

# MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

Follow this MOST and patient preferences first, then contact a physician. This MOST may only be changed by a physician or revoked by the patient or surrogate/proxy below. Send this MOST with patient for all transfers between treatment sites. Any section not completed does not invalidate the form and implies full treatment for that section.

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ DOB: \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

<b>A</b> Choose ONLY one	<b>PHYSICIAN RESUSCITATION ORDER: No pulse and not breathing</b>
	<input type="checkbox"/> <b>Attempt Resuscitation (CPR)</b> Tube in the windpipe, electrical shocks to the chest, chest compression, and IV tubes for fluids/medications. <input type="checkbox"/> <b>Do Not Attempt Resuscitation/ Allow Natural death (DNAR/AND)</b> Provide physical comfort, emotional, and respectful spiritual support to patient and family. OOH DNR completed <input type="checkbox"/>

<b>B</b> Choose ONLY one	<b>MEDICAL INTERVENTION SCOPE: Unstable, has pulse and is breathing</b> Per physician order, use appropriate interventions for the scope of treatment preferences noted below. If this section is not completed, then provide full treatment for this section.
	<input type="checkbox"/> <b>COMFORT INTERVENTIONS ONLY:</b> <u>Avoid hospitalization unless needed to provide comfort care.</u> Focus on symptom control, dignity, and allowing gentle, natural death should it occur. Use comfort interventions like oral, subcutaneous, or intravenous medications (e.g., opioids), comfort foods/liquids, oxygen, and emotional/spiritual support.
	<input type="checkbox"/> <b>INTERMEDIATE INTERVENTIONS:</b> <u>If necessary, transfer to a hospital.</u> In addition to comfort measures, may add interventions like intravenous antibiotics, non-invasive breathing support (BiPAP/CPAP), and fluid resuscitation. <input type="checkbox"/> <b>FULL INTERVENTIONS:</b> <u>Transfer to a hospital, and if necessary to ICU.</u> Use comfort and intermediate measures, and may add medically appropriate ICU interventions such as, but not limited to, intubation/ventilator support, ICU-only medications, and dialysis.
<b>ADDITIONAL ORDERS:</b> _____	

<b>C</b> Choose all that apply	<b>MEDICALLY ASSISTED NUTRITION</b> Offer nutrition and hydration by mouth at all intervention levels if feasible. Per physician order, use additional interventions noted below. If this section is not completed, then provide full treatment for this section.
	<input type="checkbox"/> <b>No medically assisted nutrition.</b> <input type="checkbox"/> <b>Unless medically contra-indicated*, defined trial of medically assisted nutrition.</b> Length of trial _____ Goal _____ <input type="checkbox"/> <b>Long-term medically assisted nutrition.</b> *In some circumstances including, but not limited to, heart, lung, liver or kidney failure, assisted nutrition or hydration may increase suffering or hasten death, and is therefore medically contraindicated.

<b>D</b> Choose all that apply	<b>This MOST is based upon the patient's medical condition and preferences expressed in:</b>
	<input type="checkbox"/> OOH-DNR; <input type="checkbox"/> Living Will (Directive to Physicians and Family or Surrogates); <input type="checkbox"/> MPOA <input type="checkbox"/> Direct conversation with patient with decision-making capacity <input type="checkbox"/> Direct conversation with surrogate decision-maker/proxy for incapacitated patient Surrogate/Proxy designated in: <input type="checkbox"/> MPOA <input type="checkbox"/> Living Will <input type="checkbox"/> Texas Statutory Surrogate Attached: <input type="checkbox"/> OOH DNR <input type="checkbox"/> MPOA <input type="checkbox"/> Living Will Surrogate/Proxy name and phone contact: _____ Relationship to patient: _____ NTRC Facilitator (Print Name/Sign/Date) _____

<b>E</b> Choose ONLY one	<b>DOCUMENTATION OF DISCUSSION:</b>
	<input type="checkbox"/> Patient (Patient has capacity) <input type="checkbox"/> Health Care Representative or legally recognized surrogate, family member <input type="checkbox"/> Parent of minor <input type="checkbox"/> Surrogate for patient with developmental disabilities or significant mental health condition <input type="checkbox"/> Court-Appointed Guardian (Note: Special requirements for completion. See reverse side.) <input type="checkbox"/> Other _____

Patient or Patient's Designee Signature:

Physician Signature: My signature certifies both the order and preferences above and the basis for them.

