New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 99-10

No. 08-07

Date: November 20, 2008

Re: Medical Orders for Life Sustaining Treatment (MOLST)

Purpose

The purpose of this policy is to advise all EMS providers and agencies of a change in the law regarding Do Not Resuscitate Orders (DNR). On July 7, 2008 Governor David Paterson signed Chapter 197 of the Laws of 2008 allowing the use of an alternative DNR form. This form is the Medical Orders for Life Sustaining Treatment or MOLST form.

These guidelines are not intended to replace the current out of hospital DNR orders and Policy #99-10 governed by Chapter 370 of the Laws of 1991. They remain in effect. These guidelines are an update to that policy and will discuss only the addition of the MOLST form that can now be used as an alternative DNR form to the traditional non-hospital DNR form currently in use.

Medical Orders for Life Sustaining Treatment (MOLST)

MOLST is an alternative form and process for patients to provide their end of life care preferences to health care providers across the spectrum of the health care delivery system. MOLST may be honored by EMS agencies, hospitals, nursing homes, adult homes, hospices and other health care facilities and their health care provider staff. The MOLST form is a bright pink form that was piloted by the Rochester Health Commission under previous legislation for use by the EMS community in Onondaga and Monroe Counties. The recently enacted legislation mentioned above now allows EMS to honor this form in all counties in New York State. Previous to the enactment of Chapter 197 EMS agencies outside of Onondaga and Monroe Counties still required the use of the non-hospital DNR form.

Unlike the Non Hospital Order Not to Resuscitate form (DOH-3474), the MOLST form is not a New York State Department of Health produced or distributed form. However, it is an approved form that was previously modified with the assistance of the NYS Department of Health, Division of Legal Affairs so that it complies with other health care statutes. The MOLST form is currently utilized by many health care systems.

What are the DNR requirements in NYS law that affect EMS agencies and providers now?

1. Effective July 7, 2008 the MOLST form may be honored without the need for a non-hospital DNR order.
2. EMS agencies must still honor the use of the non-hospital DNR form or bracelet.
3. A patient with a DNR bracelet only refers to the do not resuscitate rules that apply to the non-hospital DNR order. At present there are no MOLST DNR bracelets.
4. The MOLST form also provides the patient with the ability to give a Do Not Intubate order to health care providers including EMS. See section on DNI.

What are the differences and similarities between the non-hospital DNR order and the MOLST form?

1. The MOLST form is a bright pink multi-page form; however a photocopy or facsimile of the original form is acceptable and legal. The DNR order remains a single page form on white paper with black ink.
2. The MOLST form is meant to be utilized by health care providers across the health care system. It is not limited to EMS agencies. The Non Hospital Order Not to Resuscitate form (DOH-3474) is valid in out of hospital settings only.

3. MOLST provides end of life orders for resuscitation and intubation orders for Advanced EMTs when the patient has progressive or impending pulmonary failure without acute cardiopulmonary arrest. The Non Hospital Order Not to Resuscitate form (DOH-3474) only apply to patients in full cardiopulmonary arrest.
4. Both forms, the MOLST form and the Non Hospital Order Not to Resuscitate form (DOH-3474) form, must be authorized by a physician.
5. Different than the non-hospital DNR form, there are multiple patient orders contained on the MOLST form that is intended for other health care providers to follow in other health care settings such as the hospital or nursing home.
6. EMS providers and agencies are provided direction regarding the patient end of life treatment orders in Section A (page 1) and Section E (page 2). See below.

Section A of the MOLST Form

Section A is on the first page of the MOLST form. It is titled RESUSCITATION INSTRUCTION (ONLY for Patients in Cardiopulmonary Arrest). It then provides two boxes, one of which will be checked. The first box indicates the patient does not want resuscitation efforts to be made if they are found in full cardiopulmonary arrest. The second box indicates they want full CPR efforts with no limitations.

