

## Who's Your Agent?® Program

Getting Started Tool Kit

Next Steps Tool Kit

## Next Steps Tool Kit

Build on your conversations from simple to serious illness. Update your plan!



The Next Steps Tool Kit includes handy conversation guides and planning documents to help you manage your health needs and chronic illness, and live well with serious illness.

The Next Steps Tool Kit builds on the [Getting Started Tool Kit](#) to start simple planning conversations to promote everyday wellness and complete a Health Care Proxy and Personal Directive (Living Will).

You can start with this tool kit or the *Getting Started Tool Kit*, whatever is right for you.

For more information and to download no cost tools, visit the Honoring Choices website.

[www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)



1. Build on Your Conversations



2. Update & Add Documents



3. Get Better Care

The Next Steps Tool Kit helps you work in partnership with your care providers. You can build on your planning conversations and update your care plan to get better care that aligns with your goals, priorities and care choices.

This tool kit is a step-by-step guide to:

### Step 1. Build on Your Conversations from Simple to Serious Illness

- Use the “5 Things To Talk About” conversation guides to start early and on-going conversations with your care providers to get the kind of care you want.

### Step 2. Update and Add Planning Documents

- Write down your care choices in the 5 Massachusetts care planning documents.

### Step 3. Get Better Care Today and Over Your Lifetime

- Put your plan into action to get care that aligns with what's important to you.
- Learn about Palliative Care and Hospice Care.

You can follow the steps above or start with whatever step makes sense to you.

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For more information, go the *Resources Page* on the Honoring Choices website.

- **Download the Getting Started Tool Kit**
  - Start a simple planning conversation to make a care plan and complete your Health Care Proxy and Personal Directive (Living Will).

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## Step 1

### Build on Your Planning Conversations

from simple to serious illness.

The Consumer Conversation Guides, ***5 Things To Talk About with Your Care Providers***, is a series of handy conversation guides to help consumers and care providers have effective conversations to make a plan for the best possible care.

Guide 1 helps you start a simple conversation. Guides 2, 3 and 4 help you build on your conversations as your health needs change to ensure your plan is always aligned with your current goals and care choices.

It's easy to use. Each guide has **5 topics and sample questions**. You choose questions that are right for you to talk about your health, what's important to you and your choices for care.

#### Step 1 includes:

- Consumer Guide 1: Start a Simple Conversation to Stay Well
- Consumer Guide 2: Managing Health and Chronic Illness
- Consumer Guide 3 : Living Well with Serious Illness

For more information, go the *Resources Page* on the Honoring Choices website.

- **The Honoring Choices MA Conversation Guides Series** includes both Consumer Guides 1-4 and Care Provider Guides 1-4. The topics and questions in both guides mirror each other for more effective conversations that you and your care provider can build on over time.
  - For Consumers: see the *5 Things to Talk About with Your Care Providers*.
  - For Care Providers: see the *5 Things to Talk About with Your Patients & Clients*.

[www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)

## Consumer Guide 1: Start a Simple Conversation to Stay Well

### 5 Things to Talk About with Your Care Providers

Choose one or more topics and sample questions that are right for you to make a plan for the best possible care.

#### INFORMATION

**1. I'd like to understand more about my health condition and treatments.**

- Here's what I know about my health. Here's what I'd like to know from you today.
- What's ahead for me? What information would help me to plan for future care?

#### MY GOALS

**2. Let's talk about my goals and explore the care I want and do not want.**

- Here's how I feel. Here's how I'd like to feel and what I'd like to be able to do (my goals).
- Here's what is important to me - my values, family traditions, care choices and preferences.
- Here's what worries or concerns me.
- These things make it harder to stay well – (travel to appointments; problems with medicines, food, housing; feeling stressed; getting care close to home or at home; being alone).

#### MY PLAN

**3. Let's talk about my care plan and completing my planning documents.**

- What are my treatment options to stay well and get me to my goals?
- Let's set some do-able goals in my care plan: here's what I'm able to do.
- Knowing my goals and care preferences, what kind of treatments do you recommend?
- I'd like to complete my planning documents. \* Choose one or both-
  - Health Care Proxy: I want to choose a Health Care Agent; can you help?
  - Personal Directive: Write down what's important to me and my instructions for care.

