

Department of

<b>SUBJECT: Medical Orders for Life Sustaining Treatment (MOLST) Form</b>		
<b>EFFECTIVE DATE:</b>	<b>REVISED DATE:</b>	<b>NEXT REVIEW DATE:</b>

- I. **Purpose:** The purpose of this document is to outline the use of the MOLST form in obtaining orders in regards to patients' preferences for life sustaining treatment. The MOLST form will replace the use of the in-hospital DNR/DNI form; however, it does not replace the out of hospital DNR form.
- II. **Policy:**
- Medical Orders for Life Sustaining Treatment (MOLST) form, MOLST supplemental documentation form for DNR for adults who lack capacity, and the MOLST supplemental documentation form for DNR for minors are state recognized documents that allow patients, their health care proxy, or their surrogate decision maker (next of kin) to put their preferences for life sustaining treatment into actionable medical orders. The MOLST form replaces the previously used in-hospital DNR/DNI form for decisions on resuscitation and intubation. It also covers preferences for tube feeding and IV hydration, goal of medical interventions (comfort measures vs. full curative medical intervention), future hospitalization, and use of antibiotics.
  - Jamaica Hospital Medical Center recognizes the importance of advance directives in the care of our patients. These include health care proxy, living will, and organ donation for all patients; and MOLST, previously referred to as DNR/DNI, for patients facing life threatening and life limiting illnesses.
  - All patients cared for at Jamaica Hospital Medical Center should be encouraged to appoint a health care proxy and to discuss with their health care proxy what their wishes are in regards to life sustaining treatment. Writing out a living will may be helpful in communicating their wishes.
  - When the medical team feels a patient is facing advanced chronic illness, suffering from a life threatening or life limiting (terminal) illness, or considered to have a poor prognosis, the patient, health care proxy, or surrogate (next of kin) decision maker should be approached about life sustaining treatment preferences.
  - When a discussion on life sustaining treatment preferences is deemed necessary in the patients care, it is encouraged that the

**medical team consult Palliative Care for assistance in communicating with the patient and family and to ensure that adequate support is offered to the patient and family**

- **When a patient's preferences for life sustaining treatment are known, MOLST should always be written immediately and appropriately as outlined in the procedure below.**
- **In the absence of MOLST, by state law, the assumption is made that the patient would want life sustaining treatment.**

**II. Responsibility: Medical Attendings, Residents, Palliative Care Team, nursing.**

**III. Equipment and/or Materials: MOLST form, MOLST supplemental documentation form for minors for DNR, and/or MOLST supplemental documentation form for adults who lack capacity for DNR**

**IV. Procedure:**

- **Identify patients need for a discussion on MOLST.**
  - **Patient or health care proxy (when patient lacks capacity) request medical orders to limit life sustaining treatment.**
  - **Patient's prognosis is listed as poor.**
  - **Patient has an advanced chronic illness:**
    - **COPD**
    - **CHF**
    - **Renal failure**
    - **Liver cirrhosis**
    - **Dementia**
    - **Persistent vegetative state**
    - **Coma**
    - **Stroke**
  - **Patient has a terminal illness**
    - **Any condition for which the doctor would respond "no" to the question, "would you be surprised if the patient died with in the year?"**
    - **Metastatic cancer**
    - **End stage chronic illnesses (listed above)**

- **AIDS**
- **Identify whether or not patient has capacity to make decisions.**
  - This determination needs to be made by a physician when patient's capacity is in question.
- **Identify whether or not patient has a health care proxy.**
  - In the presence of a patient who has capacity, but no health care proxy, it is important to have a discussion with them about assigning a health care proxy.
  - For patients who lack capacity, but already have a health care proxy, the health care proxy will need to be contacted to make decisions.
  - Patients who lack capacity, but do not have a health care proxy, will not be able to assign one. The next of kin (surrogate decision maker) will need to be contacted
- **Contact Palliative Care to facilitate discussions with patient, health care proxy, and/or family about patient's preferences for life sustaining treatment. See policy and procedure on patient and family conferences.**
  - Affirm the care they will receive (palliative and comfort care) vs. the care that will be withdrawn (i.e. DNR) or not instituted
  - Patient's decisions should be guided by what is important to them, which is reflected in their goals. Goals include a natural death, maintaining an acceptable quality of life, improvement in function, and life prolongation. It is important patient and families understand which goals are realistic in order to make an informed decision.
- **Complete the MOLST form in its entirety**
  - Must be completed by a health care professional, based on patient preferences,
  - Must be signed by a NYS licensed physician to be valid.
  - Verbal orders are acceptable with follow-up signature by a physician within 24 hours.
  - Use of original pink form is the standard of care; however, photocopies are legal and valid. If a photocopy or fax is used, an attempt should be made to obtain original pink form or consider completing a new MOLST form if the original is not available.
  - Any part of the MOLST not completed assumes full treatment.
  - Consent for DNR is documented in section B of page 1.
  - Orders to refrain from life sustaining treatment are found in section E of page 2

- Includes limit of medical treatment (comfort care), intubation, future hospitalization, tube feeding, IV hydration, and antibiotics.
  - In absence of patient capacity, health care proxy or surrogate decision maker must state or show patient has either verbally indicated or written their wishes, respectively.
- If a MOLST form is being completed by a patient's health care proxy or surrogate decision maker (next of kin), then the MOLST Supplemental Documentation Form for Adults for DNR must be completed.
  - Section 1 pages 1 and 2 include and document the determination and nature of the patient's lack of capacity, whether the patient was notified, determination of the lack of utility of cardiopulmonary resuscitation (CPR), surrogates relationship, surrogates consent, patient notification of DNR order, and affidavit of close friend (in the absence of a health care proxy or next of kin)
  - Two physicians must concur on patient's lack of capacity and the lack of utility of CPR and must sign in section 1 page 3.
  - Exceptional circumstances including DNR orders based on therapeutic exception and medical futility exception, DNR orders for residents of Office of Mental Health (OMH) and Office of Mental Retardation and Development (OMRD) facilities, and DNR orders for residents of correctional facilities are documented in section 2 pages 3 and 4. These sections clearly outline the conditions that must be met for these exceptional circumstances to be met.
- The MOLST Supplemental Documentation Form for Minors for DNR Orders is completed for patients under 18 years of age who are not parents or who are not married.
  - The physician documents lack of capacity and lack of utility of CPR in step one and step two.
  - Notification of other or non-custodial parent is made in step 3.
  - Step 4 lists additional requirements for residents of OMH or OMRD facilities.
  - Parent's or legal guardian's consent is documented in step 5.
  - Patient consent if the patient has capacity is documented in step 6
  - Two physicians must document their concurrence on the patient's capacity determination and the lack of utility of CPR by signing in step 7 and 8.

- **The physician must review the MOLST form periodically, the frequency based on the location of care as outlined on pages 3 and 4.**
  - **Hospital: at least every 7 days**
  - **Nursing home: at least every 60 days**
  - **If additions are made upon review, indicate so in the check box provided on page 3 and 4.**
  - **If a change in treatment preferences is made upon review, the MOLST form will need to be voided, and a new MOLST form completed.**
- **The patient should take the MOLST form with them when they are discharged. A photo copy should be made for the permanent hospital medical record.**

<b>APPROVAL SIGNATURE</b>		
<b>Department</b>	<b>Signature</b>	<b>Date</b>