

MOLST Hospital Cases Answer Key

Case 1

Slide 1

- 80 year old male with advanced emphysema, peripheral vascular disease, and other chronic, but not imminently terminal diseases
- Had two short intubations in the past; survived to go home
- Does not want CPR, but would like a trial of intubation
- Does not want long term intubation, but would try up to a week on a ventilator
- **How would you complete MOLST?**
 - On page 1 of MOLST, to complete a DNR order, complete Section A, Subsection B and Subsection C.
 - On page 2 of MOLST, in Section E, “Additional Intubation and Mechanical Ventilation”, check box indicating “A trial of intubation and mechanical ventilation” and add comment “Patient is willing to accept a time-limited trial of intubation and mechanical ventilation for up to a week” in “Other Instructions”.
 - In the discussion with the patient, the potential need for tracheostomy should be reviewed as well as the possibility that additional time might be needed in a situation that is potentially reversible and would not lead to long term mechanical ventilation. The patient’s goals for care, response and wishes should be documented in the patient’s chart and clarified on the MOLST form in “Other Instructions”.

Slide 2

- **If he has an acute cardiac arrest, should he be intubated but not shocked?**
 - If he has a cardiopulmonary arrest and has no pulse and/or no respiration, no cardiopulmonary resuscitative efforts, including endotracheal intubation, defibrillation, will be undertaken.
- **If he develops pneumonia, and goes into respiratory failure over several days, should he be intubated?**
 - If he develops pneumonia, and goes into respiratory failure over several days, he should undergo a trial of intubation and mechanical ventilation. He has designated a desire for a time-limited trial for up to a week.
- **Should he go to the ICU?**
 - Yes. He has not indicated a request for limitations on medical treatments.
- **If he subsequently has a cardiac arrest, should he be resuscitated?**
 - No. If he has a cardiopulmonary arrest and has no pulse and/or no respiration, no cardiopulmonary resuscitative efforts should be undertaken.
- **If he is still intubated after one week, should he be automatically extubated?**
 - Family should be reminded of patient expressed preference for time-limited trial period of intubation and ventilation. As the end of the week is approaching, a clinical determination of likelihood of successful extubation needs to be made. Comfort measures should be provided. Alternative symptomatic treatment of dyspnea (e.g. morphine) should be reviewed and initiated as well as use of appropriate use of an extubation protocol.

Case 2

Slide 1

- 75 year old white female with idiopathic pulmonary fibrosis and severe osteoporosis
- On hospice at home
- Completed MOLST: DNR, DNI, no tube feedings, no IV fluids, comfort measures only
- She falls and breaks her hip
- Neighbor finds her on the floor and calls 911

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- **When EMS arrives, what is plan of care?**
 - Transport to the hospital as comfort care needs cannot be met in current location.
 - A patient on hospice who sustains a hip fracture can undergo appropriate treatment, including surgical repair, which can provide palliation of pain.

Case 3

Slide 1

- 62 year old with longstanding COPD due to smoking, on chronic O₂
- Lives in Monroe County and goes to Strong Memorial Hospital (in Monroe County) for care
- Completed MOLST with physician in the office after his latest bout of respiratory failure that required intubation and mechanical ventilation
- MOLST form indicates DNR, DNI, Limited medical interventions, Hospitalization with limitations per MOLST

Slide 2

- Develops acute respiratory insufficiency
- Wife calls 911
- EMS arrives
- MOLST reviewed and is accurately completed
- Patient's wife affirms that her husband wants treatment but does not want to be intubated
- **What does EMS do?**
 - EMS transports patient to the hospital for assessment and treatment of acute respiratory insufficiency. Oral and IV medications, cardiac monitoring and other indicated treatments are provided as indicated by the assessment. Comfort measures, such as oxygen and morphine for dyspnea, are always provided.
 - The Chapter Amendment to the MOLST Pilot legislation permits EMS to follow DNI order in Monroe and Onondaga Counties.

Slide 3

- Same scenario but patient *lives in Livingston County* and receives care at Strong Memorial Hospital (in Monroe County).
- **What happens if MOLST is accurately completed but NYSDOH Nonhospital DNR form is not attached?**
 - For a patient in the community, the New York State Department of Health Nonhospital DNR Form must be completed along with the MOLST, unless in Monroe or Onondaga Counties.
 - EMS can not use the MOLST form as a DNR form in the community, unless in Monroe or Onondaga Counties.
- Patient's wife affirms that her husband wants treatment but does not want to be intubated.
- **What does EMS do?**
 - EMS transports patient to the hospital for assessment and treatment of acute respiratory insufficiency. Oral and IV medications, cardiac monitoring and other indicated treatments are provided as indicated by the assessment. Comfort measures, such as oxygen and morphine for dyspnea, are always provided.
 - As per current New York State Department of Health policy, Do Not Intubate (DNI) orders can not be honored in the pre-hospital settings. EMS can contact Medical Control.
 - Passage of the Chapter Amendment to MOLST Pilot legislation will not permit EMS to follow a DNI order in Livingston County. The Chapter Amendment and the MOLST Pilot legislation apply to the county in which the patient resides, not the county in which MOLST is completed.

