




New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT
Supersedes/Updates: 99-10, 08-07

No. 10-05

Date: June 16, 2010

Re: DNR and Medical Orders for Life-Sustaining Treatment (MOLST)

Page 1 of 5

Purpose

This policy updates all EMS providers and agencies of changes in the laws regarding Do Not Resuscitate (DNR) orders and Medical Orders for Life-Sustaining Treatment (MOLST). The Department now has an approved MOLST form, [DOH-5003](#) Medical Orders for Life-Sustaining Treatment. This form does not replace the Nonhospital Order Not to Resuscitate in either the English or the Spanish version ([DOH-3474](#), [DOH-3474es](#)), but rather provides an alternative. Nonhospital DNR orders are now governed by Public Health Law Article 29-CCC.

Additionally, this policy will provide an introduction to the Family Health Care Decisions Act (FHCDA). FHCDA allows family members or certain other individuals to make health care decisions, including decisions about the withholding or withdrawing life-sustaining treatment, on behalf of patients who lose their ability to make such decisions and have not prepared advance directives regarding their wishes. **FHCDA went into effect on June 1, 2010.**

Nonhospital Order Not to Resuscitate

The New York State Department of Health has an approved standard **Out of Hospital DNR** form (DOH-3474) that is legally recognized statewide for DNR requests occurring outside of Article 28 licensed facilities. This form is intended for patients not originating from a hospital or nursing home.

For patients with a valid Nonhospital DNR or MOLST form with a DNR order, the Public Health Law allows a standard metal bracelet to be worn by the patient, which includes a caduceus and the words "DO NOT Resuscitate." EMS providers should assume that there is a valid DNR in place when a DNR bracelet is identified on a patient.

Medical Orders for Life-Sustaining Treatment (MOLST)

MOLST is an alternative form for patients to document their end-of-life care preferences and to assure that those preferences are made known to health care providers across the health care delivery system. Unlike the Nonhospital Order Not to Resuscitate, the MOLST form documents DNI orders and orders regarding other life-sustaining treatment, in addition to DNR orders. MOLST should be honored by EMS agencies, hospitals, nursing homes, adult homes, hospices and other health care facilities and their health care provider staff. At the time of this writing, MOLST has **NOT** been approved by the Office of Mental Health or the Office of Mental Retardation and Developmental Disabilities for use as a nonhospital DNR/DNI form for persons with mental retardation or developmental disabilities, or persons with mental illness, who are incapable of making their own health care decisions or who have a guardian of the person appointed pursuant to Article 81 of the Mental Hygiene Law or Article 17-A of the Surrogate's Court Procedure Act.

Chapter 197 of the Laws of 2008 authorized the MOLST form to be used statewide as an alternative form for nonhospital DNR and/or DNI and allowed EMS providers to honor this form in all counties in New York State.

Both the Nonhospital Order Not to Resuscitate form ([DOH-3474](#)) and the MOLST form (DOH-5003) are New York State Department of Health forms. The MOLST form was updated in June 2010 to make it more user-friendly and to align the form with the recently enacted Family Health Care Decisions Act. The MOLST form is currently utilized by many health care systems. **If a patient has a prior version of the MOLST in place and**

signed by a physician, the form is still considered VALID, and the patient care orders should be honored, unless it is known that the patient's form has been revoked.

What are the DNR/DNI rules that affect EMS agencies and providers now?

1. Effective July 7, 2008, the MOLST form is approved for use statewide without the need for a standard one-page Nonhospital Order Not to Resuscitate form.
2. At this time, the MOLST form cannot be used as a nonhospital DNR/DNI form for persons with mental retardation or developmental disabilities or persons with mental illness, who are incapable of making their own health care decisions or who have a guardian of the person appointed pursuant to Article 81 of the Mental Hygiene Law or Article 17-A of the Surrogate's Court Procedure Act. The Department will notify EMS agencies when the form is approved by the Office of Mental Retardation and Developmental Disabilities or the Office of Mental Health for use by these patients.
3. EMS agencies must still honor the standard one-page nonhospital DNR form or bracelet.
4. When a patient wears a DNR bracelet, it refers **ONLY** to the do not resuscitate rules that apply to the nonhospital DNR order. At present there are no nonhospital DNI bracelets.
5. The MOLST form also provides the patient and his/her physician with the ability to give a Do Not Intubate (DNI) order to health care providers including EMS. Refer to Section E on the MOLST form to review DNI information.

What are the differences and similarities between the standard one-page nonhospital DNR order and the MOLST form?

