NEW YORK CITY HEALTH & HOSPITALS CORPORATION

NAME OF ACUTE CARE FACILITY: _____

WITHHOLD/WITHDRAW LIFE SUSTAINING TREATMENT (WW) AND NON-RESUSCITATION (NR) DOCUMENTATION FORM FOR ADULT PATIENTS

Do Not Use This Form For Mentally Retarded or Developmentally Disabled Patients. Special Rules Apply For Mentally Ill Patients [SEE BACK].

Patient Name:

Medical Record Number:

1. Determination of Patient's Decisional Capacity to Make Healthcare Decisions.

To a reasonable degree of medical certainty, the patient lacks capacity to make this health care decision. The cause* and extent of the patient's incapacity are:

_____.

Incapacity is likely to be: [Check one] (1) Temporary _____ (2) Permanent _____ (3) Unknown _____

Attending Physician	Signature	Date
Concurring Attending Physician	Signature	Date

* If the cause of incapacity is mental illness, Special Rules Apply [SEE BACK].

2. Identification of Decision-Maker.

Decision-Maker Name	Address	Telephone Number

Relationship: [Check one]

(1) _____ Health Care Agent/Proxy [SKIP TO STEP 4].

(2) _____ FHCDA Surrogate [GO TO STEP 3, THEN COMPLETE STEP 4].

(3) _____ No Health Care Agent or Surrogate ("Decision-Maker")[SKIP TO STEP 5].

3. Decision-making Standard for Patient Who Lacks Capacity and Has a Surrogate. [Check one Set of Criteria]

____ **CRITERIA A**

1. To a reasonable degree of medical certainty:
   ____ (A) the patient has an illness or injury which can be expected to cause death within six months, whether or not treatment is provided;
   OR
   ____ (B) the patient is permanently unconscious;
   AND
2. Treatment would be an extraordinary burden to the patient.

____ **CRITERIA B**

1. To a reasonable degree of medical certainty the patient has an irreversible or incurable condition;
   AND
2. 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.

Attending Physician	Signature	Date
Concurring Attending Physician	Signature	Date

4. Consent of Decision-Maker.

The decision-maker has participated in a discussion of the patient's medical condition as indicated [SEE BACK, 4], understands the alternatives and chooses and consents to: [Check all that apply]

1. _____ Non-resuscitation Order (NRO);
   AND/OR
2. _____ Withhold/Withdraw Order (WWO) for the following interventions: _____
   _____.

Attending Physician	Signature	Date

5. Threshold for Patient Without Capacity and Without a Decision-Maker. [Check all that apply]

_____To enter a Non-resuscitation Order: I have determined, to a reasonable degree of medical certainty, that (i) in the event of cardiac arrest or the need for intubation, CPR or intubation would offer the patient no medical benefit because the patient will die imminently, even if the treatment is provided; AND (ii) the provision of CPR or intubation under the circumstances would violate accepted medical standards and would be an extraordinary burden to patient.

_____To order the withdrawal or withholding of the following life-sustaining treatment: _____
_____, I have determined, to a reasonable degree of medical certainty, that (i) the treatment would offer the patient no medical benefit because the patient will die imminently, even if the treatment is provided; and (ii) the provision of the treatment under the circumstances would violate accepted medical standards and would be an extraordinary burden to the patient.

Attending Physician	Signature	Date
Concurring Attending Physician	Signature	Date