

Things to Know About MOLST or Medical Orders for Life-Sustaining Treatment and CC/DNR or Comfort Care/Do Not Resuscitate Orders

1. What is MOLST or Medical Orders for Life-Sustaining Treatment?

MOLST is a medical order and form that communicates a patient's choices and preferences about life-sustaining treatment to his/her care providers. MOLST is based on an adult's right to information regarding the risks and benefits of life-sustaining treatments based on their current health condition, and to make informed choices to accept or refuse life-sustaining treatments.

2. Is MOLST a medical document or a personal care planning document?

It's both. MOLST is a medical document and form that must be signed by your clinician to be valid, but as importantly, MOLST is also a personal care planning document. It's up to the patient or the patient's advocates whether to choose to complete a MOLST form as part of their personal health care plan.

3. Is the MOLST form for every adult?

No. The MOLST form is intended to be used by adults with serious advancing illness.

4. How does the MOLST process work?

A clinician or a patient or the patient's advocates can initiate a discussion about CPR and other life-sustaining treatments given the patient's current health condition. The discussion works like this:

- The patient receives information regarding the risks and benefits and expected outcomes of attempting CPR and life-sustaining treatments given his/her current health condition;
- The patient chooses what he/she wants for care and does not want for care;
- The patient and clinician can record the patient's choices on the MOLST form, choosing to fill out just the front side, or both the front and back sides of the form;
- The clinician and patient both sign the MOLST form, and the medical order becomes immediately effective and should be followed by care providers in all treatment settings.

5. Who can have a MOLST discussion and sign the MOLST form?

A clinician and a patient or the patient's advocates can have a discussion, fill out and sign the MOLST form. The clinicians that have the authority to sign the form are physicians, nurse practitioners and physician assistants. A competent adult who has a serious advancing illness or medical frailty can have a discussion and sign the form, and a Health Care Agent can sign a MOLST form unless expressly limited to do so in the Health Care Proxy. The MOLST form states "*A Guardian can sign only to the extent permitted by MA law. Consult legal counsel with questions about a guardian's legal authority.*"

6. Who can make changes to the MOLST form or revoke/tear up a MOLST form?

A competent adult can always make changes to his/her MOLST form or tear it up or make a new one. The MOLST form is personal and made to reflect a patient's current care choices and can be changed and added to as a patient's health needs and choices change over time. A **Health Care Agent** can make

changes, or request treatments that the patient or the Agent previously refused, or revoke/tear up the MOLST form, unless the Health Care Proxy expressly limits this power. The MOLST form states, “The patient or health care agent (if the patient lacks capacity) ... can revoke the MOLST form at any time and/or request previously refused medically-indicated treatment.”

7. What happens after the clinician and patient sign a MOLST form?

The original MOLST form stays with the patient, and a copy is placed in the patient’s medical record. Copies can be made and given to family, the Agent, and other care providers- anyone the patient chooses. The original MOLST form travels with the patient to any treatment settings.

8. Are copies just as valid as the original MOLST form?

Yes. Faxed copies or photocopies, in any color paper, are valid and should be honored.

9. Who has to follow the decisions on the MOLST Form? What if there are two MOLST forms?

All licensed health professionals (nurses, emergency responders, etc.) should honor a valid MOLST form. EMS (Emergency Treatment Services) personnel must follow the protocols that point to the MOLST form. If there are two MOLST forms, the most recently signed and dated document is valid.

10. What is a Comfort Care/Do Not Resuscitate Order (CC/DNR)? What’s the difference between a CC/DNR and a MOLST form?

A Comfort Care/Do Not Resuscitate Order is a medical form signed by a clinician after a discussion with a patient about the risks and benefits of CPR (Cardiopulmonary Resuscitation) given the patient’s medical outlook, where the patient chooses to have comfort care measures but not to receive CPR if the patient’s heart beat and breathing stop. The CC/DNR form only documents one decision- not to be resuscitated if your heart beat and breathing stop. The MOLST also form contains this decision, but the form gives you the choice to decide: Yes, I do want to be resuscitated or, No, I do not want to be resuscitated. Additionally, MOLST lets you document your preferences and choices about a range of other life-sustaining treatments that could be attempted in the course of your illness.