1. The MOLST form ([DOH-5003](#)) is a bright pink multi-page form; however, a photocopy or facsimile of the original form is acceptable and legal. A Nonhospital Order Not to Resuscitate form ([DOH-3474](#)) is a single-page form on white paper with black ink.
2. The MOLST form is meant to be utilized by health care providers across the health care system. It is not limited to EMS agencies; it travels with the patient to different care settings. The Nonhospital Order Not to Resuscitate form is not intended for use in facilities.
3. MOLST provides for end-of-life orders concerning resuscitation and intubation for Advanced EMTs when the patient is in full cardio-pulmonary arrest or has progressive or impending pulmonary failure without acute cardiopulmonary arrest. The Nonhospital Order Not to Resuscitate form ([DOH-3474](#)) only applies to patients in full cardio or pulmonary arrest.
4. Both forms, the MOLST form and the Nonhospital Order Not to Resuscitate form ([DOH-3474](#)) must be authorized and signed by a physician.
5. Unlike the Nonhospital Order Not to Resuscitate form, there are multiple patient orders contained on the MOLST form that are intended for other health care providers to follow in other health care settings such as the hospital or nursing home.
6. The MOLST form gives prehospital care providers and agencies direction regarding the patient's end-of-life treatment orders in Section A (page 1) and Section E (page 2). See below.

Orientation to the MOLST Form, DOH-5003 (June 2010)

Section A – Resuscitation Instructions When Patient has No Pulse and/or is Not Breathing

Section A is titled Resuscitation Instructions When a Patient Has **No Pulse and/or Is Not Breathing**. It provides two boxes, only one of which will be checked. The first box, "**CPR Order: Attempt Cardio-Pulmonary Resuscitation,**" indicates that the patient wants all resuscitation efforts to be made, including defibrillation and intubation, if they are found in cardiac and/or respiratory arrest. The second box, "**DNR Order: Do Not Attempt Resuscitation (Allow Natural Death),**" indicates the patient does **not** want any resuscitation efforts made, and the patient wishes to be allowed a natural death.

Section B - Consent for Resuscitation Instructions

This section **MUST** be filled out in accordance with New York State law. A box should always be checked to indicate who consented to the decision, and the name of the decision-maker should be printed. If the signature line is left blank, the box for verbal consent should be checked. If the box for verbal consent is checked, the attending physician who signed the order should have witnessed the consent or two other adult witnesses should be indicated.

Section C – Physician Signature for Sections A and B

This section **MUST** be signed by a physician. As with the Nonhospital Order Not to Resuscitate form ([DOH-3474](#)), the MOLST form is required to be reviewed by the physician periodically. However, both forms should be considered valid unless it is known that the medical order has been revoked.

Section D – Advance Directives

This section contains multiple check boxes listing advanced directives for the patient.

Section E – Orders for Other Life-Sustaining Treatment and Future Hospitalization When the Patient has a Pulse and the Patient is Still Breathing

This section contains several parts containing treatment options that must be reviewed by prehospital care providers and includes:

Treatment Guidelines

- Comfort measures only
- Limited medical interventions
- No limitations

Instructions for Intubation and Mechanical Ventilation

- Do Not Intubate (DNI)
- A trial period
 - Intubation and mechanical ventilation
 - Non-invasive ventilation (e.g. BIPAP)
- Intubation and long-term mechanical ventilation

Future Hospitalization/Transfer

- Do not send to hospital unless pain or severe symptoms cannot otherwise be controlled
- Send to hospital if necessary, based on MOLST orders.

Artificially Administered Fluids and Nutrition

- No feeding tube
- A trial period of feeding tube
- Long-term feeding tube
- No IV fluids
- A trial period of IV fluids

Antibiotics

- Do not use antibiotics
- Limited use of antibiotics
- Use antibiotics

Other Instructions (e.g. dialysis, transfusions)

If any part of Section E is completed, additional consent and a physician signature, similar to Section B, must be documented at the end of this section. Sometimes two boxes will be checked in Section E. If the form was completed in the community (as opposed to a hospital or nursing home), a Public Health Law Surrogate may consent to a nonhospital DNR and/or DNI order, but may not consent to withholding other life-sustaining treatment unless the consent is based on clear and convincing evidence of the patient's wishes. For that reason, the box for "based on clear and convincing evidence of the patient's wishes" may be checked in addition to the box for "Public Health Law Surrogate."

Liability Protection

PHL § 2994-gg provides: "No person shall be subjected to criminal prosecution or civil liability, or be deemed to have engaged in unprofessional conduct, for honoring reasonably and in good faith pursuant to this section a nonhospital order not to resuscitate, for disregarding a nonhospital order pursuant to section twenty-nine hundred ninety-four-ee of this article, or for other actions taken reasonably and in good faith pursuant to this section."

Frequently Asked Questions

What should I do if I am uncertain how to proceed?

Contact Medical Control.

What do I do if the patient has both a nonhospital DNR order and a MOLST form? Which do I honor?

If the forms have different orders, you should follow the form that has the most recently dated authorization. In all instances you should follow the DNI instructions on the MOLST form if the form is signed by a physician, as the nonhospital DNR order does not provide this advice.

