

MEDICAL ORDERS for SCOPE of TREATMENT (MOST)

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ADDI105016B

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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. <i>Allow natural death.</i> <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: _____ |
| <input type="checkbox"/> PHYSICIAN ASSESSMENT and <input type="checkbox"/> Adult/SDM Informed and aware <input type="checkbox"/> Adult not capable/SDM not available | | | |
| <input type="checkbox"/> SUPPORTING DOCUMENTATION <i>(Copies placed in Greensleeve and sent with patient on discharge)</i> | | | |
| <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 # _____ | | |

MEDICAL ORDERS for SCOPE of TREATMENT (MOST) Cont'd

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| Resuscitation and MOST Designations | | | | | | |
|-------------------------------------|-----------------|---------------|------------|-----|---------------|-----------------------------|
| | Symptom Control | Resuscitation | Intubation | ICU | Site Transfer | Treat Reversible Conditions |
| DNR M1 | Yes | No | No | No | No | No |
| DNR M2 | Yes | No | No | No | No | Yes |
| DNR M3 | Yes | No | No | No | Yes | Yes |
| DNR C1 | Yes | No | No | Yes | Yes | Yes |
| DNR C2 | Yes | No | Yes | Yes | Yes | Yes |
| CPR C2 | Yes | Yes | Yes | Yes | Yes | Yes |

Previous MOST in Meditech:

MRPs must look for a previous MOST in the EMR and/or unit clerks must print the previous MOST
View All Visits, Summary, Risk Legal, Advance Directive



Key Policy Points for acute care:

- Previous MOSTs is to reviewed within **24 hours** of admission to acute care
- MOST is to be reviewed prior to discharge
- Patients are provided with the original MOST and a greensleeve upon discharge
- Copy is kept in paper chart and scanned into Meditech upon discharge

Key Policy Points for non-acute and community:

- MOST from community and non- acute sites may be faxed to 604-587-3748
- It will then be viewable in Meditech, as noted above

Quality Assurance Check:

- ☐ Patient Legal Name and Personal Health Number (PHN) clear (label preferred)
- ☐ Section 1: Code Status - one box checked only
- ☐ Section 2: MOST Designation (M or C category) - one box checked only

*please note section 3 specific interventions and surgical resuscitation are **optional**

- ☐ Section 4: MOST Order Entered as a Result of:
 - Conversations/Consensus - document full name and relationship to the patient
 - Physician Assessment - check one box
 - Supporting Documentation - check all that apply
- ☐ Date Completed, Physician Name and Signature, MSP and Contact Number