

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

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

				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)											
Nuisci	Tacillo	,		ement and comfort measure			,				
	M1	• • • • • • • •	•	n for an expected or imminen	•						
				that cannot be met in current			or to riigher level of care				
				ocation of care excluding c			ione cardionulmonary				
							ions, cardiopullionary				
	M2	resuscitation (CPR), intubation, and/or defibrillation. Current location: Allow a natural death. Transfer to higher level of care only if adult's medical treatment needs cannot be met in current									
	IVIZ			ons are for cure or control of s							
		interventions, CPR, defib			ympton	113 01 11111033 111	at do not require critical care				
					ut avalı	ıdina critical	care interventions CDP				
	М3	Medical treatments including transfer to higher level of care but excluding critical care interventions, CPR, defibrillation and/or intubation: Allow a natural death. Medical treatments are for cure or control of symptoms of									
	IVIO			are may occur if required for d			• •				
				ng CPR, defibrillation and in							
	C0										
	CU	accepting of any medically appropriate investigations and interventions that are offered except CPR , defibrillation and intubation.									
			ne includin	g intubation, but excluding	CDD ar	nd defibrillation	on: Adult is expected to				
	C 1			nedically appropriate investiga							
	0.	CPR and/or defibrillation		incurcantly appropriate investige	ations a	ina intervention	is that are offered except				
				g CPR, defibrillation and/or	r intuha	tion: Adult is	expected to benefit from and				
	C2										
is accepting of any medically appropriate investigations and interventions that are offered.											
PART 2-SPECIFIC INTERVENTIONS (if applicable, refer to details in completed Patient Consent Record)											
Blood/Products											
Non-Inv	asive \	/entilation ☐ YES ☐ NO	Other			•					
		PORTING DOCUMENTA	•	· · · · · · · · · · · · · · · · · · ·							
		OST Form 📗 🏻 🗀 Plai	☐ Previous MOST Form ☐ Plan of Care Representation Agreement ☐ Other								
□ No CPR Form (B.C.) □ Advance Directive □ Section 7											
PART 4-CONSULTATIONS Refer to consent process on reverse (check all individuals consulted)											
			ance Directi	ve	□ Sec	ction 7	Otilei				
PART 4	-CON	ISULTATIONS Refer to co	vance Directi	ve	□ Sec	tion 7					
PART 4	- CON	ISULTATIONS Refer to co	nsent process Represent	s on reverse (check all individual tative (name)	□ Sed	tion 7	professional health care team				
PART 4	- CON able Ac onal G	ISULTATIONS Refer to co	nsent process Represent	ve	□ Sed	tion 7 ted) Inter-	professional health care team incapable /				
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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