replacement for advance directives

Does not get stored in the Vermont AD Registry

Out of hospital orders MUST be on the Vermont DNR/COLST Form

Obligation to honor, including out-of-state POLST/MOLST orders

Limitations of Treatment can be documented in a “facility specific manner” when in health care facilities or residential care facilities

Upon arrival to hospital, responsibility of treating clinician/team to check to see what discussions have happened previously and to affirm plan for this hospitalization



Tricky Situations

- What are your questions?
- What tricky situations have you encountered?
 - AD and DNR/COLST don't match, which one gets followed?
 - Will the DNR/COLST be honored? When would it NOT be honored?
 - Can all surrogates consent to a DNR/COLST if the patient lacks capacity?
 - Clinician is from another state, can they sign a Vermont DNR/COLST?

Obligation to Honor

- (i) **Every health care provider, health care facility, and residential care facility shall honor a DNR/COLST order or a DNR identification** unless the provider or facility:
- (1) believes in good faith, after consultation with the agent or guardian where possible and appropriate, that:
 - (A) the patient wishes to have the DNR/COLST order revoked; or
 - (B) the patient with the DNR identification is not the individual for whom the DNR order was issued; and
 - (2) documents the basis for the good faith belief in the patient's medical record.
- (j) A DNR/COLST order executed prior to July 1, 2011 shall be a valid order if the document complies with the statutory requirements in effect at the time the document was executed or with the provisions of this chapter.
- (k) **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.

Surrogate Consent for DNR/COLST

Health Care Agent: (no limits to consent)

- Substituted-judgement, if possible
- Best interest

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”) (see 18 V.S.A. § 9731)

- 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**

Out of State Clinician Signing VT DNR/COLST

Permissibility tied to definition of “Clinician”:

“Clinician” shall have the same meaning as in section 9701 of this title and shall also include 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



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