What if the old MOLST form was signed prior to June 1, 2010, the date the Family Health Care Decisions Act became effective?

You may honor the previous versions of the form as if it were authorized after the statutory effective date.

Does the new MOLST law allow EMS to honor other advance directives?

The law does not expand the ability of EMS personnel to honor advance directives such as a Health Care Proxy or Living Will.

What procedures are, and are not, performed if the patient presents a DNR?

Do not resuscitate (DNR) means, for the patient in cardiac or respiratory arrest (i.e., when the patient has no pulse and/or is not breathing), NO chest compressions, ventilation, defibrillation, endotracheal intubation, or medications. If the patient is NOT in cardiac or respiratory arrest, full treatment for all injuries, pain, difficult or insufficient breathing, hemorrhage and/or other medical conditions must be provided, unless Section E of the MOLST form provides different instructions. Relief of choking caused by a foreign body is usually appropriate, although if breathing has stopped, ventilation should not be assisted.

CPR must be initiated if no Out of Hospital or facility DNR is presented. If a DNR order is presented after CPR has been started, stop CPR.

What documentation is required for a patient with a DNR order?

Prehospital care providers should attach a copy of the Out of Hospital DNR form, MOLST form, hospital DNR order and/or copy of the patient's chart to the patient care report, along with all other usual documentation. It should be noted on the patient care report that a written DNR order was present including the name of the physician, date signed and other appropriate information.

If the cardiac/respiratory arrest occurred during transport, the DNR form should accompany the patient so that it may be incorporated into the medical record at the receiving facility.

Patients who are identified as dead at the scene need not be transported by ambulance; however, local EMS agencies should consider transportation for DNR patients who collapse in public locations. In these cases it may be necessary to transport the individual to a hospital without resuscitative measures in order to move the body to a location that provides privacy. Local policies need to be coordinated with the Medical Examiner/Coroner and law enforcement.

MOLST Training

EMS providers and agencies who are interested in more specific training regarding the MOLST form and process may go to <http://www.compassionandsupport.org>. This site has a specific training program for EMS providers. The site contains frequently asked questions and a training video that would be useful to better understand the MOLST form and process.

If you have other questions about this policy guidance please contact your DOH Regional EMS office or you may call 518-402-0996.

Resources

New York State Department of Health MOLST Information:

http://www.health.state.ny.us/professionals/patients/patient_rights/molst/index.htm

MOLST Forms

<http://www.health.state.ny.us/forms/doh-5003.pdf>

Compassion and Support Website:

<http://www.compassionandsupport.org>

MOLST Training Center:

http://www.compassionandsupport.com/index.php/for_professionals/molst_training_center

MOLST EMS Training Page:

http://www.compassionandsupport.com/index.php/for_professionals/molst_training_center/ems_molst_training

Issued and authorized by the Acting Director of the Bureau of EMS

THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT _____

ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH (MM/DD/YYYY) _____

Male Female

eMOLST NUMBER (THIS IS NOT AN eMOLST FORM) _____

Do-Not-Resuscitate (DNR) and Other Life-Sustaining Treatment (LST)

This is a medical order form that tells others the patient’s wishes for life-sustaining treatment. A health care professional must complete or change the MOLST form, based on the patient’s current medical condition, values, wishes and MOLST Instructions. If the patient is unable to make medical decisions, the orders should reflect patient wishes, as best understood by the health care agent or surrogate. A physician must sign the MOLST form. All health care professionals must follow these medical orders as the patient moves from one location to another, unless a physician examines the patient, reviews the orders and changes them.

MOLST is generally for patients with serious health conditions. The patient or other decision-maker should work with the physician and consider asking the physician to fill out a MOLST form if the patient:

- Wants to avoid or receive any or all life-sustaining treatment.
- Resides in a long-term care facility or requires long-term care services.
- Might die within the next year.

If the patient has a developmental disability and does not have ability to decide, the doctor must follow special procedures and attach the appropriate legal requirements checklist.

SECTION A Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing

Check *one*:

CPR Order: Attempt Cardio-Pulmonary Resuscitation

CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)

This means do not begin CPR, as defined above, to make the heart or breathing start again if either stops.

SECTION B Consent for Resuscitation Instructions (Section A)

The patient can make a decision about resuscitation if he or she has the ability to decide about resuscitation. If the patient does NOT have the ability to decide about resuscitation and has a health care proxy, the health care agent makes this decision. If there is no health care proxy, another person will decide, chosen from a list based on NYS law.

