



## MOLST Form Revisions, August 2008

### MOLST Form (edits in red): Pages 1-4 of this document

<b>2008 Revision from 2005 Form</b>	<b>Explanation of Revision</b>
<b>“Last Name/First/Middle Initial of Patient/Resident”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Address”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“City/State/Zip”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Patient/Resident Date of Birth (mm/dd/yyyy)”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Gender <input type="checkbox"/>M <input type="checkbox"/>F”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Unique Patient Identifier (Last 4 SSN)”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Review the entire form with the patient.”</b>	Patient choices include both DNR/Accept Natural Death and Life-Sustaining Treatment.
<b><i>“WARNING: If patient lacks medical decision-making capacity as a result of mental retardation or developmental disability or has a legal guardian, specific, mandatory procedures need to be followed. Review information and seek legal counsel.”</i></b>	Added at the request of NYSOMRDD to ensure providers are aware of additional specific, mandatory procedures.
<b>“(If patient/resident has no blood pressure, no pulse and no respiration)”</b>	To further clarify that page 1 order for DNR vs. CPR applies to clinical situation when the patient is dead.
<b>“This form can be used in all settings, including community.”</b>	MOLST is consistent with PHL§2977(13). With passage of the legislation and Governor Paterson’s signature on July 8, 2008, MOLST is a NYSDOH approved, alternative form that may be used to issue a non-hospital do not resuscitate and a do not intubate order.
<b>Allow Natural Death</b>	Clarify meaning of DNR in affirming language.
<b>“[No Limitations; accepts intubation and mechanical ventilation]”</b>	This statement is added to provide clarity that an order for Full CPR includes accepting intubation and mechanical ventilation. There are no “Partial” CPR orders.



2008 Revision from 2005 Form	Explanation of Revision
<p><b>“For residents of OMRDD without capacity in the community, also complete NYSDOH Nonhospital DNR form.”</b></p>	<p>The MOLST Pilot conducted in Monroe and Onondaga counties included a carve-out for residents with MR or DD who lack decisional capacity. Thus, the NYSDOH Nonhospital DNR form must still be completed. This does not apply to residents with MR or DD who retain decisional capacity as the carve-out did not apply to this population.</p>
<p><b>“*Patient with capacity can provide verbal consent in the presence of two adult witnesses. <u>Written consent requires only one witness signature.</u> If verbal consent, one witness must be a physician. In facility, physician must be affiliated with the facility, e.g. resident physician qualifies.”</b></p>	<p>Modified to comply with PHL2965 (4.a) A surrogate shall express a decision consenting to an order not to resuscitate either (i) in writing, dated, and signed in the presence of one witness eighteen years of age or older who shall sign the decision, or (ii) orally, to two persons eighteen years of age or older, one of whom is a physician affiliated with the hospital in which the patient is being treated. These signatures witness the verbal consent. Physician signature in section 3 is for the medical order.</p>
<p><b>“obtain”</b></p>	<p>Verb added to provide clarity.</p>
<p><b>“Resident physician signature must be co-signed by licensed physician.”</b></p>	<p>Added to clarify the need for signature by NYS licensed physician for community use.</p>
<p><b>“<input type="checkbox"/> Other Written Documentation or Oral Advance Directive”</b></p>	<p>Added to acknowledge additional documentation obtained that provides “clear and convincing” evidence, including the newly developed MOLST/Advance Directive Discussion Documentation Form.</p>
<p><b>“B-1620”</b></p>	<p>Current form # used for print purposes; this # will be replaced with a NYSDOH form #.</p>
<p><b>“MOLST is consistent with PHL§2977(13) and cannot be altered.”</b></p>	<p>MOLST is consistent with PHL§2977(13). With passage of the legislation and Governor Paterson’s signature on July 8, 2008, MOLST is a NYSDOH approved, alternative form that may be used to issue a non-hospital do not resuscitate and a do not intubate order.</p>
<p><b>“MOLST-001-main-4-1”</b></p>	<p>Additional unique form identifier needed for eMOLST Registry.</p>



