

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

Legal Name	Last Name / First Name	
	Edot Name / First Name	
Date of Birth		
	dd/mm/yyyy	
PHN		

PART 1-RESUSCITATION STATUS & MEDICAL TREATMENTS Most Responsible Practitioner (MRP) (Physician and/or													
Nurse Practitioner) to initial in the box beside the chosen resuscitation status / treatments (choose only ONE designation)													
									ural death. Care is for physical,				
						ted or imminent death. Do not transfer to higher level of care							
		unless to addre	ess comfor	t measures t	that cannot be	met in current lo	ocation	l .	•				
		Medical treatr	nents with	in current l	ocation of ca	re excluding cr	itical c	are interve	ntions, cardiopulmonary				
		esuscitation (CPR), intubation, and / or defibrillation. Current location:											
		Allow a natural death. Transfer to higher level of care only if adult's medical treatment needs cannot be met in current											
		location. Goals of care and interventions are for cure or control of symptoms of illness that do not require critical care											
		interventions, CPR, defibrillation and / or intubation.											
		Medical treatments including transfer to higher level of care but excluding critical care interventions, CPR,											
	M3 defibrillation and/or intubation: Allow a natural death. Medical treatments are for cure or control of symptoms												
	illness. Transfer to a higher level of care may occur if required for diagnostics and treatment. Critical care interventions excluding CPR, defibrillation and intubation: Adult is expected to benefit from and is												
	00												
		accepting of any medically appropriate investigations and interventions that are offered except CPR, defibrillation and intubation.											
				no includin	n intubation	but avaluding (מסי	ad dofibrilla	tion: Adult is expected to				
									ons that are offered except				
					ledically appl	opriate investiga	lions a	na mierveni	ons that are offered except				
	CPR and/or defibrillation. Critical care interventions including CPR, defibrillation and/or intubation: Adult is expected to benefit from and												
is accepting of any medically appropriate investigations and interventions that are offered.													
PART 2-SPECIFIC INTERVENTIONS (if applicable, refer to details in completed Patient Consent Record)													
Blood/Products													
Non-Inv	Non-Invasive Ventilation ☐ YES ☐ NO Other												
PART 3	PART 3 – SUPPORTING DOCUMENTATION (check all documents reviewed)												
		OST Form		n of Care	A dii documenta	Representation	Agroo	mont	 □ Other				
						Representation	AULEE						
		□ No CPR Form (B.C.) □ Advance Directive □ Section 9 □ Section 7											
PART 4	PART 4 – CONSULTATIONS Refer to consent process on reverse (check all individuals consulted)												
□ Capa				nsent process Represent	s on reverse (chative (name)	Section 9	Sec	tion 7	r-professional health care team				
	able Adı		Refer to co	nsent process Represent	s on reverse (chative (name)	☐ Section 9	Sec	tion 7	r-professional health care team				
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Initials

Date (dd/mm/yyyy)

Sent to MOST Data Entry Office

SUMMARY OF PROCESS TO DETERMINE MOST DESIGNATION

NEED FOR MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST) IDENTIFIED An adult is capable if they demonstrate an understanding of the information being given about the proposed health care treatment and that the information applies to their situation. Is adult YES → Capacity is assessed at the time of the capable? discussion with the adult. A capable adult's current consent to health care treatment, at the time health care is to be provided, will override previous consent decisions. If NO An Advance Care Plan is an expression (either Known written or verbal) of preferences for care and Advance YES → may include an Advance Directive. Consent Directive? refusal in an Advance Directive must be followed by all health care providers. A Substitute Decision Maker (SDM) describes If NO either the Committee of Person (Personal Guardian), or a Representative appointed in a Representative Agreement, or the <u>Temporary</u> Substitute Decision Maker (TSDM) selected by the health care provider from a ranked list of persons eligible to be chosen. Substitute Only a reasonable effort is required to locate **Decision Maker** YES → an SDM. (SDM)? An SDM has to follow previously expressed instructions/wishes and, if none, make the

If NO

substitute decision in the adult's "best interests".

Decision-making duties of a Representative

are dependent on the type of Representation Agreement (Section 7 or 9), as well as any instructions imposed under an agreement.

KEY MESSAGE

Advance Care Planning (ACP) + MOST informs an adult's "Plan of Care". The priority sequence for obtaining consent is:

- as communicated by a capable adult. A capable adult can change their decision about previous instructions; or
- as written in an adult's Advance Directive, if known; and determine if other personal planning documents exist; or,
- 3) as communicated between an incapable adult's Substitute Decision Maker (if available) and health care team; or
- 4) as determined by an incapable adult's health care team
 - Determine if adult has any ACP documents; if yes, request copies and place in health record
 - Discuss proposed health care needs with adult
 - Determine identified goals of care
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and send copy to the MOST Data Entry Office
 - Develop a plan of care
 - Discuss proposed health care needs with health care team
 - Determine identified goals of care based on ACP documents
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and/or SDM and send copy to the MOST Data Entry Office
 - · Develop a plan of care
 - Determine from SDM if ACP documents exist; if yes, obtain copies and place in health record
 - · Discuss proposed health care with SDM
 - Determine identified goals of care based on ACP documents
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and/or SDM and send copy to the MOST Data Entry Office
 - Develop a plan of care
 - Discuss proposed health care needs with health care team
 - · Determine goals of care
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, and send copy to the MOST Data Entry Office
 - · Develop a plan of care