SIGNATURE Check if verbal consent (Leave signature line blank) _____
DATE/TIME

PRINT NAME OF DECISION-MAKER

PRINT FIRST WITNESS NAME

PRINT SECOND WITNESS NAME

Who made the decision? Patient Health Care Agent Public Health Law Surrogate Minor’s Parent/Guardian §1750-b Surrogate

SECTION C Physician Signature for Sections A and B

PHYSICIAN SIGNATURE PRINT PHYSICIAN NAME DATE/TIME

PHYSICIAN LICENSE NUMBER PHYSICIAN PHONE/PAGER NUMBER

SECTION D Advance Directives

Check all advance directives known to have been completed:

- Health Care Proxy Living Will Organ Donation Documentation of Oral Advance Directive

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT _____

DATE OF BIRTH (MM/DD/YYYY) _____

SECTION E

**Orders For Other Life-Sustaining Treatment and Future Hospitalization
When the Patient has a Pulse and the Patient is Breathing**

Life-sustaining treatment may be ordered for a trial period to determine if there is benefit to the patient. If a life-sustaining treatment is started, but turns out not to be helpful, the treatment can be stopped.

Treatment Guidelines No matter what else is chosen, the patient will be treated with dignity and respect, and health care providers will offer comfort measures. *Check one:*

- Comfort measures only** Comfort measures are medical care and treatment provided with the primary goal of relieving pain and other symptoms and reducing suffering. Reasonable measures will be made to offer food and fluids by mouth. Medication, turning in bed, wound care and other measures will be used to relieve pain and suffering. Oxygen, suctioning and manual treatment of airway obstruction will be used as needed for comfort.
- Limited medical interventions** The patient will receive medication by mouth or through a vein, heart monitoring and all other necessary treatment, based on MOLST orders.
- No limitations on medical interventions** The patient will receive all needed treatments.

Instructions for Intubation and Mechanical Ventilation *Check one:*

- Do not intubate (DNI)** Do not place a tube down the patient’s throat or connect to a breathing machine that pumps air into and out of lungs. Treatments are available for symptoms of shortness of breath, such as oxygen and morphine. (This box should **not** be checked if full CPR is checked in Section A.)
- A trial period** *Check one or both:*
 - Intubation and mechanical ventilation**
 - Noninvasive ventilation (e.g. BIPAP), if the health care professional agrees that it is appropriate**
- Intubation and long-term mechanical ventilation, if needed** Place a tube down the patient’s throat and connect to a breathing machine as long as it is medically needed.

Future Hospitalization/Transfer *Check one:*

- Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled.**
- Send to the hospital, if necessary, based on MOLST orders.**

Artificially Administered Fluids and Nutrition When a patient can no longer eat or drink, liquid food or fluids can be given by a tube inserted in the stomach or fluids can be given by a small plastic tube (catheter) inserted directly into the vein. If a patient chooses not to have either a feeding tube or IV fluids, food and fluids are offered as tolerated using careful hand feeding. *Check one each for feeding tube and IV fluids:*

- No feeding tube**
- A trial period of feeding tube**
- Long-term feeding tube, if needed**
- No IV fluids**
- A trial period of IV fluids**

Antibiotics *Check one:*

- Do not use antibiotics.** Use other comfort measures to relieve symptoms.
- Determine use or limitation of antibiotics when infection occurs.**
- Use antibiotics** to treat infections, if medically indicated.

Other Instructions about starting or stopping treatments discussed with the doctor or about other treatments not listed above (dialysis, transfusions, etc.).

Consent for Life-Sustaining Treatment Orders (Section E) (Same as Section B, which is the consent for Section A)

SIGNATURE Check if verbal consent (Leave signature line blank) _____
DATE/TIME

PRINT NAME OF DECISION-MAKER

PRINT FIRST WITNESS NAME

PRINT SECOND WITNESS NAME

- Who made the decision?** Patient Health Care Agent Based on clear and convincing evidence of patient’s wishes
 Public Health Law Surrogate Minor’s Parent/Guardian §1750-b Surrogate

Physician Signature for Section E

PHYSICIAN SIGNATURE

PRINT PHYSICIAN NAME

DATE/TIME

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT _____

DATE OF BIRTH (MM/DD/YYYY) _____

SECTION F Review and Renewal of MOLST Orders on This MOLST Form

The physician must review the form from time to time as the law requires, and also:

- If the patient moves from one location to another to receive care; or
- If the patient has a major change in health status (for better or worse); or
- If the patient or other decision-maker changes his or her mind about treatment.

Date/Time	Reviewer's Name and Signature	Location of Review (e.g., Hospital, NH, Physician's Office)	Outcome of Review
			<input type="checkbox"/> No change <input type="checkbox"/> Form voided, new form completed <input type="checkbox"/> Form voided, no new form
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LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT _____

DATE OF BIRTH (MM/DD/YYYY) _____

SECTION F Review and Renewal of MOLST Orders on This MOLST Form *Continued from Page 3*

Date/Time	Reviewer's Name and Signature	Location of Review (e.g., Hospital, NH, Physician's Office)	Outcome of Review
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