2008 Revision from 2005 Form	Explanation of Revision
<b>“&amp; electronic registry as needed for treatment.”</b>	Additional clarity needed for eMOLST Registry.
<b>“Review patient’s goals and patient’s choice of interventions and then complete orders for appropriate sub-sections.”</b>	Clarifies a patient’s goals for care should be reviewed, followed by review of both page 1 and 2. As indicated by State Health Commissioner Richard F. Daines, M.D., MOLST “will give patients more choices for end-of-life care. It expands patients’ instructions beyond a do-not-resuscitate order into areas of intubation and medication, which many end-stage patients would like to control for themselves as much as possible.”
<b>“obtain signature or verbal consent and complete the consent section of Section E, at the bottom of this page.”</b>	Added as a reminder to obtain consent from the appropriate medical decision-maker.
<b>“with patient who has capacity”</b>	Added to clarify that the physician completes the MOLST with the patient who has capacity and not independent of the patient.
<b>“May consider less invasive airway support (e.g. CPAP, BIPAP).”</b>	Added for clarification, based on clinical experience and feedback, particularly for patients with chronic obstructive pulmonary disease.
<b>“If patient/resident chooses DNR, review <u>all</u> options if patient/resident has progressive or impending pulmonary failure <u>without</u> acute cardiopulmonary arrest. If patient chooses full CPR, review options of trial and long-term intubation &amp; mechanical ventilation:”</b>	Orders for Other Life-Sustaining Treatment and Future Hospitalizations apply when patient/resident has pulse and/or is breathing. A Do Not Resuscitate Order does not indicate Do Not Treat. Based on the patient’s goals for care, discussion regarding intubation and mechanical ventilation should occur, whether the patient chooses DNR or Full CPR.
<b>“(Review available symptomatic treatment of dyspnea: oxygen, morphine, etc.)”</b>	Added for clarification, based on clinical experience and feedback, that a Do Not Intubate order does not imply Do Not Treat. Available treatment options should be reviewed.



2008 Revision from 2005 Form	Explanation of Revision
<b>“<input type="checkbox"/> A trial of BIPAP”</b>	Added for clarification, based on clinical experience and feedback, particularly for certain patients; e.g. chronic obstructive pulmonary disease and ALS.
<b>“<input type="checkbox"/> A trial of CPAP”</b>	Added for clarification, based on clinical experience and feedback, particularly for certain patients; e.g. chronic obstructive pulmonary disease and sleep apnea.
<b>“(Discuss duration of trial and document in other instructions.)”</b>	Added for clarification as to where to document duration of trial, that will vary based on the patient’s underlying diagnosis, prognosis and goals for care; e.g. avoid tracheostomy and long term intubation and ventilation.
<b>“reasonable”</b>	Added to clarify that reasonable knowledge is standard of evidence and not “clear and convincing” evidence, when a Health Care Agent makes decisions.
<b><u>“Section E Consent”</u></b>	Repositioned on the form to draw attention to the place where consent of the medical decision-maker is documented.
<b>“Follow the 8-Step MOLST Protocol found at <a href="http://www.CompassionandSupport.org">www.CompassionandSupport.org</a>”</b>	Added to remind health care professionals that effective communication is a critical component of the MOLST Program. The MOLST 8-Step Protocol outlines the process and the MOLST/Advance Directive Discussion Documentation Form contains the essential elements to document the conversation.
<b>“and an electronic representation of the original”</b>	Additional clarity needed for eMOLST Registry.
<b>“For detailed information about the MOLST Program, view <a href="http://www.CompassionandSupport.org">www.CompassionandSupport.org</a>.”</b>	Added to refer health care professionals to the on-line central repository for information on the MOLST Program. View the <a href="#">MOLST Training Center</a> .
<b>“Reviewer’s Name &amp; Signature”</b>	Added for clarity and consistency.



**MOLST Supplemental Documentation Form for Adults (edits in red):**  
**Pages 5-6 of this document**

<b>2008 Revision from 2005 Form</b>	<b>Explanation of Revision</b>
<b>“Last Name/First/Middle Initial of Patient/Resident”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Address”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“City/State/Zip”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Patient/Resident Date of Birth (mm/dd/yyyy)”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Gender <input type="checkbox"/>M <input type="checkbox"/>F”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Unique Patient Identifier (Last 4 SSN)”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Supplemental” Documentation Form for ADULTS For Do-Not-Resuscitate (DNR) Orders For MOLST Program</b>	Header modified for clarification, based on clinical experience and feedback, to quickly differentiate the MOLST form from Supplemental Documentation Form.
<b>“New York State Public Health Law requires capacity assessment and documentation prior to issuing a DNR order.”</b>	Added for clarification, based on clinical experience and feedback.
<b>“This documentation is not required if CPR order is chosen.”</b>	Added for clarification, based on clinical experience and feedback.
<b>“<i>WARNING: If patient lacks medical decision-making capacity as a result of mental retardation, developmental disability or has a legal guardian, specific, mandatory procedures need to be followed. Review information and seek legal counsel.</i>”</b>	Added at the request of NYSOMRDD to ensure providers are aware of additional specific, mandatory procedures.
<b>“illness as defined by OMH (this does not include dementia)”</b>	Added for clarification, based on clinical experience and feedback.



