NIAGARA HEALTH SYSTEM
SYSTÈME DE SANTÉ DE NIAGARA

MEDICAL ORDERS FOR LIFE−SUSTAINING TREATMENT (MOLST)

Do−Not−Resuscitate (DNR) and Life−Sustaining Treatment (LST)

This is a medical order form that tells others the patient's wishes for life−sustaining treatment. A health care professional must complete or change the MOLST form, based on the patient's current medical condition, values, wishes and MOLST instructions. If the patient is unable to make medical decisions, the orders should reflect patient wishes, as best understood by the health care agent or surrogate.

A physician must sign the MOLST form. All health care professionals must follow these medical orders as the patient moves from one location to another, unless a physician examines the patient, *reviews* the orders and changes them.

MOLST is generally for patients with serious health conditions. The patient or substitiute decision−maker should work with the physician and consider asking the physician to fill out a MOLST form if the patient:

- Wants to *avoid* or receive any or all life−sustaining treatment.
- Resides in a long−term care facility or requires long−term care services.
- Might die within the next year.

SECTION A: RESUSCITATION ORDERS WHEN PATIENT IS NOT BREATHING AND/OR HAS NO PULSE

Check one:

❑ CPR Order: Attempt Cardio−Pulmonary Resuscitation

CPR *involves* artificial breathing and forceful pressure on the chest to try to restart the heart. It usually *involves* electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital

DNR Order:

❑ Do Not Attempt Any Resuscitation efforts (allow a natural death)

❑ Do not Intubate (artificial breathing support) but defibrillate/medicate and do CPR briefly. If no response in timely manner then suspend resuscitation efforts.

SECTION B: ORDERS FOR LIFE SUSTAINING TREATMENT AND/OR END OF LIFE CARE

Check one:

❑Comfort Measures only. Comfort measures are medical care and treatment provided with the primary goal of relieving pain and other symptoms and reducing suffering. Reasonable measures will be made to offer food and fluids by mouth. Medications, turning in bed, wound care and other measures will be used to relieve pain and suffering. Oxygen, suctioning and manual treatment of airway obstruction will be used as needed for comfort.

❑Limited interventions:

	Yes	No
IV Fluids	❑	❑
Feeding Tube	❑	❑
Antibiotics	❑	❑

SECTION C: CONSENT

_____ ❑ Check if Verbal Consent Given _____ _____
Patient Signature Alternate Decision Maker Date ddmmyyyy

_____ _____
Print Name Relationship

_____ _____ _____
Physician (Sign & Date ddmmyyyy) Witness 1 (Sign & Date ddmmyyyy) Witness 2 (Sign & Date ddmmyyyy)*

*Witness 2 Signature required only for Verbal Consent.

Rev. 11/2013

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