SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

CINCINNATI AREA

MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)

Person's Last Name	
First Name/Middle Initial	
Date of Birth _____/______/___________	Last 4 numbers of SSN ____ ____ ____ ____

These orders are based on the person's medical condition and wishes at the time the orders were issued. Any section not completed does not invalidate the form and implies full treatment for that section. Everyone shall be treated with dignity and respect, with attention to their comfort needs.

A

Check one

Cardiopulmonary Resuscitation (CPR): Person has no pulse and is not breathing.

☐ **Attempt Resuscitation/CPR with full treatment and intervention.**

☐ **Do NOT attempt Resuscitation/DNR. No CPR** ***(Attach Ohio DNR Form)***

When not in cardiopulmonary arrest, follow orders in Sections B, C, and D

B

Check one

Medical Interventions: Person has a pulse and/or is breathing.

☐ **Full Intervention.** Includes care described below in this section. Use intubation, mechanical ventilation, and cardioversion as indicated. *Transfer to intensive care if indicated.*

Additional Orders/Instructions: ____

☐ **Limited Additional Interventions.** Includes care described below in this section. Use medical treatment, IV fluids, and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May consider airway support such as CPAP or BiPAP. *Transfer to hospital if indicated. Avoid Intensive Care.*

Additional Orders/Instructions: ____

☐ **Comfort Measures Only.** Use medication by any route, positioning, wound care, and other measures to relieve pain and suffering. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. *Do not transfer to hospital, unless comfort needs cannot be met in current location.*

Additional Orders/Instructions: ____

C

Check one

Antibiotics:

☐ Use antibiotics if clinically indicated

☐ Determine use or limitation of antibiotics when infection occurs

☐ No antibiotics. Use other measures to relieve symptoms of infection

Additional orders:

D

Check one

Artificially Administered Hydration/Nutrition:

Always offer food and liquids by mouth if feasible

☐ Long-term hydration/nutrition by tube

☐ Trial period of hydration/nutrition by tube

☐ No hydration/nutrition by tube

Additional orders:

E

BASIS FOR ORDERS AND SIGNATURES

These orders were discussed with:

☐ Patient
☐ Health Care Agent (DPOA-HC)
☐ Next of Kin/Surrogate
☐ Court-Appointed Guardian
☐ Parent of a minor
☐ Other: ______________________

These documents were reviewed / location of copies:

☐ Living Will: *(location of copy)* ______________________________

☐ Durable Power of Attorney-HC: ______________________

☐ Ohio DNR form **(ATTACH A SIGNED COPY)**

☐ Other documents:______________________________

Physician/PA/APRN printed name	Signature (required)	Date

Patient/Surrogate printed name	Signature (required)	Relationship ("self" if patient)

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Other Contact Information

Surrogate	Relationship	Phone Number	
Health Care Professional Preparing Form	Preparer Title	Phone	Date Prepared

Directions for Healthcare Professionals

Completing MOLST

- The MOLST form must be completed by a health care professional based on patient preferences and medical indications or decisions by the patient or a surrogate.
- At the time a MOLST is completed, any current advance directive, if available, must be reviewed.
- MOLST must be signed by a physician/PA/APRN and the patient or surrogate to be valid. Verbal orders are acceptable with follow-up signature by physician/PA/APRN in accordance with facility/community policy.
- Use of the original form is strongly encouraged whenever possible. Photocopies and faxes of signed MOLST forms should be respected where necessary.

Using MOLST

- If a person's condition changes and time permits, the patient or surrogate must be contacted to assure that the MOLST orders are reviewed and updated as appropriate.
- If any section is not completed it implies full treatment. The healthcare provider should follow other appropriate methods to determine ongoing treatment.
- An automated external defibrillator (AED) should not be used on a person who has chosen "Do Not Attempt Resuscitation"
- Oral fluids and nutrition must always be offered if medically feasible.
- When comfort cannot be achieved in the current setting, the person, including a person that designates "comfort measures only," should be transferred to a setting able to provide comfort
- An IV medication or IV fluids to enhance comfort may be appropriate in some cases for a person who has chosen "Comfort Measures Only."
- A person with decision-making capacity, or the authorized surrogate (if the person lacks capacity), can revoke the MOLST at any time and request alternative treatment.

Review of MOLST

- This form should be reviewed periodically (consider at least annually) and a new form completed when:
    - The person is transferred from one care setting or care level to another, or
    - There is a substantial change in the person's health status, or
    - The person's treatment preferences change.

Revoking MOLST

- If the MOLST becomes invalid or is replaced by an updated version, draw a line through sections A through E of the invalid MOLST, write "VOID" in large letters across the form, and sign and date the form.

If the person has a DNR-CC or DNR-CC Arrest Order, an Ohio DNR Identification Form MUST be completed, and MUST be attached to this document whenever the person is transferred from one site of care to another.