Patient or Patient's Designee Name: (Print)

Print Name and License Number:

Date/Time Completed:

Date/Time Completed:

Legend: **MPOA** = medical power of attorney; **OOH-DNR** = Out of Hospital-Do Not Resuscitate; **ICU** = Intensive Care Unit; some other terms are **BiPAP** = bilevel positive airway pressure; **CPAP**- continuous positive airway pressure; **G-tube** = gastrostomy tube, **J-tube** = jejunostomy tube, **PEG** = percutaneous endoscopic gastrostomy.

### Instructions for MOST Form

(Form Provided by North Texas Specialty Physicians version 1.2.14)

**Purpose and scope:** explains the conversation and MOST form intent to honor the current wishes of our patients and improve communication between providers. This MOST form is intended to improve communication between health care professionals in hospitals and nursing homes about scope (intensity) of treatment for patients who are seriously ill and unable to communicate. The order and treatment preferences should be based upon:

- The patient's medical condition as determined by a physician; and
- The patient's verbal preferences, or if the patient is unable to verbally express preferences, preferences stated in the patient's Living Will or the decision of a surrogate/proxy acting with knowledge of what the patient would want and/or acting in the patient's best interests.

When the need occurs, health care professionals should first follow this form, and then contact a physician for further orders. Health care professionals should honor a patient's preferences when it is medically appropriate to do so. Physician orders should be followed by all health care professionals until new orders are written by a physician or the patient or surrogate/proxy named on the MOST revokes or changes a treatment preference. If any section of this MOST is not completed or if a section is revoked by a patient or a patient's surrogate/proxy, then full treatment should be provided for that section as appropriate for the patient's medical condition (e.g., ICU transfer and organ support machines or drugs as medically indicated).

**Review** reminds that physicians should review the form annually with patient and surrogate or upon changes in condition. Physicians should review this form with the patient or surrogate/proxy at least yearly or upon a major change in care setting, medical condition, or patient treatment preferences.

**Section A:** Section A translates patient preferences regarding resuscitation into a physician order. It applies when a patient does not have a pulse and is not breathing. If a patient is not in cardiopulmonary arrest, then go to Sections B, C, D. At all times, health care professionals should remember that a DNAR/AND order does not mean that other health problems should go untreated.

**Information Regarding Cardio-Pulmonary Resuscitation (CPR):** CPR is sometimes helpful but other times can be harmful. It is most effective when a patient dies unexpectedly. CPR is rarely effective in advanced cancer, organ failure, other advanced illness, or advanced age when death would not be a surprise. CPR started in the nursing home almost never leads to survival. If CPR is initially successful in resuscitating a patient, the patient will be on a breathing machine in the ICU. Patients should discuss with their physician the potential to benefit from CPR based on their medical condition.

**Section B and C:** Section B and C provide guidance for more specific orders which a treating physician may issue according to the patient's medical condition, medical appropriateness, and local medical and nursing facility policy. These sections apply when a patient has a pulse and is breathing.

**Section D:** Section D indicates the basis for completing Sections A, B and C. A copy of the patient's Living Will, Medical Power of Attorney (MPOA), or Out of Hospital-Do Not Resuscitate (OOH-DNR) Order should be attached to this MOST and sent with it when possible, but those are not required for this MOST to be effective.

**Living Will, MPOA, and OOH-DNR Order:** MOST is vital but does not replace these documents. EMS should honor and execute an OOH-DNR order or device [Tex. H&S Code, 166.102(b)] Although this MOST conveys important information about a patient's treatment preferences, it does not replace a Living Will, MPOA, or OOH-DNR Order. A patient's Living Will, MPOA, or OOH-DNR Order controls over this MOST. Health care professionals should be aware that when responding to a call for assistance, EMS personnel shall honor only a properly executed or issued OOH-DNR Order or identification device. [Tex. H&S Code, §166.102(b)].

**Copy of MOST and HIPAA:** A copy of a completed MOST is as valid as the original. HIPAA permits disclosure of a completed MOST to other health care providers as necessary for treatment. The complete MOST and associated documents will also be available to your treating physicians electronically via a secure local health information exchange.

**SEND the MOST FORM ON ALL TRANSFERS BETWEEN HEALTHCARE SITES**