



fraserhealth

MEDICAL ORDERS for SCOPE of TREATMENT (MOST)

End of Life Care Program



ADD105016A

New: Oct 03/12

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DRUG & FOOD ALLERGIES

SECTION 1: CODE STATUS: *Note: CPR is not attempted on a patient who has suffered an unwitnessed cardiac arrest.*

- Attempt** Cardio Pulmonary Resuscitation (CPR). *Automatically designated as C2. Please initial below.*
- Do Not Attempt** Cardio Pulmonary Resuscitation (DNR)

SECTION 2: MOST DESIGNATION based on documented conversations (*Initial appropriate level*)

Medical treatments excluding Critical Care interventions & Resuscitation

_____ M1	Supportive care, symptom management & comfort measures. Allow natural death. <i>Transfer to higher level of care only if patient's comfort needs not met in current location.</i>
_____ M2	Medical treatments available within location of care. Current Location: _____ <i>Transfer to higher level of care only if patient's comfort needs not met in current location</i>
_____ M3	Full Medical treatments excluding critical care

Critical Care Interventions requested. NOTE: Consultation will be required prior to admission.

_____ C1	Critical Care interventions excluding intubation.
_____ C2	Critical Care interventions including intubation.

SECTION 3: SPECIFIC INTERVENTIONS (*Optional. Complete Consent Forms as appropriate*)

- Blood products YES NO Enteral nutrition YES NO Dialysis YES NO
 Non-invasive ventilation YES NO
 Other Directions:

SURGICAL RESUSCITATION ORDER

- WAIVE DNR for duration of procedure and peri-operative period. Attempt CPR as indicated.
- Do Not Attempt Resuscitation during procedure.

SECTION 4: MOST ORDER ENTERED AS A RESULT OF (*check all that apply*)

<input type="checkbox"/> CONVERSATIONS/CONSENSUS	NAME:	DATE: (dd/mm/yr)
<input type="checkbox"/> Capable Adult		
<input type="checkbox"/> Representative	NAME:	DATE:
<input type="checkbox"/> Temporary Substitute Decision Maker	NAME:	DATE:

- PHYSICIAN ASSESSMENT** and Adult/SDM Informed and aware Adult not capable/SDM not available

SUPPORTING DOCUMENTATION (*Copies placed in Greensleeve and sent with patient on discharge*)

<input type="checkbox"/> Previous MOST	<input type="checkbox"/> FH ACP Record	Representation Agreement	<input type="checkbox"/> Other:
<input type="checkbox"/> Provincial No CPR	<input type="checkbox"/> Advance Directive	<input type="checkbox"/> Section 9 <input type="checkbox"/> Section 7	

Date (dd/mm/yr)	Print Name	Physician Signature:
MSP #	Contact #	

Code Status and MOST Designations:

In settings with Meditech, process as Order Entry

	Symptom Control	Resuscitation	Intubation	ICU	Site Transfer	Treat Reversible Conditions
DNR M1	✓	×	×	×	×	×
DNR M2	✓	×	×	×	×	✓
DNR M3	✓	×	×	×	✓	✓
DNR C1	✓	×	×	✓	✓	✓
DNR C2	✓	×	✓	✓	✓	✓
CPR C2	✓	✓	✓	✓	✓	✓

DNR M1	Goal: Allow natural death with supportive care, symptom management and the provision of comfort. Transfer to higher level of care if patient's comfort needs are not met in current location.
DNR M2	Goal: Treat readily reversible medical problems and sustain life if possible within the capacity of the current location of care.
DNR M3	Goal: Sustain life and reverse medical problems. Transfer to acute care for investigations and treatment, including surgery as required. This does NOT include critical care interventions.
DNR C1	Goal: Reverse medical problems or sustain life, with transfer to acute care AND assessment for critical care interventions WITHOUT intubation. Non-invasive ventilation may be offered and is noted in Section 3.
DNR C2	Goal: Reverse medical problems or sustain life, with transfer to acute care AND assessment for critical care interventions including intubation. However, resuscitation is not ordered (DNR).
CPR C2	Cardiopulmonary resuscitation efforts, including chest compressions, defibrillation and intubation for patients with a witnessed cardiac arrest.

Symptom management is always provided. Goals of care are based on conversations with a capable adult or substitute decision makers.