Note: The current MOLST form in use contains additional written guidance in this section. The last sentence states “For patients in the community, also complete NYS DOH Nonhospital DNR Form unless located in Monroe or Onondaga Counties. Please disregard this. The passage of Chapter 197 makes this form valid in all counties. It is expected that this form will be revised at a later date but. However, MOLST forms with this language may be honored without the need of the non-hospital NYS DNR form.

Section C of the MOLST Form

This section contains the physician authorization. As with the Non Hospital Order Not to Resuscitate form (DOH-3474), the MOLST form is recommended to be reviewed by the patient and his/her physician periodically. However, both forms should be considered valid unless it is known that it has been revoked.

Section E (DNI instructions)

This section, on page 2 of the MOLST form contains a box titled “Additional Intubation and Mechanical Ventilation Instructions”. This section should be honored by EMS providers when the patient has progressive or impending pulmonary failure without acute cardiopulmonary arrest.

What is progressive or impending pulmonary failure?

The recognition of progressive or impending pulmonary failure must be made by the Advanced EMT in charge of patient care at the scene. Advanced EMTs who are not certain if this condition exists should contact medical control for advice.

Some Questions to consider

What do I do if the patient has both a non-hospitals DNR order and a MOLST form? Which do I honor?
If one form has different orders, you should follow the form that has the most recently dated authorization. In all instances you should follow the DNI instructions on the MOLST form if the form is signed by a physician as the non-hospital DNR order does not provide this advice.

What if the MOLST form was signed prior to the date the statute was authorized?
You may honor the form as if it were authorized after the statutory date?

Does the new MOLST law allow EMS to honor other advanced directives?
The law does not add the ability of EMS personnel to honor advanced directives such as a Health Care Proxy or Living Will.

Can EMS honor a DNR form from an Article 28 licensed facility, such as a hospital or nursing home?
All Article 28 licensed facilities are required to issue, review and maintain DNR orders. EMS providers will honor hospital DNR orders for patient transports originating from the facility. The DNR can not be expired. The facility staff must provide a copy of the order and/or patient's chart with the recorded DNR order to the ambulance crew. Facilities, other than hospitals or nursing homes, are encouraged to use the NYS-DOH approved non-hospital DNR Form as supplemental documentation to avoid confusion and potentially unwanted resuscitation.

MOLST Training

EMS providers and agencies who are interested in more specific training regarding the MOLST form and process may go to http://www.compassionandsupport.com. This site has a specific training program for EMS providers. The site contains frequently asked questions and a training video that would be useful to better understand the MOLST form and process.

If you have other questions about this policy guidance please contact your DOH Regional EMS office or you may call 518-402-0996.

Thank you for your efforts to comply with your patient's end of life wishes.

Resources

Compassion and Support Website:
http://www.compassionandsupport.com

MOLST Training Center:
http://www.compassionandsupport.com/index.php/for_professionals/molst_training_center

MOLST EMS Training Page:
http://www.compassionandsupport.com/index.php/for_professionals/molst_training_center/ems_molst_training

New York State Department of Health MOLST Information:
http://www.health.state.ny.us/professionals/patients/patient_rights/molst

Issued and authorized by Bureau of EMS Office of the Director

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

MOLST

Medical Orders for Life-Sustaining Treatment

Do-Not-Resuscitate (DNR) and other Life-Sustaining Treatments (LST)

This is a Physician's Order Sheet based on this patient/resident's current medical condition and wishes. It summarizes any Advance Directive. If Section A is not completed, there are no restrictions for this section. When the need occurs, *first follow* these orders, then contact physician. Review the entire form with the patient. Any section not completed implies full treatment for that section. ***WARNING**: If patient lacks medical decision-making capacity as a result of mental retardation or developmental disability or has a legal guardian, specific, mandatory procedures need to be followed. Review information and seek legal counsel.*

Last Name/First/Middle Initial of Patient/Resident
Address
City/State/Zip
Patient/Resident Date of Birth (mm/dd/yyyy)
Gender ☐ M ☐ F
Unique Patient Identifier (Last 4 SSN)