#### KNOW MY CHOICES Update My Plan

**4. I'd like to update my plan to be sure you know my care choices.**

- Let's review my current health condition; here are my priorities for care.
- I'd like to update or add a planning document. Can you help?
- Is my Health Care Proxy in my medical record; do your notes reflect my care choices?

#### HONOR MY CHOICES

**5. I'd like to make sure my care providers can honor my choices.**

- In an emergency or if I can't speak with you, how can we be sure my plan is followed?
- I'd like to bring in my family/Health Care Agent to talk about my plan and honoring my choices.
- I'd like to talk more - can we schedule our next conversation?

Write-in your own questions below to bring to your next appointment.

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\*Multilingual Health Care Proxy and Personal Directive are available on the [Honoring Choices website](#).

See the **Consumer Conversation Guides Series** [on our website](#). Guide 1 helps you start a simple conversation. Guides 2- 4 helps you manage health and chronic illness and live well with serious illness.

## Consumer Guide 2: Managing Health & Chronic Illness

### 5 Things to Talk About with Your Care Providers

*Choose one or more topics and sample questions that are right for you to make a plan for the best possible care.*

- |  |  |
|--|--|
| <b>INFORMATION</b>                       | <b>1. I'd like to understand more about my health condition and treatment.</b> <ul style="list-style-type: none"><li>• Here's what I know about my health or illness. Here's what I'd like to know from you today.</li><li>• Looking ahead: What's the likely path of my condition and the treatment choices I may face?</li></ul>   |
| <b>MY GOALS</b>                          | <b>2. Let's talk about my goals and explore the care I want and do not want.</b> <ul style="list-style-type: none"><li>• My health is changing. Here's how I'd like to feel and what I'd like to be able to do.</li><li>• Some things are working well in managing my condition. Here's where I need help.</li><li>• Here's what is most important to me- my values, family traditions, care choices and preferences.</li><li>• Here's what frustrates me or worries me.</li><li>• These things make it harder to stay well - (travel to appointments; my medicines, food, housing; feeling stressed or depressed; getting care close to home or at home; being alone; need help).</li></ul>   |
| <b>MY PLAN</b>                           | <b>3. Let's talk about my care plan and completing my planning documents.</b> <ul style="list-style-type: none"><li>• I'd like to prolong my good health as long as possible. How do we do that?</li><li>• Let's set some do-able goals and make adjustments: here's what I'm able to do.</li><li>• Knowing my goals and care preferences, what treatments and care do you recommend?</li><li>• I'd like to complete or update my planning documents. * Choose one or both:<ul style="list-style-type: none"><li><input type="checkbox"/> Health Care Proxy: I want to choose a Health Care Agent; can you help me?</li><li><input type="checkbox"/> Personal Directive: Write down what's important to me and my instructions for care.</li></ul></li></ul> |
| <b>KNOW MY CHOICES</b><br>Update My Plan | <b>4. I'd like to update my plan and make sure you know my choices.</b> <ul style="list-style-type: none"><li>• Let's review my current condition. Here's how my priorities and care choices have changed.</li><li>• At this point in managing my health, here is the medical care I want and do not want.</li><li>• Let's review my medical record to make sure my documents and your notes reflect my choices.</li><li>• Is my Health Care Proxy in my medical record? Is the contact information up to date?</li></ul>  |
| <b>HONOR MY CHOICES</b>                  | <b>5. I'd like to make sure my care providers honor my choices.</b> <ul style="list-style-type: none"><li>• What steps can we take now to be sure my doctors will honor my choices in an emergency?</li><li>• I'd like to bring in my family/Health Care Agent to talk about my plan and honoring my choices.</li><li>• I'd like to talk more - can we schedule our next conversation?</li></ul>   |

*Write-in your own questions below to bring to your next appointment.*

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\*Multilingual Health Care Proxy and Personal Directive are available on the [Honoring Choices website](#).

See the **Consumer Conversation Guides Series** [on our website](#). Guide 1 helps you start a simple conversation. Guides 2-4 helps you manage health and chronic illness and live well with serious illness.

