

# MOLST

## Medical Orders for Life-Sustaining Treatment

*Revised October 2005*

### Overall Comments about the Revised MOLST Forms:

1. DNR/DNI is separated on the MOLST form and supplemental documentation forms.
  - Page 1 of the MOLST form now refers to (DNR) cardiopulmonary resuscitation instructions only for patients in cardiopulmonary arrest. The patient/resident has no pulse and/or respirations.
  - Page 2 of the MOLST form now refers to (DNI) medical orders for intubation and mechanical ventilation. The patient/resident has a pulse and/or is breathing.
2. References to the surrogate decision maker were eliminated when they were not consistent with New York State law. The original MOLST form contained a clinical definition, whereas the revised MOLST form consistently uses a legal definition.
3. The section regarding Advance Directives was moved to page 1 of the MOLST form. The MOLST Form does not take the place of a Health Care Proxy.
4. The footer on the new MOLST form reads: "Revised October 2005... This document is consistent with New York State Law and is approved by NYSDOH."
5. The New York State Governor signed the MOLST Pilot Project Legislation (A.8892) on October 11, 2005 pertaining to Monroe and Onondaga Counties.

### Changes to the MOLST Form, Page 1:

#### *General Comments:*

- Instructions were added to page 1 and retained on page 3 regarding the need to review and renew MOLST forms periodically.
- Sections A, B and C refer to DNR or CPR only for patients in cardiopulmonary arrest.
- Sections A, B and C refer only to patient/resident if he/she has no pulse and/or no respiration.
- Section A, and a subsection of B and C must be completed to issue a Do Not Resuscitate (DNR) order.
- The patient/resident's preference for DNR or CPR is maintained.
- A box to check was added to indicate presence of a valid and legal DNR when the patient had capacity.
- A box to check was added to indicate when the patient lacks capacity and requires supplemental documentation.
- Instructions regarding who can provide consent for a DNR were added in the side bar of Section B. These include the patient, agent or surrogate decision maker.
- Section D indicates the presence of Advance Directives.

#### *New Language:*

- "This form should be reviewed and renewed periodically by New York State and Federal law or regulations, and/or if..." *(above Section A)*
- "For patients in the community, also complete NYS DOH Nonhospital DNR Form, unless located in Monroe or Onondaga Counties." *(last sentence Section A)*
- "If patient/resident has a legal and valid DNR previously completed while patient/resident had capacity, attach to MOLST.  Prior form attached  Supplemental Documentation Form completed" *(last sentence in Section B)*
- "Physician License #: \_\_\_\_\_"  
"It is the responsibility of the physician to determine, within the appropriate period, (see below) whether this order continues to be appropriate, and to indicate this by a note in the person's medical chart. The issuance of a new form is NOT required, and under the law this order should be considered valid unless it is known that it has been revoked. This order remains valid and must be followed, even if it has not be reviewed within the appropriate time period. The **physician must review these orders** as follows: **Hospital: at least every 7 Days; Nursing Home/Skilled Nursing Facility: at least every 60 Days; Nonhospital/Community Setting: at least every 90 Days**" *(Section C)*

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*Revised October 2005*

### Changes to the MOLST Form, Page 2:

#### *General Comments:*

- HIPAA permits disclosure of MOLST to other health care professionals as necessary.
- Section E refers to orders for life-sustaining treatment and future hospitalization.
- Section E refers only to patient/resident if he/she has a pulse and/or is breathing.
- Additional intubation and mechanical ventilation instructions were added to page 2.

#### *New Language:*

- “HIPAA Permits Disclosure of MOLST to Other Health Care Professionals as necessary” (*top Section E*)
- “(If patient/resident has pulse and/or is breathing)” (*top Section E*)
- Side Bar, 1<sup>st</sup> Column
  - ✓ “Physician may complete form for patient with capacity or with Health Care Agent. Include Section E consent.”
  - ✓ Physician may complete form for incapacitated patients without Health Care Agent only with clear and convincing evidence. Include Section E consent.”
  - ✓ Physician should consult legal counsel for MR/DD patients without capacity. See Surrogate’s Court Procedure Act 1750-B.”
- Additional Treatment Guidelines
  - ✓ “Do Not Transfer to hospital for life-sustaining treatment. Transfer if comfort care needs cannot be met in current location.”
  - ✓ “Transfer to the hospital as indicated.”
  - ✓ “Transfer to the hospital is indicated, including intensive care.”
- “Significant thought has been given to life-sustaining treatment. Patient/resident preferences have been expressed to the physician and this document reflects those treatment preferences. As the medical decision-maker, I confirm that the orders documented above in Section E reflect patient/resident’s treatment preferences.” (*Added to Consent for Section E*)

### Changes to the MOLST Form, Page 3:

#### *General Comments:*

- Instructions were added on how to complete the MOLST Form.

#### *New Language:*

- “How to Complete the MOLST Form” and four bullet points. (*Above How to Review the MOLST Form*)

### Changes to the “Supplemental” Documentation Form for ADULTS:

#### *General Comments:*

- Mental illness is defined by conditions such as schizophrenia or acute psychotic episode and does not refer to dementia.

#### *New Language:*

- “If the patient lacks capacity because of a mental illness, the concurring physician must be board certified or board eligible in psychiatry. If the patient lacks capacity because of a developmental disability, the concurring opinion must be rendered by a physician or psychologist with special experience or training in the field of developmental disabilities.” (*Page 3, Section 1, Step 9*)

### Changes to the “Supplemental” Documentation Form for MINORS:

#### *New Language:*

- “b. I have reason to believe that there is another parent, or a non-custodial parent: Reasonable efforts have been made to attempt to determine if that parent has maintained substantial and continuous contact with the patient/resident, and if so, diligent efforts have been made to notify that parent of the decision and were successful \_\_unsuccessful\_\_.” (*Page 1, Step 3*)