



Mount Sinai Health System
New York, NY

DNR/LST Form 1

Adult Patient with Capacity: Consent to Withhold and/or Withdraw Life-Sustaining Treatment¹, Including CPR

This form must be filled out with the approval of the Primary Attending Physician². _____

Print name of primary attending

This form applies to patients with capacity. For patients without capacity who have designated a health care agent, see DNR/LST Form 2.

For patients without capacity who have not designated a health care proxy, see DNR/LST Forms 4 and 5, also known as FHCD forms 4 and 5 and related policies.

I. Informed Consent Discussion

The patient has been provided information about his/her diagnosis and prognosis, life-sustaining treatment options, including cardiopulmonary resuscitation measures ("CPR") and a DNR order, the reasonably foreseeable risks and benefits of these treatment options for him/her, and the consequences of withholding or withdrawing life-sustaining treatment, including CPR.

Clinician³

Signature

Date

Time

II. Patient Consent to Withhold or Withdraw Life-Sustaining Treatment, including CPR

- a. I, _____ consent to a Do Not Resuscitate order with the following restrictions (if any). If none, write, "None."

- b. I, _____ consent to withhold and/or withdraw the following other life-sustaining treatment(s):

¹ "Life-sustaining treatment" means any medical treatment or procedure without which the patient will die in a relatively short time, as determined by the Clinician to a reasonable degree of medical certainty. Cardio pulmonary resuscitation is presumed to be life-sustaining treatment without the necessity of a determination by an attending physician.

² The Primary Attending Physician is an attending physician who is a member of the Mount Sinai Medical Staff and is directing the patient's care at the time the relevant determination or decision is being made and may also include a covering attending physician directing the patient's care when the Primary Attending Physician is unavailable.

³ The Primary Attending Physician and with the Primary Attending Physician's approval, another physician, nurse practitioner, physician's assistant or licensed house staff.

1. Patient's Written Consent⁴

I have had an opportunity to discuss my decision(s) with the attending physician/designee who has informed me of my diagnosis and prognosis and explained to me the risks, benefits and alternatives to my decision(s). I have had an opportunity to ask questions and to have them answered to my satisfaction, and to consult with such other health care professionals and other persons as I wish to consult.

Patient Name

Signature

Date

Time

2. Patient's Oral Consent⁵

If the patient expresses their decision orally to the attending physician and other member(s) on my care team, the patient's consent must be documented below:

The patient expressed the decision indicated above as well as the basis for the decision, orally in the presence of myself and one other witness (see below).

Clinician³ (print name)

Signature

Date

Time

Preferred Language Interpreter Name or Number

Signature

Date

Time

☐ Patient refused
interpreter
(check box if
applicable)

☐ Telephone/Video Consent (Check box if applicable), Patient/Guardian/Representative**/Interpreter signature not required.

III. Witness to Patient's Consent (written or oral)

I have witnessed the patient's consent to withhold or withdraw life-sustaining treatment(s).

Witness 1⁶ (print name)

Signature

Date

Time

Witness 2⁶ (print name)

Signature

Date

Time

IV. Ethics Process

Should an ethics consultation be helpful, please contact the system operator at 212-241-6500
(See hospital's Ethics Committee policy).

V. Clinician's³ Order

The Clinician must document in the medical record the treatment(s) to be withheld or withdrawn and issue appropriate medical order(s) at such time as any conditions specified by the patient are met **as long as the Primary Attending Physician concurs.**

REMINDER: Any order to withhold or withdraw life-sustaining treatment must be reviewed on a regular basis and no less than every seven days and if there is a change in the patient's condition, there should be a determination as to whether the order is still appropriate.

THIS FORM MUST BE PLACED IN THE PATIENT'S MEDICAL RECORD.

⁴ The patient's written consent must be dated and signed in the presence of a witness who must also date and sign the form.

⁵ The patient's oral consent must also be dated and signed in the presence of two witnesses who must also sign the form, one of whom must be an attending physician and the other must be on staff at the hospital.

⁶ Witness must be 18 years of age or older.