## Consumer Guide 3: Living Well with Serious Illness

### 5 Things to Talk About with Your Care Providers

*Choose the one or more topics and sample questions that are right for you to make your plan for the best possible care.*

**INFORMATION****1. I'd like to understand more about my health condition and treatments.**

- Here's my understanding of my health or illness. Here's what I'd like to know from you today.
- Looking ahead: What's the likely path of my illness and the treatment choices I may face?
- Tell me about Palliative Care and Hospice Care. When might they fit into my care goals?

**MY GOALS****2. Let's talk about my goals and explore the care I want and do not want.**

- Here are my priorities for how I'd like to feel and what I'd like to be able to do.
- I'd like to have more good days than hard days. Here's how those days are different.
- Here's what is most important to me- my values, family traditions, care choices and preferences.
- Here's what worries me the most.
- These things make it harder to stay well- (travel to appointments; treatment side effects; cost of care, food, medicines; living situation; feeling stressed; getting care close to or at home; need help).

**MY PLAN****3. Let's talk about my care plan and completing my planning documents.**

- What treatments or extra support would help me live each day the best that I can?
- As my illness worsens, what treatment decisions and possible tradeoffs will I face?
- Let's set some do-able goals and make adjustments: here's what I'm able to do.
- Knowing my goals and care preferences, what treatments and support do you recommend?
- I'd like to complete or update my planning documents. \* Choose one or more.
  - Health Care Proxy:** Choose a Health Care Agent in a Health Care Proxy.
  - Personal Directive:** Write down what's important to me and my instructions for care.
  - MOLST OR CC/DNR:** Talk about my treatment options given my current condition, and document the treatment I want in a MOLST, Medical Orders for Life Sustaining Treatment form, or a CC/DNR, Comfort Care/Do Not Resuscitate Order. Which form is best for me?

**KNOW MY CHOICES****Update My Plan****4. I'd like to update my plan and be sure you know my choices.**

- Let's review my current condition. At this point, here is the medical care I want and do not want.
- If my health worsens and I cannot speak with you, let's discuss and note my choices:
  - For the type of treatments I am willing to go through to possibly gain more time;
  - At what point I'd prefer to stop active treatments and choose comfort care treatments.
- Are my documents in the medical record? Do your notes reflect my current care choices?

**HONOR MY CHOICES****5. I'd like to make sure my care providers honor my choices.**

- What steps can we take now to ensure my treatment choices are honored in an emergency?
- I'd like to bring in my family/ Health Care Agent to talk about my plan and honoring my choices.
- What support can you offer my family through this time?
- I'd like to talk more - can we schedule our next conversation?

*Write-in your own questions below to bring to your next appointment.*

\*Multilingual Health Care Proxy and Personal Directive are available on the [Honoring Choices website](#).

See the **Consumer Conversation Guides Series** [on our website](#). Guide 1 helps you start a simple conversation. Guides 2 - 4 helps you manage health and chronic illness and live well with serious illness.



## Step 2

### Update and Add to Your Plan

with the 5 Massachusetts planning documents.

You can write down your care choices and preferences in the 5 Massachusetts (MA) planning documents. Your documents are **your voice** if you are unable to make or communicate care decisions for yourself, even for a short while. They protect your right to get the care you want.

Here are the 5 MA planning documents. You can choose which documents fit into your plan:

1. Health Care Proxy
2. Personal Directive (Living Will)
3. Durable Power of Attorney
4. MOLST, Medical Orders for Life Sustaining Treatment
5. CC/DNR, Comfort Care/Do Not Resuscitate Order

Step 2 focuses on:

- **Updating your documents**
  - If you have completed a Health Care Proxy, Personal Directive or other documents, now is a good time to review and make any changes.
- **Adding documents**
  - The Health Care Proxy and Personal Directive are in the *Getting Started Tool Kit*.
  - Learn more about a Durable Power of Attorney, a MOLST and CC/DNR.

Step 2 includes:

- Durable Power of Attorney Fact Sheet
- What is MOLST and CC/DNR? Fact Sheet
- MOLST Sample Form- for information only
- CC/DNR Sample Form- for information only

For more information, go the *Resources Page* on the Honoring Choices website.

- Download the Getting Started Tool Kit.
- Download a free Health Care Proxy or Personal Directive, available in many languages.

