

IV. Determination of Necessary Medical Criteria

We have determined to a reasonable degree of medical certainty that **both** of the following conditions are met:

1. The individual has one of the following medical conditions:

a. A terminal condition; (briefly describe: _____
_____); **OR**

b. Permanent unconsciousness; **OR**

c. A medical condition other than DD which requires LST, is irreversible, and which will continue indefinitely (briefly describe: _____
_____)

AND

2. The LST would impose an extraordinary burden on the individual in light of:

a. The person's medical condition other than DD (briefly explain: _____
_____); **AND**

b. The expected outcome of the LST, notwithstanding the person's DD (briefly explain: _____
_____)

If the 1750-b surrogate has requested that artificially provided nutrition or hydration be withdrawn or withheld, one of the following additional factors must also be met:

a. There is no reasonable hope of maintaining life (explain: _____
_____); **OR**

b. The artificially provided nutrition or hydration poses an extraordinary burden (explain: _____
_____)

Clinician⁴ (print name)

Signature

Date

Time

Concurring Clinician's Opinion on Clinical Criteria:

I have made an independent medical determination and concur with the Clinician's clinical determination above.

Clinician⁴ (print name)

Signature

Date

Time

V. Notifications

At least 48 hours prior to the implementation of a decision to withdraw LST, or at the earliest possible time prior to a decision to withhold LST, the attending physician must notify the following parties:

- The person with DD, unless therapeutic exception applies

Notified on: _____ / _____ / _____

- If the person is in or was transferred from an OPWDD residential facility

- Facility Director notified on: _____ / _____ / _____

- MHLS notified on: _____ / _____ / _____

- If the person is **not** in and was **not** transferred from an OPWDD residential facility

- The director of the local DDSO notified on: _____ / _____ / _____

VI. Certification

I certify that the 1750-b process has been complied with, the appropriate parties have been notified, and no objection to the surrogate's decision remains unresolved.

Clinician⁴ (print name)

Signature

Date

Time

Notes:

1. The MOLST form may **only** be completed with the 1750-b surrogate after all six steps on this checklist have been completed.
2. The Clinician shall enter the order to withhold or withdraw treatment in the medical record consistent with the surrogate's decision as long as the attending physician concurs.

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