

# Medical Orders for Scope of Treatment (MOST)

 Page 1 of 1 **PATIENT LABEL**
**Allergies:** ☐ None known ☐ Unable to obtain

List with reactions: \_\_\_\_\_

## Section 1: Code of 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 document conversations. (Initial appropriate level.)

Medical Treatments Excluding Critical Care Intervention and Resuscitation	
<b>M1:</b> _____	<b>Supportive care, symptom management and comfort measures. Allow natural death.</b> Transfer to higher level of care only if patient's comfort needs not met in current location.
<b>M2:</b> _____	<b>Medical treatments available within location of care. Current location:</b> _____ Transfer to a higher level of care only if patient/ts comfort needs not met in current location.
<b>M3:</b> _____	<b>Full medical treatments excluding critical care.</b>
Critical Care Interventions Requested. Note: consultation will be required prior to admission.	
<b>C0:</b> _____	<b>Critical Care Interventions exclusive of CPR, intubation and/or defibrillation:</b> Patient is expect to benefit from and is accepting of any appropriate investigations and interventions that can be offered <b>except CPR, intubation and/or defibrillation. Do Not Attempt Resuscitation.</b>
<b>C1:</b> _____	<b>Critical Care Interventions excluding intubation.</b>
<b>C2:</b> _____	<b>Critical Care Interventions including intubation.</b>

## Section 3: Specific Interventions (Optional. Complete consent forms as appropriate)

 Blood products: ☐ Yes ☐ No

 Dialysis: ☐ Yes ☐ No

 Enteral nutrition: ☐ Yes ☐ No

 Non-invasive ventilation: ☐ Yes ☐ No

Other directions: \_\_\_\_\_

## Surgical Resuscitation Order

- ☐ WAIVE DNR for duration of procedure and perioperative period. Attempt CPR as indicated.
- ☐ Do not attempt resuscitation during procedure.

## Section 4: MOST Order Entered as a Result of: (check all that apply)

### ☐ Conversations/Consensus

☐ Capable adult patient

Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Representative

Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Temporary Substitute Decision Maker

Name: \_\_\_\_\_

Date: \_\_\_\_\_

☐ **Physician Assessment and:** ☐ Adult/SDM informed and aware ☐ Adult not capable/SDM not available

☐ **Supporting Documentation** (Copies place on patient chart and sent with patient on discharge.)

☐ Previous MOST

☐ Provincial No CPR

☐ Advance Directive

☐ Representation Agreement: ☐ Section 7 ☐ Section 9

☐ Other: \_\_\_\_\_

Print Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

MSP #: \_\_\_\_\_

Contact #: \_\_\_\_\_

Renewal Date (DD/MM/YYYY): \_\_\_\_\_