[www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)

## What is a Durable Power of Attorney?

### 1. What is a Durable Power of Attorney?

A Massachusetts Durable Power of Attorney is a legal document in which you appoint a trusted person to manage and protect your financial matters- your money, property and business affairs- if you are not able to manage your financial matters yourself. You can appoint a trusted person, called an 'Attorney-in-fact', to pay your bills, sign a contract to pay for short or long-term care, and make financial decisions on your behalf. "Durable" means your Attorney-in-fact can act even if you become incapacitated.

### 2. Who can complete a Durable Power of Attorney?

Every competent adult has the choice to complete a Durable Power of Attorney. An adult must be 18 years old and older; able to understand that he or she is giving another person the legal authority to manage his or her financial affairs if the adult becomes disabled or incapacitated; and under no constraint or undue influence to complete the legal document. Having a Durable of Attorney can help you avoid conservatorship if you become incapacitated and unable to make financial decisions for yourself.

### 3. Who can be my Attorney-in-Fact?

You can choose any adult you trust - a spouse, a family member, a friend- or a professional or business entity to serve as your Attorney-in-Fact. Your Health Care Agent, appointed in your Health Care Proxy, can also be appointed as your Attorney-in-fact.

### 4. How does a Durable Power of Attorney work?

You have the right to manage your money, property, and business as you like. The Durable Power of Attorney tells your Attorney-in-fact when to step in to help you (either immediately or if you become disabled or incapacitated), and lists the exact decision making authority you want to give your Attorney-in-fact to act on your behalf. Importantly, you can give your Attorney-in-fact the authority to arrange and pay for vital care if you are not able to do it yourself. At Honoring Choices MA, we consider the Durable Power of Attorney one the five MA planning documents you can include in your personal care plan.

### 5. What decision making authority can I give my Attorney-in-Fact?

You can give your Attorney-in-fact limited powers with authority to perform tasks, such as paying the bills, signing checks, buying or selling property, and managing your business. You can also give your Attorney-in-fact general powers with authority to manage all financial affairs on your behalf. Your Attorney-in-fact should know what's important to you in taking specific actions and making financial or business decisions.

### 6. Can I change my mind or cancel or revoke a Durable Power of Attorney?

Yes. As a competent adult, you can appoint a new Attorney-in-fact, change the decision making authority, and cancel or revoke the document.

### 7. How do I complete a Durable Power of Attorney?

Although it is not required to have an attorney, it is generally recommended that you ask an attorney to draft a Durable Power of Attorney for you. An attorney can tailor the legal document to fit your situation and offer advice on the types of specific powers you may want to include in the document. For instance, an attorney can help you provide for your long term care and safeguard your estate though your lifetime.



## What is MOLST and CC/DNR?

### MOLST, Medical Orders for Life-Sustaining Treatment CC/DNR, Comfort Care/ Do Not Resuscitate Order

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

MOLST, Medical Orders for Life-Sustaining Treatment, aims to ensure that the life sustaining treatment preferences of individuals living with an advancing serious illness are known and honored. MOLST refers to both a medical order and the broader MOLST process. The MOLST medical order translates an individual's treatment preferences into actionable orders that are followed in an emergency by all licensed health professionals across all care settings.

#### 2. Who should consider a MOLST medical order?

The MOLST medical order is designed for individuals with a serious illness or advancing frailty (any age). MOLST is one of the 5 MA planning documents, and like the other documents, MOLST is VOLUNTARY- it's the patient's choice to complete a MOLST and choose preferred treatment options with their clinician.

#### 3. How does the MOLST process work?

MOLST starts with a serious illness conversation between a clinician and patient. Here's how it works:

- The clinician and patient/legal advocate discuss the patient's prognosis and the benefits and risks of treatment options, and the patient's goals, values and which treatment option is preferred;
- The clinician transfers the patient's treatment preferences onto the MOLST; both sign the form;
- All licensed health professionals should honor a valid MOLST form in a medical emergency;
- MOLST is PORTABLE and travels with the person between their home, a hospital, or care facility;
- The clinician and patient/legal advocate should regularly review and update the MOLST order to ensure the treatment choices align with the patient's current care goals.

#### 4. Who completes and signs a MOLST form?

The MOLST must always be completed by either a physician, nurse practitioner or a physician assistant. Both the clinician and patient/legal advocate sign the MOLST. Patients and Health Care Agent can sign; a Guardian for an adult may be able to sign a MOLST with permission from the Probate & Family Court.