This form should be reviewed and renewed periodically, as required by New York State and Federal law or regulations, and/or if:

- The patient/resident is transferred from one care setting or care level to another, or
- There is a substantial change in patient/resident health status (improvement or deterioration), or
- The patient/resident treatment preferences change

Section A

Check One Box Only

RESUSCITATION INSTRUCTIONS (ONLY for Patients in Cardiopulmonary Arrest):

(If patient/resident has no blood pressure, no pulse and no respiration) This form can be used in all settings, including community.

☐ **Do Not Resuscitate (DNR)*/Allow Natural Death** ***[DNR = No CPR, endotracheal intubation or mechanical ventilation]**

☐ **Full Cardio-Pulmonary Resuscitation (CPR)** **[No Limitations; accepts intubation and mechanical ventilation]**

* For incapacitated adults; and/or for therapeutic or medical futility exceptions; and/or for residents of OMH, OMRDD or correctional facilities, also complete relevant sections of Supplemental DNR Documentation Form for Adults. For residents of OMRDD without capacity in the community, also complete NYSDOH Nonhospital DNR form. For minor patients, also complete Supplemental DNR Documentation Form for Minors.

Section B

Patient/ Resident/ Health Care Agent or Surrogate Decision-Maker Consent for Section A

DNR (CPR) CONSENT OF PATIENT/RESIDENT WITH DECISION-MAKING CAPACITY:

Section A reflects my treatment preferences.

Patient/Resident Signature ☐ Check if verbal consent *	Print Patient/Resident Name	Date
Witness of Patient/Resident Signature or Verbal Consent	Print Witness Name	Date
Witness of Patient/Resident Signature or Verbal Consent	Print Witness Name	Date

*Patient with capacity can provide verbal consent in the presence of two adult witnesses. Written consent requires only one witness signature. If verbal consent, one witness must be a physician. In facility, physician must be affiliated with the facility, e.g. resident physician qualifies.

Complete one of the subsections of Section B

DNR (CPR) CONSENT OF HEALTH CARE AGENT (HCA) OR SURROGATE DECISION-MAKER FOR PATIENT / RESIDENT WITHOUT DECISION-MAKING CAPACITY: This document reflects what is known about the patient/resident's treatment preferences. For Patient/Resident without decision-making capacity, or when medical futility or therapeutic exception is used, Supplemental MOLST Documentation Form MUST be completed and should always accompany this MOLST Form. If patient/resident has a legal and valid DNR previously completed while patient/resident had capacity, attach to MOLST. ☐ **Prior DNR form attached** ☐ **Supplemental Documentation Form completed**

HCA/Surrogate Signature ☐ Check if verbal consent	Print Name	Date

Relationship to Patient/Resident: _____

Witness Signature	Print Witness Name	Date

(Must witness HCA/surrogate signature or verbal/telephone consent)

Section C

Physician Signature for Section A and B

Physician Signature for Sections A and B:

Physician Signature	Print Physician Name	Date

*(Must Witness Patient/Resident Signature **or** obtain Verbal Consent. Resident physician signature must be co-signed by licensed physician.)*

Physician License #: _____ **Physician Phone/Pager #:** _____

It is the responsibility of the physician to determine, within the appropriate period, (see below) whether this order continues to be appropriate, and to indicate this by a note in the person's medical chart. The issuance of a new form is NOT required, and under the law this order should be considered valid unless it is known that it has been revoked. This order remains valid and must be followed, even if it has not been reviewed within the appropriate time period. The **physician must review these orders** as follows: **Hospital: at least every 7 Days; Nursing Home/Skilled Nursing Facility: at least every 60 Days; Nonhospital/Community Setting: at least every 90 Days**

Section D

ADVANCE DIRECTIVES: Patient/Resident has completed an additional document that provides guidance for treatment measures if he/she loses medical decision-making capacity:

☐ **Health Care Proxy** ☐ **Living Will** ☐ **Other Written Documentation or Oral Advance Directive**

Section E

HIPAA Permits Disclosure of MOLST to Other Health Care Professionals & Electronic Registry as necessary for treatment.

