

MOLST / Advance Directive Discussion Documentation Form



Patient Last Name/First/Middle I.: _____

Address _____ City/State/Zip _____

Family/Caregivers Present: _____ Facility Name: _____

DOB (mm/dd/yyyy): _____ Last 4 SSN: _____ Gender M F Date: _____

Location of Review: Office Hospital Home Nursing Home Assisted Living

1) Prepare for Discussion: Review Current Medical Records

- a. Current Health Status (Palliative Performance Scale):
- Full function; self-care full; intake normal; mental status normal (80-100)
- Reduced function; self-care full to occasional assist; intake normal or reduced; mental status normal (60-70)
- Mainly lie, sit or in bed; considerable assistance; normal or reduced intake; normal or confused (40-50)
- Bed-bound; total care; reduced intake; normal, drowsy, or confused (30)
- Bed-bound; total care; minimal sips and bites; normal, drowsy, or confused; (10-20)
b. Estimated Prognosis:
- Days to weeks
- Weeks to 3 months
- 3 Months to 6 months
- 6 Months to < 1 year
- > 1 year
c. Previously Completed Advance Directives:
- Health Care Proxy (HCP)
- Living Will (LW)
- If has Health Care Proxy, Health Care Agent (HCA)'s name:
- MOLST form
- Nonhospital DNR

2) Assess Patient's Decision-Making Capacity

- a. Does the patient have capacity to make his/her medical decisions re life-sustaining treatment?
b. If no prior Health Care Agent has been identified:
i. Does the patient have capacity to choose a Health Care Agent?
ii. If yes, then complete health care proxy form and list HCA name

3) Discuss Goals of Care with patient and/or family

- a. Reviewed what patient/family know about patient's condition/prognosis
b. Reviewed what patient wants to know about their condition
c. Provided new information about patient's condition/prognosis
d. Explored common understanding and differences
e. Determined next steps needed to resolve any differences
f. Briefly summarize content of discussion and the patient's goals of care on reverse side.

4) Complete/Review/Revise Traditional Advance Directives (HCP & LW) and MOLST

- a. For prior completed directives, are there:
b. If not completed previously, is patient interested in discussing?
c. HCP discussed
d. Living Will discussed
e. Medical Orders for Life-Sustaining Treatment (MOLST) discussed
f. If MOLST already completed,
i. Were goals reviewed?
ii. Was content reviewed, updated and signed on page 3?
g. If MOLST not completed, is patient interested in discussing?
i. If interested, were wishes about CPR/DNR discussed?
ii. Were goals and wishes about other life sustaining therapies discussed?
iii. Was the main MOLST completed?
iv. If patient lacks capacity, was the supplemental MOLST completed?
v. If form not completed, was patient given a copy to take home?
vi. Was a date set for a follow-up meeting?
h. If directives not completed, summarize any identified barriers to completion on reverse side.

Total time spent in counseling around these issues: _____ minutes

Start time(s) / Stop time(s): _____

Signature: _____ Print Name: _____

Physician NPI: _____ Date: _____