#### 5. Can individual's change their mind, update a MOLST, or void a MOLST?

Yes. A patient/legal advocate can work with the clinician to make changes to the MOLST form. It is designed to be reviewed and updated often to align treatment choices with a patient's current goals.

#### 6. What is a Comfort Care/Do Not Resuscitate Order (CC/DNR)?

A Comfort Care/Do Not Resuscitate Order is a medical order signed by a clinician after a discussion with a patient about the risks and benefits of cardiopulmonary resuscitation (CPR) where the patient chooses to have comfort care measures but not to receive CPR if the patient's heart beat and breathing stop.

#### 7. What's the difference between CC/DNR and a MOLST form?

The CC/DNR form documents one decision: do not attempt cardiopulmonary resuscitation (CPR) if your heart beat and breathing stop, but provide comfort care measures. The MOLST focuses on three decisions: attempt or do not attempt CPR, attempt or do not attempt artificial ventilation, and whether to transfer to a hospital. Talk with your clinician about what medical order is right for you.

MASSACHUSETTS MEDICAL ORDERS  
for LIFE-SUSTAINING TREATMENT

(MOLST) www.molst-ma.org



Patient's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medical Record Number if applicable: \_\_\_\_\_

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.

<p><b>A</b></p> <p>Mark one circle →</p>	<p><b>CARDIOPULMONARY RESUSCITATION: for a patient in cardiac or respiratory arrest</b></p> <p><input type="radio"/> Do Not Resuscitate <span style="margin-left: 200px;"><input type="radio"/> Attempt Resuscitation</span></p>
<p><b>B</b></p> <p>Mark one circle →</p> <p>Mark one circle →</p>	<p><b>VENTILATION: for a patient in respiratory distress</b></p> <p><input type="radio"/> Do Not Intubate and Ventilate <span style="margin-left: 150px;"><input type="radio"/> Intubate and Ventilate</span></p> <hr style="border-top: 1px dashed black;"/> <p><input type="radio"/> Do Not Use Non-invasive Ventilation (e.g. CPAP) <span style="margin-left: 100px;"><input type="radio"/> Use Non-invasive Ventilation (e.g. CPAP)</span></p>
<p><b>C</b></p> <p>Mark one circle →</p>	<p><b>TRANSFER TO HOSPITAL</b></p> <p><input type="radio"/> Do Not Transfer to Hospital (<i>unless needed for comfort</i>) <span style="margin-left: 100px;"><input type="radio"/> Transfer to Hospital</span></p>
<p>PATIENT or patient's representative signature</p> <p><b>D</b></p> <p><i>Required</i></p> <p>Mark one circle and fill in every line for valid Page 1.</p>	<p>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</p> <p>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></p> <p><input checked="" type="checkbox"/> _____ Signature of Patient (or Person Representing the Patient) <span style="float: right;">_____</span> Date of Signature</p> <p>_____ <span style="float: right;">_____</span> Legible Printed Name of Signer <span style="float: right;">Telephone Number of Signer</span></p>
<p>CLINICIAN signature</p> <p><b>E</b></p> <p><i>Required</i></p> <p>Fill in every line for valid Page 1.</p>	<p>Signature of physician, nurse practitioner or physician assistant confirms that this form accurately reflects his/her discussion(s) with the signer in Section D.</p> <p><input checked="" type="checkbox"/> _____ Signature of Physician, Nurse Practitioner, or Physician Assistant <span style="float: right;">_____</span> Date and Time of Signature</p> <p>_____ <span style="float: right;">_____</span> Legible Printed Name of Signer <span style="float: right;">Telephone Number of Signer</span></p>
<p><b>Optional</b></p> <p>Expiration date (if any) and other information</p>	<p>This form does not expire unless expressly stated. <i>Expiration date (if any) of this form:</i> _____</p> <p>Health Care Agent Printed Name _____ Telephone Number _____</p> <p>Primary Care Provider Printed Name _____ Telephone Number _____</p>