ORDERS FOR OTHER LIFE-SUSTAINING TREATMENT AND FUTURE HOSPITALIZATION: (If patient/resident has pulse and/or is breathing)

Review patient's goals and patient's choice of interventions and then complete orders for appropriate subsections. Blank subsections can be completed at a later date. If patient has decision-making capacity, patient should be consulted prior to treatment or withholding thereof. *After confirming consent of appropriate decision-maker, obtain signature or verbal consent and complete the consent section of Section E, at the bottom of this page.* Physician must sign and date each subsection at the time of completion.

Physician may complete form with patient who has capacity or with Health Care Agent. Include Section E consent.

ADDITIONAL TREATMENT GUIDELINES: (Comfort measures are always provided.)

☐ **Comfort Measures Only –** The patient is treated with dignity and respect. Reasonable measures are made to offer food and fluids by mouth. Medication, positioning, wound care, and other measures are used to relieve pain and suffering. Oxygen, suction and manual treatment of airway obstruction are used as needed for comfort. *Do Not Transfer to hospital for life-sustaining treatment. Transfer if comfort care needs cannot be met in current location.*

☐ **Limited Medical Interventions** - Oral or intravenous medications, cardiac monitoring, and other indicated treatments are provided except as specified in Sections A or E. Guidance about acceptable/unacceptable interventions relevant to this patient/resident may be written under "Other Instructions" below. May consider less invasive airway support (e.g. CPAP, BIPAP). *Transfer to the hospital as indicated.*

☐ **No Limitations on Medical Interventions** - All indicated treatments are provided except as specified in Sections A. *Transfer to the hospital is indicated, including intensive care.*

MD Signature: ***Date:***

Physician may complete form for incapacitated patients without Health Care Agent only with clear and convincing evidence. Include Section E consent.

ADDITIONAL INTUBATION AND MECHANICAL VENTILATION INSTRUCTIONS: If patient/resident chooses DNR, review all options if patient/resident has progressive or impending pulmonary failure without acute cardiopulmonary arrest. If patient chooses full CPR, review options of trial and long-term intubation & mechanical ventilation:

☐ **Do Not Intubate (DNI)**
(Review available symptomatic treatment of dyspnea: oxygen, morphine, etc.)

☐ **A trial period of intubation and ventilation** ☐ **A trial of BIPAP** ☐ **A trial of CPAP**
(Discuss duration of trial and document in other instructions.)

☐ **Intubation and long-term mechanical ventilation, if needed**

MD Signature: ***Date:***

Physician should consult legal counsel for MR/DD patients without capacity. See Surrogate's Court Procedure Act §1750-b.

FUTURE HOSPITALIZATION / TRANSFER: (For long-term care residents and home patients)

☐ **No hospitalization unless pain or severe symptoms cannot be otherwise controlled.**

☐ **Hospitalization with restrictions outlined in Sections A and E.**

MD Signature: ***Date:***

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: (If Health Care Agent makes decision, it must be based on reasonable knowledge of patient/resident's wishes.)

☐ **No feeding tube** (offer food/fluids as tolerated) ☐ **No IV Fluids** (offer food/fluids as tolerated)

☐ **A trial period of feeding tube** ☐ **A trial of IV fluids**

☐ **Long-term feeding tube, if needed**

MD Signature: ***Date:***

ANTIBIOTICS:

☐ **No antibiotics** (except for comfort) ☐ **Antibiotics**

MD Signature: ***Date:***

OTHER INSTRUCTIONS: (May include additional guidelines for starting or stopping treatments in sections above or other directions not addressed elsewhere.)

