

# TEXAS MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

(FINAL9/28/18)

First Name:	Last Name:	Follow this MOST and patient preferences first, then contact a physician. <b>Any section not completed implies full treatment for that section and does not invalidate the form.</b> Send this MOST with the patient for all transfers between treatment sites. Comfort care and dignity will be provided to all patients.
Date of Birth:	Date Form Prepared:	

<b>A</b> Check ONLY one	<b>PHYSICIAN RESUSCITATION ORDER: If patient does not have a pulse and is not breathing:</b> <input type="checkbox"/> <b>Attempt Resuscitation (CPR)</b> Place 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. <input type="checkbox"/> <b>Out-Of-Hospital-Do-Not-Resuscitate Form completed</b> If patient is not in cardiopulmonary arrest, follow orders found in Sections <b>B</b> and <b>C</b>
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<b>B</b> Check ONLY one	<b>MEDICAL INTERVENTION SCOPE: If patient is unstable, has pulse and is breathing:</b> <input type="checkbox"/> <b>FULL INTERVENTIONS:</b> <u>Transfer to a hospital, and if necessary to ICU.</u> Use comfort and selective measures, and may add medically appropriate ICU interventions like, but not limited to, intubation/ventilator support, ICU-only medications, and dialysis. <input type="checkbox"/> <b>SELECTIVE 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>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. <b>ADDITIONAL ORDERS:</b> _____
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<b>C</b> Check ONLY one	<b>MEDICALLY ASSISTED NUTRITION/HYDRATION</b> Offer nutrition and hydration by mouth at all intervention levels if feasible. <input type="checkbox"/> <b>Long-term medically assisted nutrition/hydration, including feeding tubes.</b> <input type="checkbox"/> <b>Unless medically contra-indicated*, defined trial of medically assisted nutrition/hydration, including feeding tubes.</b> Length of trial _____ Goal _____ <input type="checkbox"/> <b>No medically assisted nutrition.</b> <input type="checkbox"/> <b>No medically assisted hydration.</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.
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<b>D</b>	<b>DOCUMENTATION OF DISCUSSION AND SIGNATURES:</b>	
	<b>Discussed with:</b> <input type="checkbox"/> Patient (Patient has capacity) <input type="checkbox"/> Health Care Agent or Decision Maker: _____ <input type="checkbox"/> Court Appointed Guardian _____ (Relationship, Name) <input type="checkbox"/> Others in Attendance: _____ (Relationship, Name)	<b>Rationale for these orders:</b> (Choose all that apply) <input type="checkbox"/> Living Will (Directive to Physicians and Family or Surrogates) <input type="checkbox"/> Medical Power of Attorney <input type="checkbox"/> Other: _____

<b>X</b>	<b>Physician Signature: My signature certifies both the order and preferences above and the basis for them.</b>			
	Physician Signature:	Print Physician Name:	Date:	Phone Number:
<b>X</b>	<b>Patient or Patient's Surrogate Signature:</b>			
	Patient or Surrogate Signature:	Print Patient or Surrogate's Name, if signing:	Date:	Phone Number:

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

Organization or Facility Identifier: \_\_\_\_\_

Patient Last Name:	First Name:	DOB:	
<b>Facilitator Information: If someone other than patient's physician is facilitating this conversation:</b>			
Facilitator Last Name:	Facilitator First Name:	Credentials:	Phone Number:

### Instructions for MOST Form

#### What is MOST?

MOST stands for Medical Orders for Scope of Treatment. It is a physician order set and care planning tool based upon patient treatment preferences that travels with the patient from one site of treatment to another.

**Intent or Purpose of MOST:** The MOST form is intended to promote patient centered health care and improve communication about that health care between hospitals, nursing facilities and other sites of care. The order and treatment preferences should be based upon:

- The patient's medical condition as determined by a physician; and
- The patient's preferences as directly expressed by the patient, the Living Will, or by the patient's surrogate (patient representative) if the patient can't communicate and lacks a Living Will.

**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:** 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.

**Is MOST a Valid Physician Order for Non-EMS Personnel?** Yes. MOST is a valid order for health care personnel in an out of hospital setting other than Emergency Medical Services professionals, as stated in Section 166.102 of the Texas Health and Safety Code: PHYSICIAN'S DNR ORDER MAY BE HONORED BY HEALTH CARE PERSONNEL OTHER THAN EMERGENCY MEDICAL SERVICES PERSONNEL. (a) ...a licensed nurse or person providing health care services in an out-of-hospital setting may honor a physician's do-not-resuscitate order.

**Is MOST a Valid Physician Order for EMS Personnel?** NO. If EMS comes to a patient in arrest, they will attempt CPR unless a completed (8 signatures) Texas-Out-of-Hospital DNR is present.

**What Should Health Care Professionals (Other than EMS) Do With This Form?** Make the form a part of the patient's medical record in your facility. Honor the order to attempt or not attempt CPR and patient treatment preferences in accordance with the standard of care in your community. If patient is transferred to any other medical facility, send the form with the patient.

**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, and HIPAA permits disclosure of a completed MOST to other health care providers as necessary for treatment purposes. The complete MOST and associated documents will also be available to your treating physicians electronically via a secure local health information exchange.

**Review:** Physicians and patient/surrogate should review this form yearly or upon change in care setting, medical condition, or patient treatment preferences. If no changes, physician may simply initial the date of review in the boxes above. If changes are desired by the patient or surrogate, create a new form!

Date of Review								
Physician Initials								

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