**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 \_\_\_\_\_

<b>F</b>	Statement of Patient Preferences for Other Medically-Indicated Treatments		
	<b>INTUBATION AND VENTILATION</b>		
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
	<b>NON-INVASIVE VENTILATION (e.g. Continuous Positive Airway Pressure - CPAP)</b>		
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
	<b>DIALYSIS</b>		
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
	<b>ARTIFICIAL NUTRITION</b>		
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
	<b>ARTIFICIAL HYDRATION</b>		
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 _____ _____ _____		

<p>PATIENT or patient's representative signature</p> <p style="text-align: center;"><b>G</b></p> <p style="text-align: center;"><i>Required</i></p> <p>Mark one circle and fill in every line for valid Page 2.</p>	<p>Mark one circle below to indicate who is signing Section G:</p> <p><input type="radio"/> Patient      <input type="radio"/> Health Care Agent      <input type="radio"/> Guardian*      <input type="radio"/> Parent/Guardian* of minor</p> <p>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></p>		
	Signature of Patient (or Person Representing the Patient)	Date of Signature	
	Legible Printed Name of Signer	Telephone Number of Signer	

<p>CLINICIAN signature</p> <p style="text-align: center;"><b>H</b></p> <p style="text-align: center;"><i>Required</i></p> <p>Fill in every line for valid Page 2.</p>	<p>Signature of physician, nurse practitioner or physician assistant confirms that this form accurately reflects his/her discussion(s) with the signer in Section G.</p>		
	Signature of Physician, Nurse Practitioner, or Physician Assistant	Date and Time of Signature	
	Legible Printed Name of Signer	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.*



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF EMERGENCY MEDICAL SERVICES

CCFORM 9/2006

COMFORT CARE / DO NOT RESUSCITATE  
("DNR") ORDER VERIFICATION

PATIENT'S LAST NAME		
PATIENT'S FIRST NAME		
DATE OF BIRTH (MM/DD/YYYY)		GENDER <input type="checkbox"/> M <input type="checkbox"/> F

PATIENT'S MIDDLE NAME OR INITIAL
PATIENT'S LAST NAME

STREET OR RESIDENTIAL ADDRESS		
CITY	STATE	ZIP CODE (5 or 9 digits)

LAST NAME OF GUARDIAN OR HEALTH CARE AGENT (If applicable)
FIRST NAME OF GUARDIAN OR HEALTH CARE AGENT

MIDDLE NAME OR INITIAL
PATIENT'S LAST NAME

<b>PATIENT/GUARDIAN/HEALTH CARE AGENT STATEMENT (SIGNATURE AND DATE REQUIRED)</b>	
I _____ ( <input type="checkbox"/> patient <input type="checkbox"/> guardian <input type="checkbox"/> health care agent) verify that the above named patient has a current and valid Do Not Resuscitate order ("DNR order"). I understand that by signing this form, the DNR order, if current and valid, will be recognized in out-of-hospital settings and the COMFORT CARE / Do Not Resuscitate Order Verification Protocol will be followed by emergency medical services personnel.	
Signature of Patient/Guardian/Health Care Agent	Date

<b>PHYSICIAN / NURSE PRACTICIONER (NP) / PHYSICIAN ASSISTANT (PA) VERIFICATION (PHYSICIAN / NP / PA SIGNATURE AND DATES ALWAYS REQUIRED)</b>		
I am an attending physician / NP / PA for the above named patient. I verify that the above named patient has a current and valid Do Not Resuscitate order, issued on _____		
This DNR order <input type="checkbox"/> does <input type="checkbox"/> does not have an expiration date. If there is an expiration date, it is indicated below, and this verification form also expires on that date.		
I hereby direct that all emergency medical services personnel comply with the Massachusetts Department of Public Health, Office of Emergency Medical Services' COMFORT CARE / Do Not Resuscitate Order Verification Protocol with regard to the above named patient.		
Signature of Physician / NP / PA		
Print Name of Physician / NP / PA	Effective Date of CC / DNR Order Verification	Expiration Date (if any) of DNR Order and CC/DNR Order Verification
Address of Physician / NP / PA		
Telephone Number of Physician / NP / PA		

## Next Steps Tool Kit



### Step 3

**Talk with Your Care Providers** to get better care today and over your lifetime.

Step 3 helps you put your plan into action using the conversations guides in Step 1 and the planning documents in Step 2. Building on your planning conversations from simple to serious illness and updating your plan, helps your care providers align better care to your current goals and care choices.

