

## **Checklist #1 Adult Patients with Medical Decision-Making Capacity (Any Setting)**

Complete each step and check the appropriate lines as indicated.

**Step 1: Assess health status and prognosis.** \_\_\_\_

**Step 2: Check all advance directives known to have been completed.**

\_\_ Health Care Proxy \_\_ Living Will \_\_ Organ Donation \_\_ Documentation of Oral Advance Directive

**Step 3: If there is no health care proxy, assess capacity to complete a health care proxy.**

*Any patient should be counseled to complete a health care proxy, if he/she has not already completed one.*

Document the result of patient counseling, if applicable. **Check one:**

- \_\_\_\_ Patient retains the capacity to choose a health care agent and completes a health care proxy.  
\_\_\_\_ Patient retains the capacity to choose a health care agent, but chooses not to complete a health care proxy.

**Step 4: Determine the patient's medical decision-making capacity. Check one:**

- \_\_\_\_ Patient has the ability to understand and appreciate the nature and consequences of *DNR and Life-Sustaining Treatment* orders, including the benefits and burdens of, and alternatives to, such orders, and to reach an informed decision regarding the orders.

(If the patient lacks medical decision-making capacity, go to Step 7 and select the appropriate checklist)

**Step 5: Identify the decision-maker.**

- \_\_\_\_ Patient is the decision-maker

**Step 6: Document where the MOLST form is being completed. Check one:**

- \_\_\_\_ Hospital (see Glossary for definition, includes hospice, regardless of setting)  
\_\_\_\_ Nursing Home (see Glossary for definition)  
\_\_\_\_ Community (see Glossary for definition)

**Step 7: Be sure you have selected the appropriate legal requirements checklist, based on who makes the decision and the setting. Check one:**

This is Checklist # 1 (for patients who have medical decision-making capacity). If this is the appropriate checklist, proceed to Step 8 below. If this is the wrong checklist, stop filling out this checklist; find and complete the correct checklist. All checklists can be found on the Department of Health's website at [https://www.health.ny.gov/professionals/patients/patient\\_rights/molst/](https://www.health.ny.gov/professionals/patients/patient_rights/molst/).

- \_\_\_\_ **Checklist #1** - Adult patients with medical decision-making capacity (any setting)

- \_\_\_\_ **Checklist #2** - Adult patients without medical decision-making capacity who have a health care proxy (any setting)

\_\_\_ **Checklist #3** - Adult hospital, hospice or nursing home patients without medical decision-making capacity who do not have a health care proxy, and decision-maker is Public Health Law Surrogate (surrogate selected from the surrogate list)

\_\_\_ **Checklist #4** - Adult hospital, hospice or nursing home patients without medical decision-making capacity who do not have a health care proxy and for whom no surrogate from the surrogate list is available

\_\_\_ **Checklist #5** - Adult patients without medical decision-making capacity who do not have a health care proxy, and MOLST form is being completed in the community

**Step 8: Discuss goals for care with the patient.** \_\_\_

**Step 9: Patient has given informed consent.**

\_\_\_ Patient has been fully informed about his or her medical condition and the risks, benefits and burdens of, and alternatives to, possible life-sustaining treatment. Patient has consented to the withholding, withdrawal or delivery of certain life-sustaining treatment, for which medical orders are written.

**Step 10: Witness requirements are met. Check one:**

Two witnesses are always recommended. The physician, nurse practitioner, or physician assistant who signs the orders may be a witness. To document that the attending physician, nurse practitioner, or physician assistant witnessed the consent, the attending physician, nurse practitioner, or physician assistant just needs to sign the order and print his/her name as a witness. Witness signatures are not required – printing the witnesses' names is sufficient.

\_\_\_ Patient consented in writing.

\_\_\_ Patient is in a hospital or nursing home, the patient consented verbally, and two witnesses 18 years of age or older (at least one of whom is a health or social services practitioner affiliated with the hospital or nursing home) witnessed the consent.

\_\_\_ Patient is in the community, patient consented verbally, and the attending physician, nurse practitioner, or physician assistant witnessed the consent.

**Step 11: Physician, nurse practitioner, or physician assistant signature**

\_\_\_ The attending physician, nurse practitioner, or physician assistant signed the MOLST form.

**Step 12: Notify director of correctional facility.**

\_\_\_ For adult patients who are inmates in, or are transferred from, a correctional facility, the attending physician, nurse practitioner, or physician assistant has notified the director of the correctional facility of the determination that the inmate has medical decision-making capacity and that the inmate has MOLST orders.