



Massachusetts Medical Orders for Life-Sustaining Treatment

EMT/First Responder Training



January 2012

What is MOLST ?

“Medical Orders for Life-Sustaining Treatment” is a *discussion process* between a patient and his or her physician, resulting in the completion of a *MOLST form* containing medical orders about:

- Resuscitation
- Ventilation
- Transfer to hospital
- Plus other life-sustaining treatments

Why MOLST?

MOLST allows a patient's life-sustaining treatment preferences to be known, communicated, and honored across treatment settings.


Key features of MOLST


- Portable medical orders (stays with patient)
- For very sick patients (not for everybody)
- Used to refuse or request treatment
- Can be honored by all health professionals

The MOLST form looks like:

Original MOLST forms are *bright pink*

Copies are also valid

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 patient's 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 a 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	Select one circle → <input type="radio"/> Do Not Resuscitate <input type="radio"/> Attempt Resuscitation	
B	VENTILATION: for a patient in respiratory distress	Select one circle → <input type="radio"/> Do Not Intubate and Ventilate <input type="radio"/> Intubate and Ventilate Select 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	Select one circle → <input type="radio"/> Do Not Transfer to Hospital (unless needed for comfort) <input type="radio"/> Transfer to Hospital	
PATIENT or patient's representative signature	Select 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 in the Section E signers. 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. *A guardian can sign to the extent permitted by MA law. Consult legal counsel with questions about guardian's authority.		
D	Signature of Patient (or Person Representing the Patient) _____ Date of Signature _____ Legible Printed Name of Signer _____ Telephone Number of Signer _____		
CLINICIAN signature	Signature of physician, nurse practitioner or physician assistant confirms that this form accurately reflects his/her discussion(s) with the signer in Section D.		
E	Signature of Physician, Nurse Practitioner, or Physician Assistant _____ Date of Signature _____ Legible Printed Name of Signer _____ Telephone Number of Signer _____		
Optional	This form does not expire unless expressly stated. Expiration date (if any) of this form: _____ Health Care Agent Printed Name _____ Telephone Number _____ Primary Care Physician Printed Name _____ Telephone Number _____		
SEND THIS FORM WITH THE PATIENT AT ALL TIMES. <small>HPIAA permits disclosure of MOLST to health care providers as necessary for treatment.</small>			
Approved by LPHS151020Z		MOLST Page 1 of 2	

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Authorization to Honor MOLST

The MA Department of Public Health (DPH) Office of Emergency Medical Services (OEMS) instructs that: *EMS personnel must honor Massachusetts MOLST forms.*

What about the “Comfort Care” CC/DNR form ?

- The Massachusetts Comfort Care/Do Not Resuscitate Verification form remains valid.
- MOLST can be regarded as an expansion of the CC/DNR form, because...

Continued on next slide

The CC/DNR form

Verifies that
a DNR
medical
order exists



Is an
actual
medical
order

Instructs *not*
to attempt
resuscitation



Can instruct to
attempt OR
not attempt
treatments

Orders
about
resuscitation
only



Orders about
a range of
life-sustaining
treatments

Honored by
EMTs in
outpatient
settings



Honored by
all health
providers
across settings

The MOLST form

What if the patient has *both* a MOLST form and a Comfort Care form?

- For cardiac or respiratory arrest, follow the ***most recent*** resuscitation orders.
- For all other situations, follow MOLST instructions.

If the patient:

- Is in cardiac or respiratory arrest
- Is in respiratory distress or
- Would routinely be transported to a hospital...



The EMT will:

- Look for a MOLST form
- Check if the form is valid
- Follow orders in Section A-C

Continued on next slide

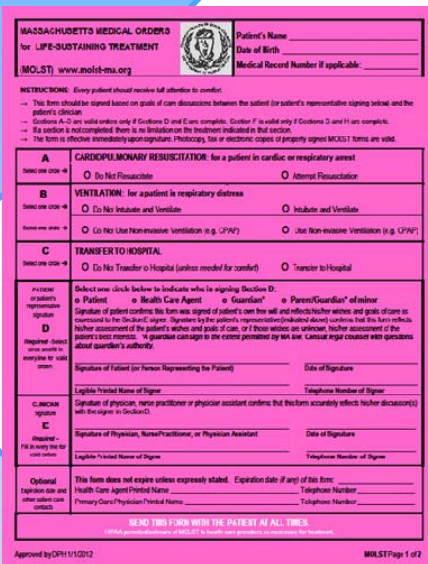
1) Look for the MOLST form

CHECK:

Refrigerator door
Back side of doors
Bedside area

ASK:

Is there a MOLST form (“the bright pink paper” or any other papers about emergency care)



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→ Sections A-C are valid orders only if Sections D and E are complete. Section F is valid only if Sections D and E are complete.
→ If a 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
Select one circle → Do Not Resuscitate Attempt Resuscitation

B VENTILATION for a patient in respiratory distress
Select one circle → Do Not Intubate and Ventilate Intubate and Ventilate
Select one circle → Do Not Use Non-invasive Ventilation (e.g. CPAP) Use Non-invasive Ventilation (e.g. CPAP)

C TRANSFER TO HOSPITAL
Select one circle → Do Not Transfer to Hospital (unless needed for comfort) Transfer to Hospital

D Select one circle below to indicate who is signing Section D:
 Patient Health Care Agent Guardian* 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 by the Section C order. Signature by the patient's representative (indicated above) confirms that the 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. *A guardian can sign to the extent permitted by law. Consent may constitute an agreement about guardian's authority.
Signature of Patient (or Person Representing the Patient) _____ Date of Signature _____
Legible Printed Name of Signer _____ Telephone Number of Signer _____

E Signature of Physician, Nurse/Practitioner, or Physician Assistant _____ Date of Signature _____
Legible Printed Name of Signer _____ Telephone Number of Signer _____

Optional
Expiration date and other relevant care contacts: Health Care Agent/Printed Name _____ Telephone Number _____
Primary Care Physician/Printed Name _____ Telephone Number _____

SEND THIS FORM WITH THE PATIENT AT ALL TIMES.

Approved by DPH 1/1/2012 MOLST Page 1 of 2

2) Check to see if the MOLST is *valid*

Section D (patient info) *and* Section E (clinician info) must be fully complete before the EMT arrives for a valid MOLST form.

If either Section D or E is incomplete:

The MOLST form is *not valid*. Treat per protocol.

If both Section D and E are complete:

Then Page 1 of the MOLST form is valid.

Follow instructions in Sections A – C.

A

CARDIOPULMONARY RESUSCITATION: for a patient in cardiac or respiratory arrest

Select one circle →

Do Not Resuscitate

Attempt Resuscitation

If ***Do Not Resuscitate*** is marked: *Do not attempt Resuscitation.*

If ***Attempt Resuscitation*** is marked: *Attempt Resuscitation.*

B

Select one
circle →

Select one
circle →

VENTILATION: for a patient in respiratory distress

Do Not Intubate and Ventilate

Intubate and Ventilate

Do Not Use Non-invasive Ventilation
(e.g. CPAP)

Use Non-invasive
(e.g. CPAP)

If the MOLST form is valid and “Do not intubate and ventilate” is checked:

- 1) Read instruction about non-invasive ventilation also in Section B on page 1
- 2) If “No non-invasive ventilation” is checked, do not use non-invasive ventilation (e.g. CPAP)
- 3) If “Use non-invasive ventilation” is checked, use if indicated per usual treatment protocols

C

Select one
circle →

TRANSFER TO HOSPITAL

Do Not Transfer to Hospital
(unless needed for comfort)

Transfer to Hospital

Regardless of what is indicated in Section C, if a patient receives any treatment from EMS, the patient must be transported to the hospital per regulation.

What if a section of the MOLST form is INCOMPLETE ?

If *sections D and E are complete, the form is valid.*

If any other section is left blank, there is ***no limitation on the treatment indicated in that section*** and care should be delivered per usual treatment protocol.

What if any section of the MOLST is ILLEGIBLE?

If the patient cannot communicate his or her wishes:
***there is no limitation on the treatment indicated in
that section.***

Can treatment be given if the MOLST form says “no treatment” ?

A patient can request and receive previously refused medically-indicated treatment ***at any time.***

What if the patient cannot communicate
and the *family or health care agent*
DISPUTES the MOLST form ?

Use the form to explain the *patient's wishes*.

Explain that EMTs are *required* to honor MOLST forms.

***If conflict continues or escalates, treat and transport
the patient.***

How do I *document* that there was a MOLST form and my response?

Unlike the CC/DNR, the MOLST form does not contain a tracking number. Instead, you document:

- The patient's name and second identifier;
- The clinician signer's name ;
- The MOLST instructions;
- What occurred/the treatment given.

MOLST does not change existing treatment protocols for EMTs.

EMTs are encouraged to call Medical Control if they have questions about situations with MOLST instructions in the field.

Find more MOLST info and resources at:

www.molst-ma.org

- MOLST training modules
- Frequently Asked Questions
- Materials for health providers
- Patient education materials
- Links to related information

www.mass.gov/dph/oems