For individuals with serious illness and advancing frailty, you can start a conversation about specialized care, which includes Palliative Care and Hospice Care. Learn more here and ask your care providers how specialized care might fit into your care goals.

Step 3 includes:

- [What is Palliative Care? Fact Sheet](#)
- [Consumer Conversation Guide 4: Let's Talk about Palliative Care](#)
- [What is Hospice Care? Fact Sheet](#)

For more information, go the *Resources Page* on the Honoring Choices website.

- Palliative Care: Information and Videos.
- Ariadne Labs/ The Conversation Project, *What Matters to Me Workbook*, <https://www.ariadnelabs.org/2021/11/16/what-matters-to-me-workbook/>
- Hospice & Palliative Care Federation of MA to locate palliative care and hospice care services in your community. [www.hospicefed.org](http://www.hospicefed.org)

[www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)

## What is Palliative Care?



Palliative care is specialized health care for individuals diagnosed with a serious illness to manage the pain, symptoms and stress of living with a serious illness. A Palliative Care clinician or a team of care providers, offer an “extra layer of support” in addition to your regular medical care. They can provide emotional and spiritual support for you and your family. Palliative care improves your quality of life and makes every day the best it can be.

### 1. Who can get Palliative Care?

Any individual diagnosed with a serious illness seeking relief from the symptoms, pain and stress of their illness, or a family member, can ask their doctors and care providers for palliative care. Serious illness can occur at any age, and may include cancer, respiratory diseases, heart disease, Alzheimer’s disease, HIV/AIDS, kidney or liver failure, multiple sclerosis, and more.

### 2. How does Palliative Care work?

Every person diagnosed with a serious illness can experience the pain and symptoms of their disease quite differently. A palliative care clinician or a team of care specialists, which may include nurses, doctors, social workers, pharmacists and clergy, work together with the patient’s regular care team to find the source of the problem. The clinician or team talk with the patient about the best possible treatments options to help relieve or control pain, and to improve symptoms such as shortness of breath, nausea, loss of appetite, fatigue, trouble sleeping, and to manage stress, anxiety and depression. The team coordinates your care all through your illness.

### 3. When can I ask my health care team for Palliative Care?

Anytime. You can ask your care providers for palliative care when first diagnosed and throughout the changing phases of a serious illness. Palliative Care helps patients undergoing aggressive treatments when working towards a cure or remission of an illness. If serious illness is not or no longer curative, palliative care can be supportive to help control the progression of the illness, to manage symptoms that may change over time, and to improve comfort care and quality of life.

### 4. Where can I find it and how do I pay for it?

Most adults can receive palliative care where they live or receive care. However, palliative care can vary widely as to which care providers in your community offer it, what services they provide, and how to pay for it. Many insurance plans cover all or part of palliative care. Ask your primary care doctor or clinician for a palliative care referral that aligns with your illness and your care goals.

### 5. What’s the difference between Palliative Care and Hospice Care?

Palliative care is for individuals at any age and at any phase of health living with a serious illness. Hospice care is a benefit you receive from Medicare when your doctor determines your life expectancy is 6 months or less. Often people receiving hospice care also receive palliative care services. At this phase, palliative care can offer comfort care and improve the quality of everyday life, and for some, increase life expectancy.

### 6. How do I know if Palliative Care is right for me?

Talk with your doctors and care providers to learn how an “added layer of services and support” can help you or a loved one on a serious illness journey. [Read more about Palliative Care at www.honoringchoicesmass.com.](http://www.honoringchoicesmass.com)

## Consumer Guide 4: Let's Talk About Palliative Care

### 5 Things to Talk About with Your Care Providers

Choose one or more topics and sample questions that are right for you to make a plan for the best possible care.

**INFORMATION**

**1. I'd like to understand more about my health condition and treatments.**

- What is palliative care? How does it fit into my regular care?
- What relief can I expect with palliative care in managing my serious illness?
- How can palliative care help my family and caregivers?

**MY GOALS**

**2. Let's talk about my goals and explore the care I want and do not want.**

- Here's what I'm able to do now; here's what I'm hoping palliative care can help me do.
- Here's what is most important to me - my values, family traditions and care choices.
- Here's what worries me the most.
- These things may make it hard to get palliative care - (travel to appointments; cost of care; my living situation; getting care close to or at home; needing more help).