11. Are the MOLST and CC/DNR forms both valid in Massachusetts?

Yes. Both the MOLST and CC/DNR forms are considered valid and are to be followed by EMS (Emergency Treatment Services) and clinicians to honor the choices of the patient.

12. What if a patient has both a CC/DNR form and a MOLST form?

For cardiac/respiratory arrest, the most recent orders are followed, otherwise MOLST orders apply.

The MA MOLST website has comprehensive information for care providers and consumers. Educational brochures and sample forms are available in 9 languages. www.molst-ma.org

MASSACHUSETTS MEDICAL ORDERS for LIFE-SUSTAINING TREATMENT (MOLST) www.molst-ma.org		Patient's Name _____ Date of Birth _____ Medical Record Number if applicable: _____
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INSTRUCTIONS: *Every patient should receive full attention to comfort.*

- This form should be signed based on goals of care discussions between the patient (or patient's representative signing below) and the signing clinician.
- Sections A–C are valid orders only if Sections D and E are complete. Section F is valid only if Sections G and H are complete.
- If any section is not completed, there is no limitation on the treatment indicated in that section.
- The form is effective immediately upon signature. Photocopy, fax or electronic copies of properly signed MOLST forms are valid.

A	CARDIOPULMONARY RESUSCITATION: for a patient in cardiac or respiratory arrest	
Mark one circle →	<input type="radio"/> Do Not Resuscitate	<input type="radio"/> Attempt Resuscitation
B	VENTILATION: for a patient in respiratory distress	
Mark one circle →	<input type="radio"/> Do Not Intubate and Ventilate	<input type="radio"/> Intubate and Ventilate
Mark one circle →	<input type="radio"/> Do Not Use Non-invasive Ventilation (e.g. CPAP)	<input type="radio"/> Use Non-invasive Ventilation (e.g. CPAP)
C	TRANSFER TO HOSPITAL	
Mark one circle →	<input type="radio"/> Do Not Transfer to Hospital (<i>unless needed for comfort</i>)	<input type="radio"/> Transfer to Hospital
PATIENT or patient's representative signature D <i>Required</i> Mark one circle and fill in every line for valid Page 1.	Mark one circle below to indicate who is signing Section D: <input type="radio"/> Patient <input type="radio"/> Health Care Agent <input type="radio"/> Guardian* <input type="radio"/> Parent/Guardian* of minor Signature of patient confirms this form was signed of patient's own free will and reflects his/her wishes and goals of care as expressed to the Section E signer. Signature by the patient's representative (indicated above) confirms that this form reflects his/her assessment of the patient's wishes and goals of care, or if those wishes are unknown, his/her assessment of the patient's best interests. <i>A guardian can sign only to the extent permitted by MA law. Consult legal counsel with questions about a guardian's authority.</i>	
	Signature of Patient (or Person Representing the Patient) _____ Legible Printed Name of Signer _____	Date of Signature _____ Telephone Number of Signer _____
CLINICIAN signature E <i>Required</i> Fill in every line for valid Page 1.	Signature of physician, nurse practitioner or physician assistant confirms that this form accurately reflects his/her discussion(s) with the signer in Section D.	
	Signature of Physician, Nurse Practitioner, or Physician Assistant _____ Legible Printed Name of Signer _____	Date and Time of Signature _____ Telephone Number of Signer _____
Optional Expiration date (if any) and other information	This form does not expire unless expressly stated. <i>Expiration date (if any) of this form:</i> _____ Health Care Agent Printed Name _____ Telephone Number _____ Primary Care Provider Printed Name _____ Telephone Number _____	
SEND THIS FORM WITH THE PATIENT AT ALL TIMES. HIPAA permits disclosure of MOLST to health care providers as necessary for treatment.		

