Honoring patient preferences is a critical element in providing quality end-of-life care. Medical Orders for Life-Sustaining Treatment (MOLST) is a program designed to improve the quality of care patients receive at the end of life by stating patient goals for care and preferences into medical orders.

MOLST is based on communication between the patient, his or her health care agent or other chosen stand-in decision-makers, and health care professionals that ensures shared, informed medical decision-making.

Your doctor and an advance care plan (ACP) facilitator may initiate MOLST discussions.

### What is the MOLST form?

To help physicians and other health care providers discuss and express a patient's wishes regarding cardiopulmonary resuscitation (CPR) and other life-sustaining treatment, the MOLST form is used by health care practitioners and facilities.

The MOLST form is a goldenrod-colored medical order form signed by a licensed physician that tells others the patient's medical orders for life-sustaining treatment. Health care professionals will follow these medical orders as the patient moves from one location to another, unless a physician examines the patient, reviews the orders, discusses the situation with the patient and family and changes them.

### What does MOLST include?

MOLST documents a patient's goals and preferences regarding:

- Resuscitation instructions when the patient has no pulse and/or is not breathing
- Instructions for intubation and mechanical ventilation when the patient has a pulse and the patient is breathing
- Treatment guidelines
- Future hospitalization and transfer
- Artificially administered fluids and nutrition
- Antibiotics
- Other instructions about treatments not listed

### What else do I need to know about MOLST?

The MOLST document must be presented with the Ohio DNR form, should the patient request that no CPR be initiated in the case of a cardiac or respiratory arrest.

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**SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED**

**CINCINNATI AREA**

**MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)**

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.

<table>
<thead>
<tr>
<th>A</th>
<th>Cardiopulmonary Resuscitation (CPR): Person has no pulse and is not breathing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Attempt Resuscitation/CPR with full treatment and intervention.</td>
</tr>
<tr>
<td>☐</td>
<td>Do NOT attempt Resuscitation/DNR. No CPR <em>(Attach Ohio DNR Form)</em></td>
</tr>
</tbody>
</table>

**B**

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

<table>
<thead>
<tr>
<th>☐</th>
<th>Full Intervention. Includes care described below in this section. Use intubation, mechanical ventilation, and cardioversion as indicated. <em>Transfer to intensive care if indicated.</em></th>
</tr>
</thead>
</table>

**B**

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.* |

**B**

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.*

**C**

**Antibiotics:**

<table>
<thead>
<tr>
<th>☐</th>
<th>Use antibiotics if clinically indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Determine use or limitation of antibiotics when infection occurs</td>
</tr>
<tr>
<td>☐</td>
<td>No antibiotics. Use other measures to relieve symptoms of infection</td>
</tr>
</tbody>
</table>

**D**

Artificially Administered Hydration/Nutrition:

<table>
<thead>
<tr>
<th>☐</th>
<th>Long-term hydration/nutrition by tube</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Trial period of hydration/nutrition by tube</td>
</tr>
<tr>
<td>☐</td>
<td>No hydration/nutrition by tube</td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Physician/PA/APRN printed name</th>
<th>Signature (required)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Surrogate printed name</td>
<td>Signature (required)</td>
<td>Relationship <em>(&quot;self&quot; if patient)</em></td>
</tr>
</tbody>
</table>