MOLST Hospital Cases Answer Key

Case 4

Slide 1

- 80 year old retired businessman, former athlete, currently resides in SNF
- 25-year history of Parkinson's Disease
- 10-year history of associated dementia
- Host of other medical problems
- Dependent in all ADL's
- Rarely "recognizes" his wife but does not recognize other family
- 2 years ago, he was moved from a private to semi-private room and became delirious; delirium lasted several months.

Slide 2

- Health Care Proxy and Living Will completed when he had decision-making capacity
- Wife is his named Agent and she has decision-making capacity
- Nursing staff at SNF discussed DNR
- Wife recognizes that this would be her husband's wish but she is conflicted, as is son
- Daughter believes her father's wishes should be honored regardless of personal feelings.
- Family meeting arranged

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- Patient develops fever and is sent to ED before family meeting occurs
- **What would be the best way to initiate conversation with family re DNR?**
 - Use the 8-Step MOLST Protocol, available on www.compassionandsupport.org, to guide the discussion.
- **When is the best time to initiate conversation re DNR? Is it best in SNF before transfer, in ED or on hospital floor?**
 - While the best time for conversations is before an acute crisis, this time has passed. Assessment and treatment should not be delayed. If the patient has a substantial change in health status requiring transfer and the appropriate people are not immediately available, discussions should occur after the patient is transferred, assessed and treatment initiated.
 - When the patient is transferred, the nursing home staff should communicate the underlying family conflict regarding DNR to the hospital staff.
- **Under these circumstances, do you recommend a DNR order, or should you leave it fully up to the proxy to decide?**
 - Base conversations on patient goals. Allow the patient's goals to guide interventions.
 - Share medical evidence to ensure informed medical-decision making. Help family to understand poor outcomes of CPR given clinical status.
 - Be sure family understands Do Not Resuscitate (DNR) does not mean Do Not Treat (DNT).
 - The Agent can make any medical care decision the patient can make, including DNR. Decisions made by the Agent regarding artificial hydration and nutrition must be based on reasonable knowledge of the patient's wishes.

Slide 4

- **Are there other decisions triggered by MOLST that should be addressed with this family?**
 - Using Section E of MOLST, discussion should focus on other potential life-sustaining treatment given the current acute illness and multiple underlying co-morbidities.

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- **Do the legal standards of proof vary between decisions?**
 - In accordance with New York State Law, capacity determination and MOLST “Supplemental” Documentation Form for Adults must be completed since the patient lacks capacity.
 - Since the patient executed a Health Care Proxy while he had capacity and since his wife (his named Agent) has capacity, his wife is able to make all decisions on his behalf.
 - His wife, as Agent, can base the DNR decision on known patient wishes. The decision is not contingent on physician determination of lack of utility for cardiopulmonary resuscitation.
- **How would you have proceeded if there was not a named Agent?**
 - In accordance with New York State Law, since the patient lacks capacity, capacity determination and the MOLST “Supplemental” Documentation Form for Adults must be completed.
 - **DNR:**
 - If there is no Health Care Proxy and no named Agent, surrogate selection for DNR decisions is based on the hierarchy established by New York State Law. See Step 4 of the “Supplemental” Documentation Form for Adults to select the appropriate surrogate, as listed in order of priority.
 - The decision is contingent on physician determination of lack of utility for cardiopulmonary resuscitation. See Step 3 on the “Supplemental” Documentation Form for Adults.
 - **Life-Sustaining Treatments:**
 - For incapacitated patients without a Health Care Agent, clear and convincing evidence must exist, in the form of a living will or repeated oral expression, as per In the Matter of Westchester County Medical Center, on behalf of Mary O’Connor, p. 8:
 - *“The ideal situation is one in which the patient’s wishes were expressed in some form of a writing, perhaps a “living will,” while he or she was still competent. The existence of the writing suggests the seriousness of purpose and ensures that the court is not being asked to make a life-or-death decision based upon casual remarks.”*
 - *“Of course, a requirement of a written expression in every case would be unrealistic. Further, it would unfairly penalize those who lack the skill to place their feelings in writing. For that reason, we must always remain open to applications such as this, which are based upon the repeated oral expressions of the patient.”*