**MY PLAN**

**3. Let's talk about my care plan and completing my planning documents.**

- How do you add palliative care to my daily care? How is it paid for? Where do I get it?
- Who's on my palliative care team? What's the plan for getting me to my goals?
- What palliative care services do you recommend for me? for my family?
- I'd like to complete or update my planning documents. \* Choose one or more.
  - Health Care Proxy:** Choose a Health Care Agent in a Health Care Proxy.
  - Personal Directive:** Write down what's important to me and my instructions for care.
  - MOLST OR CC/DNR:** Let's talk about my treatment options given my current condition, and document the care I want in a MOLST form, Medical Orders for Life Sustaining Treatment form, or a CC/DNR, Comfort Care/Do Not Resuscitate Order.

**KNOW MY CHOICES**  
Update my Plan

**4. I'd like to update my plan and be sure you know my choices.**

- At this point in managing my health, here is the care I want and do not want.
- Who will coordinate my palliative care and communicate any changes in my care plan?
- Let's review my medical record and your notes to make sure they reflect my care choices.
- Is my Health Care Proxy, MOLST or other planning documents in my medical record?

**HONOR MY CHOICES**

**5. I'd like to make sure my care providers honor my choices.**

- In an emergency, if I can't speak with you, how will I know my choices will be followed?
- Can you help to ensure all care team members can access my documents and records?
- Can we meet with my family/ Health Care Agent to talk about palliative care?

Write-in your own questions below to bring to your next appointment.

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\*Multilingual Health Care Proxy and Personal Directive are available on the [Honoring Choices website](#).

See the **Consumer Conversation Guides Series** [on our website](#). Guide 1 helps you start a simple conversation. Guides 2- 4 helps you manage health and chronic illness and live well with serious illness.

## What is Hospice Care?



### The 5 W's About Hospice Care

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Hospice & Palliative Care Federation of MA

[www.hospicefed.org](http://www.hospicefed.org)

#### ***WHO is eligible for hospice?***

Hospice serves patients with a terminal illness resulting in a life expectancy of six months or less, as determined by the patient's physician. Care is provided regardless of diagnosis, age, gender, nationality, race, creed, sexual orientation, disability or ability to pay. The patient makes the decision to choose hospice in partnership with his or her family physician and the hospice team, after a thorough review of all the care options.

#### ***WHEN is it time for hospice?***

When the goal of treatment begins to shift from curing the illness to providing comfort, it is time to consider hospice. This time may come well before a physician indicates that the patient's life expectancy is six months or less. Sadly, many people wait until their final days to involve hospice. By contacting hospice early in the diagnosis, the patient and family reserve time to understand their options and choose the path that will have the most positive impact on quality of life. The best time to learn about hospice is before you need it.

#### ***WHY should we choose hospice?***

The decision to choose hospice is a very personal one. It directly involves the patient, family, physician and any loved ones who may serve as caregivers. Here are a few things you should consider. Hospice's expertise in palliative, or "comfort" care, assures the patient of state-of-the-art pain control and symptom management. Hospice enables patients to focus on living their remaining days fully, at home, among family and friends. This emphasis on family involvement - understanding that everyone's definition of "family" is unique - helps individuals to support each other during this time of life.

#### ***WHERE is hospice care provided?***

Hospice care takes place in the home. For some, "home" may mean a house or an apartment. For others, it may be some form of extended care facility, such as a nursing home or assisted living residence. In addition, there are several hospice residences operating in Massachusetts exclusively for hospice patients. Regardless of your circumstance, the hospice team will come to you where you live. In addition to home care, hospice provides short-term inpatient hospital care when necessary to manage the symptoms of the illness or to give the family a brief rest from the responsibilities of caregiving.

#### ***WHAT makes hospice care unique?***

Hospice care centers around the patient and family. The goal of the professional hospice team is to empower you to make your own choices with its support and assistance. The team serves as your advocates, helping you to access the information and resources you need during this very challenging time. Hospice recognizes that the family and caregivers need an extra measure of support both during and after their experience of caring for a terminally ill patient.