Patient's Name: _____ Patient's DOB _____ Medical Record # if applicable _____

F	Statement of Patient Preferences for Other Medically-Indicated Treatments			
	INTUBATION AND VENTILATION			
	Mark one circle →	<input type="radio"/> Refer to Section B on Page 1	<input type="radio"/> Use intubation and ventilation as marked in Section B, but short term only	<input type="radio"/> Undecided <input type="radio"/> Did not discuss
	NON-INVASIVE VENTILATION (e.g. Continuous Positive Airway Pressure - CPAP)			
	Mark one circle →	<input type="radio"/> Refer to Section B on Page 1	<input type="radio"/> Use non-invasive ventilation as marked in Section B, but short term only	<input type="radio"/> Undecided <input type="radio"/> Did not discuss
	DIALYSIS			
	Mark one circle →	<input type="radio"/> No dialysis	<input type="radio"/> Use dialysis <input type="radio"/> Use dialysis, but short term only	<input type="radio"/> Undecided <input type="radio"/> Did not discuss
ARTIFICIAL NUTRITION				
Mark one circle →	<input type="radio"/> No artificial nutrition	<input type="radio"/> Use artificial nutrition <input type="radio"/> Use artificial nutrition, but short term only	<input type="radio"/> Undecided <input type="radio"/> Did not discuss	
ARTIFICIAL HYDRATION				
Mark one circle →	<input type="radio"/> No artificial hydration	<input type="radio"/> Use artificial hydration <input type="radio"/> Use artificial hydration, but short term only	<input type="radio"/> Undecided <input type="radio"/> Did not discuss	
Other treatment preferences specific to the patient's medical condition and care _____				

PATIENT or patient's representative signature G Required	Mark one circle below to indicate who is signing Section G: <input type="radio"/> Patient <input type="radio"/> Health Care Agent <input type="radio"/> Guardian* <input type="radio"/> Parent/Guardian* of minor		
	Signature of patient confirms this form was signed of patient's own free will and reflects his/her wishes and goals of care as expressed to the Section H signer. Signature by the patient's representative (indicated above) confirms that this form reflects his/her assessment of the patient's wishes and goals of care, or if those wishes are unknown, his/her assessment of the patient's best interests. <i>*A guardian can sign only to the extent permitted by MA law. Consult legal counsel with questions about a guardian's authority.</i>		
Mark one circle and fill in every line for valid Page 2.	Signature of Patient (or Person Representing the Patient) _____ Legible Printed Name of Signer _____		Date of Signature _____ Telephone Number of Signer _____
CLINICIAN signature H Required Fill in every line for valid Page 2.	Signature of physician, nurse practitioner or physician assistant confirms that this form accurately reflects his/her discussion(s) with the signer in Section G.		
	Signature of Physician, Nurse Practitioner, or Physician Assistant _____ Legible Printed Name of Signer _____		Date and Time of Signature _____ Telephone Number of Signer _____

Additional Instructions For Health Care Professionals

- Follow orders listed in A, B and C and honor preferences listed in F until there is an opportunity for a clinician to review as described below.
- Any change to this form requires the form to be voided and a new form to be signed. To void the form, write VOID in large letters across both sides of the form. *If no new form is completed, no limitations on treatment are documented and full treatment may be provided.*
- Re-discuss the patient's goals for care and treatment preferences as clinically appropriate to disease progression, at transfer to a new care setting or level of care, or if preferences change. Revise the form when needed to accurately reflect treatment preferences.
- The patient or health care agent (if the patient lacks capacity), guardian*, or parent/guardian* of a minor can revoke the MOLST form at any time and/or request and receive previously refused medically-indicated treatment. **A guardian can sign only to the extent permitted by MA law. Consult legal counsel with questions about a guardian's authority.*