



Mount Sinai Health System
New York, NY

DNR/LST/FHCDA Form 6

Minor Patient: Consent to Withhold or Withdraw Life-Sustaining Treatment¹ including DNR, by the Parent or Guardian (See clinical criteria on page 2 of this form)

This form must be filled out with the approval of the Primary Attending Physician². _____
Print name of primary attending

The FHCDA defines a “minor” as any person who is not an adult (18 years or older or has married).

DO NOT use this form if the patient has appointed a health care proxy and the agent is available.

DO NOT use this form if a patient lacks capacity due to mental illness or developmental disability, has a history of receiving services for such conditions, or might otherwise be covered by Office of Mental Hygiene regulations. Instead contact the Office of the General Counsel.

I. Do Not Use This Form For Emancipated Minors³

Instead use FHCDA Forms 1, 2, 3, 4, 5, or DNR Form 7 as applicable if the patient is an emancipated minor because:

- the patient is the parent of a child; **AND/OR**
- is 16 years or older and is living independently of parent(s) or guardian.

NOTE: The Hospital shall make every effort to notify the parent(s) or guardian, prior to implementing a decision to withhold or withdraw life-sustaining treatment, including DNR.

II. Determination of Minor Patient’s Capacity (SKIP AND PROCEED TO STEP III if a court has already determined that the patient lacks capacity to make health care decisions).

- a. All minor patients are presumed to lack capacity.
- b. I have consulted with the parent(s)/guardian and have determined to a reasonable degree of medical certainty that:
 - the minor patient HAS capacity to make this decision and he or she has consented to the decision;
 - OR**
 - the minor patient DOES NOT have capacity to consent to this decision.

Clinician⁴ (print name)

Signature

Date

Time

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 Review by the Ethics Review Committee is required and the Committee’s decision is binding when an emancipated minor makes a decision to withhold or withdraw life-sustaining treatment.

⁴ The Primary Attending Physician and with the Primary Attending Physician’s approval, another physician, nurse practitioner, physician’s assistant or licensed house staff.

III. Clinical Criteria for Withholding or Withdrawing Life-Sustaining Treatment

a. Clinician Opinion on Clinical Criteria (Check whether Criteria A or Criteria B apply).

Two Clinicians (the Primary Attending Physician, other physicians, nurse practitioner, physician assistants or licensed house staff) must make the determination regarding clinical criteria **as long as the Primary Attending Physician concurs.**

<p><input type="checkbox"/> Criteria A</p> <p>1. I have determined to a reasonable degree of medical certainty that:</p> <ul style="list-style-type: none"><input type="checkbox"/> the patient has an illness or injury which can be expected to cause death within six months, whether or not treatment is provided; OR<input type="checkbox"/> the patient is permanently unconscious; <p style="text-align: center;">AND</p> <p>2. It has been determined that treatment would be an extraordinary burden to the patient.</p>
<p><input type="checkbox"/> Criteria B</p> <ul style="list-style-type: none"><input type="checkbox"/> I have determined to a reasonable degree of medical certainty that the patient has an irreversible or incurable condition; AND<input type="checkbox"/> It has been determined that the provision of treatment would involve such pain, suffering or other burden that it would reasonably be deemed inhumane or extraordinarily burdensome under the circumstances.

Clinician ⁴ (print name)	Signature	Date	Time
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b. Concurring Clinician's Opinion on Clinical Criteria:

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

Clinician ⁴ (print name)	Signature	Date	Time
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⁴ The Primary Attending Physician and with the Primary Attending Physician's approval, another physician, nurse practitioner, physician's assistant or licensed house staff.

IV. Notification to Uninformed Parent/Guardian

Where one parent or guardian of a minor child has made a decision to withhold or withdraw life-sustaining treatment and a Clinician has reason to believe that the minor has another parent or guardian who has not been informed (including a non-custodial parent or guardian), attempts must be made to notify the uninformed parent/guardian. (Check one)

- The uninformed parent/guardian has been informed of the decision.
- The uninformed parent/guardian has not been informed of the decision, and it has been determined that the uninformed parent/guardian did not have substantial and continuous contact through the following reasonable efforts:

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- The uninformed parent/guardian has not been informed of the decision. The following diligent efforts were made to notify parent/guardian before implementation of the decision as the uninformed parent or guardian had substantial and continuous contact with the minor child:

Clinician⁴ (print name)

Signature

Date

Time

V. Notification to Minor Patient (Check one)

- The minor patient has been informed that his or her non-custodial parent or guardian has been notified of the decision(s); **OR**
- The minor patient has NOT been informed that his or her non-custodial parent or guardian has been notified of the decision(s) because there is no indication that the patient can comprehend the information.

VI. Consent to Withhold or Withdraw Life-Sustaining Treatment including DNR

a. Parent or Guardian's Decision(s):

- Consent to a DNR order
- Consent to withhold or withdraw the following other life sustaining treatment(s):
(i.e. intubation*, pressors, antibiotics, dialysis, and artificial nutrition and hydration)

*If intubation is not specified to be withdrawn, it is assumed the patient wants intubation in the setting of respiratory arrest.

b. Parent or Guardian Written Decision

I have discussed this decision with the Clinician, who has informed me of the minor patient's diagnosis and prognosis and who has explained to me the risks, benefits and alternatives to this decision. I have had an opportunity to ask questions and have them answered to my satisfaction, and to consult with such other health care professionals and other persons as I wish to consult.

Name of Parent or Guardian (print name) Signature Date Time

If the Clinician⁴ determined that the minor has capacity, the minor's consent is required

Name of Minor (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.

NOTE: If the Clinician determined that the minor does not have decision-making capacity but does understand the consequences of the treatment decision, the minor's assent should be requested.

c. Parent/Guardian/Oral Decision

If the parent/guardian or minor expresses his or her decision(s) orally to the Clinician, the Clinician shall document the patient/guardian or minor's consent below:

The parent/guardian or minor expressed the decision described above orally to me.

Clinician⁴ (print name) Signature Date Time

VII. Witness to the Parent/Guardian, Minor's Decision(s) (oral or written)

I have witnessed the parent/guardian or minor's written or oral decision to withhold or withdraw life- sustaining treatment and I am eighteen years of age or older.³

Witness⁵ (print name) Signature Date Time

VIII. Ethics Process

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

IX. Clinician's⁴ Order

The Clinician **shall enter** the order to withhold or withdraw treatment in the medical record consistent with the parent/guardian's decision(s) **as long as the Primary Attending Physician concurs.**

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

⁵ Although it is not required by the FHCDA, DOH recommends that a witness to the parent or guardian's oral or written consent sign the form, the witness must be 18 years of age or older.