

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

	Last Name / First Name	
Date of Birth		
	dd/mm/yyyy	

		j	,			PHN					
PART 1 – RESUSCITATION STATUS & MEDICAL TREATMENTS Most Responsible Practitioner (MRP) (Physician and/or											
Nurse Practitioner) to initial in the box beside the chosen resuscitation status/treatments (choose only ONE designation)											
		Supportive care, symptom management and comfort measures only: Allow a natural death. Care is for physical,									
	M1	psychological and spiritual preparation for an expected or imminent death. Do not transfer to higher level of care									
	unless to address comfort measures that cannot be met in current location.										
									ions, cardiopulmonary		
	M2	resuscitation (C									
						•			eds cannot be met in current		
		location. Goals of care and interventions are for cure or control of symptoms of illness that do not require critical care									
		interventions, CPR, defibrillation and / or intubation.									
									care interventions, CPR,		
	М3		defibrillation and/or intubation: Allow a natural death. Medical treatments are for cure or control of symptoms of								
		illness. Transfer to a higher level of care may occur if required for diagnostics and treatment.									
		Critical care interventions excluding CPR, defibrillation and intubation: Adult is expected to benefit from and is									
	C0		medically	y appropriat	e investigatior	ns and intervention	ons tha	at are offered e	except CPR, defibrillation		
		and intubation.									
									n: Adult is expected to		
	C1				nedically appr	opriate investigat	tions a	nd intervention	ns that are offered except		
		CPR and/or def									
	C2								expected to benefit from and		
	O2	is accepting of ar	ny medica	ally appropri	ate investigat	ions and interver	ntions t	that are offere	d.		
DADT 2 CONCINCIANTIONS (from Foots details)											
PART 2-SPECIFIC INTERVENTIONS (if applicable, refer to details in completed Patient Consent Record)											
Blood/Products											
Non-Invasive Ventilation											
PART 3 – SUPPORTING DOCUMENTATION (check all documents reviewed)											
				•	t an accamone	•	Λaroo	mont	Othor		
 □ Previous MOST Form □ Plan of Care □ No CPR Form (B.C.) □ Advance Directive □ Section 9 □ Section 7 											
	, F I \ I \ C	ліп (Б.С.)	Auve	ance Directi	ve	Section 9		JUOIT 7			
PART 4	-CON	NSULTATIONS Re	efer to con	sent process	on reverse (ch	neck all individuals	consul	lted)			
☐ Capa	able Ac	lult		Represent	ative (name)			☐ Inter-	professional health care team		
		uardian (Committe				ecision Maker (na	ame)		incapable/		
(name) SDM unavailable											
`	,			.,				L			
		F MRP ORDER (•					
					n Part 3 and o	discussed the be	nefits,	consequences	s and preferences of the		
		rith the individual(s) noted ir	n Part 4.							
Name of MRP (please print) College ID# Signature											
Date (dd/n	nm/yyyy)	Time (24:00)		MRP Office Phone #			Adult Location				
Sent to MOST Data Entry Office				Date (dd/mm/yyyy)			Initials				
REVAL	DATIO	ON OF MRP ORD	ER								
☐ MOST FORM Revalidation Date (dd/mm/yyyy) Name of MRP (print) College ID# MRP Signature							MRP Signature				
(No Change)											
Sent to MOST Data Entry Office Date (dd/mm/yyyy) Initials											
Sent to MOST Data Entry Office Date (dd/mm/yyyy) Initials											

SUMMARY OF PROCESS TO DETERMINE MOST DESIGNATION

NEED FOR MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST) IDENTIFIED An adult is capable if they demonstrate an understanding of the information being given about the proposed health care treatment and that the information applies to their situation. Is adult YES → Capacity is assessed at the time of the capable? discussion with the adult. A capable adult's current consent to health care treatment, at the time health care is to be provided, will override previous consent decisions. If NO An Advance Care Plan is an expression (either Known written or verbal) of preferences for care and Advance YES → may include an Advance Directive. Consent Directive? refusal in an Advance Directive must be followed by all health care providers. A Substitute Decision Maker (SDM) describes If NO either the Committee of Person (Personal Guardian), or a Representative appointed in a Representative Agreement, or the <u>Temporary</u> Substitute Decision Maker (TSDM) selected by the health care provider from a ranked list of persons eligible to be chosen. Substitute Only a reasonable effort is required to locate **Decision Maker** YES → an SDM. (SDM)? An SDM has to follow previously expressed instructions/wishes and, if none, make the substitute decision in the adult's "best interests". Decision-making duties of a Representative If NO

are dependent on the type of Representation Agreement (Section 7 or 9), as well as any instructions imposed under an agreement.

KEY MESSAGE

Advance Care Planning (ACP) + MOST informs an adult's "Plan of Care". The priority sequence for obtaining consent is:

- 1) as communicated by a capable adult. A capable adult can change their decision about previous instructions; or
- as written in an adult's Advance Directive, if known; and determine if other personal planning documents exist; or,
- 3) as communicated between an incapable adult's Substitute Decision Maker (if available) and health care team; or
- 4) as determined by an incapable adult's health care team
 - Determine if adult has any ACP documents; if yes, request copies and place in health record
 - Discuss proposed health care needs with adult
 - Determine identified goals of care
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and send copy to the MOST Data Entry Office
 - Develop a plan of care
 - Discuss proposed health care needs with health care team
 - Determine identified goals of care based on ACP documents
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and/or SDM and send copy to the MOST Data Entry Office
 - Develop a plan of care
 - Determine from SDM if ACP documents exist; if yes, obtain copies and place in health record
 - · Discuss proposed health care with SDM
 - Determine identified goals of care based on ACP documents
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and/or SDM and send copy to the MOST Data Entry Office
 - Develop a plan of care
 - Discuss proposed health care needs with health care team
 - · Determine goals of care
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, and send copy to the MOST Data Entry Office
 - · Develop a plan of care