MD Signature: ***Date:***

Section E Consent

CONSENT FOR SECTION E OF PERSON NAMED IN SECTION B: Significant thought has been given to life-sustaining treatment. Patient/resident preferences have been expressed to the physician and this document reflects those treatment preferences. As the medical decision-maker, I confirm that the orders documented above in Section E reflect patient/resident's treatment preferences.

Signature ☐ **Check if verbal consent** **Print Name** **Date**

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

RENEW / REVIEW INSTRUCTIONS

MOLST (DNR and Life-Sustaining Treatment)

This form should be reviewed and renewed periodically, as required by New York State and Federal law or regulations, and/or if:

- **The patient/resident is transferred from one care setting or care level to another, or**
- **There is a substantial change in patient/resident health status (improvement or deterioration), or**
- **The patient/resident treatment preferences change**

Last Name/First/Middle Initial of Patient/Resident
Address
City/State/Zip
Patient/Resident Date of Birth (mm/dd/yyyy)
Gender ☐ M ☐ F
Unique Patient Identifier (Last 4 SSN)

How to Complete the MOLST Form

- **MOLST must be completed by a health care professional, based on patient preference and medical indications.**
- **Follow the 8-Step MOLST Protocol found at www.CompassionandSupport.org.**
- **MOLST must be signed by a NYS licensed physician to be valid. Verbal orders are acceptable with follow-up signature by a physician in accordance with facility/community policy.**
- **If patient/resident has a legal and valid DNR previously completed while patient/resident had capacity, attach to MOLST.**
- **Use of original form is strongly encouraged. Photocopies, FAXes and an electronic representation of the original signed MOLST are legal and valid.**

How to Review MOLST Form:

Step 1: **Review Sections A through E**

Step 2: **Complete Section F below:**

2a. If <u>no changes</u>, sign, date and check the "No Change" box.

2b.<u>For additions to Section E "optional" directives</u>, complete the relevant subsections(s) after securing consent from the appropriate decision-maker, sign and date subsection(s) in Section E. Then sign, date and check "Changes-Additions only" in box below.

2c.For <u>substantive changes</u>, (i.e. reversal of prior directive), write "VOID" in large letters on pages 1 and 2, and complete a new form. Check box marked "FORM VOIDED, new form completed". (RETAIN voided MOLST form in chart or medical record, or as required by law.)

2d.<u>If this form is voided and no new form is completed</u>, full treatment and resuscitation <u>will</u> be provided. Write "VOID" in large letters on pages 1 and 2 and check box marked "FORM VOIDED, no new form." (RETAIN voided MOLST form in chart or medical record, or as required by law.)

For detailed information about the MOLST Program, view www.CompassionandSupport.org.

Section F (Review of this Form)

Review of this MOLST Form

Date	Reviewer's Name and Signature	Location of Review	Outcome of Review
			☐ No Change ☐ Changes – Additions only ☐ FORM VOIDED, new form completed ☐ FORM VOIDED, ***no*** new form
			☐ No Change ☐ Changes – Additions only ☐ FORM VOIDED, new form completed ☐ FORM VOIDED, ***no*** new form
			☐ No Change ☐ Changes – Additions only ☐ FORM VOIDED, new form completed ☐ FORM VOIDED, ***no*** new form
			☐ No Change ☐ Changes – Additions only ☐ FORM VOIDED, new form completed ☐ FORM VOIDED, ***no*** new form
			☐ No Change ☐ Changes – Additions only ☐ FORM VOIDED, new form completed ☐ FORM VOIDED, ***no*** new form

Pages 3 & 4 contain directions and renewals only. **Continue Section F on Page 4**

Section F *(Review of this Form)*

Review of this MOLST Form *(Con't from Page 3)*

Date	Reviewer's Name & Signature	Location of Review	Outcome of Review
			☐ No Change ☐ Changes – Additions only ☐ FORM VOIDED, new form completed ☐ FORM VOIDED, ***no*** new form
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