<b>2008 Revision from 2005 Form</b>	<b>Explanation of Revision</b>
<b><i>“This step is not required if consent to DNR is by a health care agent.”</i></b>	Added for clarification of NYS PHL.
<b><i>“A surrogate may only consent to a DNR for a patient/resident with mental retardation or developmental disability following a determination by two physicians that one of the following criteria is met.”</i></b>	Added for clarification, based on clinical experience and feedback.
<b><i>“B-1621”</i></b>	Current form # used for print purposes; this # will be replaced with a NYSDOH form #.
<b><i>“MOLST is consistent with PHL§2977(13) and cannot be altered.”</i></b>	MOLST is consistent with PHL§2977(13). With passage of the legislation and Governor Paterson’s signature on July 8, 2008, MOLST is a NYSDOH approved, alternative form that may be used to issue a non-hospital do not resuscitate and a do not intubate order.
<b><i>“MOLST-001-sup-adult-4-1”</i></b>	Additional unique form identifier needed for eMOLST Registry.
<b><i>“Be sure to complete the subsection of B on page 1 of the MOLST form.”</i></b>	Additional signature requirement removed, as not necessary. Consent reminder substituted.
<b><i>“for lack of utility of CPR and capacity determination because of developmental disability”</i></b>	Added for clarification, based on clinical experience and feedback, to separate determination of lack of capacity vs. determination of lack of utility of CPR.
<b><i>“illness as defined by OMH (this does not include dementia)”</i></b>	Added for clarification, based on clinical experience and feedback.
<b><i>“Concurring Physician/Psychologist Signature re: capacity determination”</i></b>	Added for clarification, based on clinical experience and feedback, to separate determination of lack of capacity vs. determination of lack of utility of CPR. Additional space is available for signatures.
<b><i>“Print Name”</i></b>	Added for clarification as noted above.
<b><i>“Date”</i></b>	Added for clarification as noted above.



**MOLST Supplemental Documentation Form for Minors (edits in red):**  
**Pages 7-8 of this document**

<b>2008 Revision from 2005 Form</b>	<b>Explanation of Revision</b>
<b>“Last Name/First/Middle Initial of Patient/Resident”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Address”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“City/State/Zip”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Patient/Resident Date of Birth (mm/dd/yyyy)”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Gender <input type="checkbox"/>M <input type="checkbox"/>F”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b>“Unique Patient Identifier (Last 4 SSN)”</b>	Additional unique patient identifiers are needed for eMOLST Registry.
<b><u>“Supplemental” Documentation Form for MINORS For Do-Not-Resuscitate (DNR) Orders For MOLST Program</u></b>	Header modified for clarification, based on clinical experience and feedback, to quickly differentiate the MOLST form from Supplemental Documentation Form.
<b>“New York State Public Health Law requires capacity assessment and documentation prior to issuing a DNR order.”</b>	Added for clarification, based on clinical experience and feedback.
<b><i>“This documentation is not required if CPR order is chosen.”</i></b>	Added for clarification, based on clinical experience and feedback.
<b>“B-1622”</b>	Current form # used for print purposes; this # will be replaced with a NYSDOH form #.
<b>“MOLST is consistent with PHL§2977(13) and cannot be altered.”</b>	MOLST is consistent with PHL§2977(13). With passage of the legislation and Governor Paterson’s signature on July 8, 2008, MOLST is a NYSDOH approved, alternative form that may be used to issue a non-hospital do not



	resuscitate and a do not intubate order.
<b>2008 Revision from 2005 Form</b>	<b>Explanation of Revision</b>
<b>“MOLST-001-sup-minor-2-1”</b>	Additional unique form identifier needed for eMOLST Registry.
<b>“As per Public Health Law §2967(4)(b), a parent may give a verbal consent in the presence of 2 witnesses one of whom must be a MD affiliated with the hospital in which the patient is being treated. Parent is defined to be the person having custody of the minor. In the case of divorce/separation, the custodial parent would be the one to consent to a DNR order as determined by the court as part of the divorce/separation decree.”</b>	Added legal clarification, based on clinical experience and feedback.