



Using the MOST Form

Guidance for Health Care Professionals

According to the ethical principle of respect for patient autonomy and the legal principle of patient self-determination, individuals have the right to make their own health care decisions. Advance directives can help people express their treatment preferences for situations when they cannot communicate themselves. Unfortunately, the wishes expressed in a living will or health care power of attorney may not be honored because the completed forms may be unavailable or the wording of them may be vague, making it difficult to convert the language in the documents into treatment orders for specific conditions. As a result, health care professionals may in good faith initiate or withhold treatments that are contrary to a patient's wishes.

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY			
 <h2 style="margin: 0;">Medical Orders</h2> <h3 style="margin: 0;">for Scope of Treatment (MST)</h3> <p style="margin: 0;">This is a Physician Order Sheet based on the patient's medical condition and wishes. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.</p>		Patient's Last Name: _____ Patient's First Name, Middle Initial: _____	Effective Date of Form: _____ Patient's Date of Birth: _____
Section A	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing: <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR no CPR) When not in cardiopulmonary arrest, follow orders in R, C, and D.		
Section B	MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing. <input type="checkbox"/> Full Scope of Treatment: Use machines, intravenous access, interventions, mechanical ventilation, cardiopulmonary as indicated, medical treatment, IV fluids, etc. and provide comfort measures. Transfer to hospital if indicated. <input type="checkbox"/> Limited Additional Interventions: Use medical treatment, IV fluids and cardiac monitoring as indicated as long as no intubation or mechanical ventilation. Refusal, withdrawal of, or no intensive therapy support such as DoPAP or CPAP. Also provide comfort measures. Transfer to hospital if indicated. Avoid intensive care. <input type="checkbox"/> Comfort Measures: Keep clean, warm and dry. Use lubrication if any, oxygen, positioning, wound care and other measures as patient desires. Do not transfer to hospital unless comfort needs cannot be met in current location. <i>Other Instructions:</i> _____		
Section C	ANTIBIOTICS <input type="checkbox"/> Antibiotics if indicated <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs Use antibiotic (use, office, insurance) to achieve symptomatic relief. <i>Other Instructions:</i> _____		
Section D	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically tolerable. <input type="checkbox"/> IV fluids if indicated IV fluids for a defined trial period <input type="checkbox"/> No IV fluids (provide other measures to treat dehydration) <i>Other Instructions:</i> _____		
Section E	DISCUSSED WITH AND AGREED TO BY: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Patient <input type="checkbox"/> Patient or guardian if patient is unable <input type="checkbox"/> Health care team <input type="checkbox"/> Legal guardian of the patient <input type="checkbox"/> A group in fact with power to make health care decisions <input type="checkbox"/> Health care team </div> <div style="width: 45%;"> <input type="checkbox"/> Majority of patient's reasonably available parents and adult children <input type="checkbox"/> Majority of patient's reasonably available adult siblings <input type="checkbox"/> An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient </div> </div> <i>Basic for orders must be documented in medical record.</i>		
MID-DO, PA, or NP Name (Print): _____		MID-DO, PA, or NP Signature and Date (Required): _____	
		Phone #: _____	
<p>Signature of Patient, Parent or Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative (Signature is required and must either be on this form or on file)</p> <p>I agree that adequate information has been provided and is significant though it has been given in life-prolonging measures. Treatment preferences have been expressed to the physician (MID-DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent.</p> <p>If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form.</p> <p>You are not required to sign this form to receive treatment.</p>			
Patient or Representative Name (print) _____		Relationship (write "self" if patient) _____	

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY			
Contact Information			
Patient Representative:	Relationship:	Phone #:	
		Cell Phone #:	
Health Care Professional Preparing Form:	Preparer Title:	Preferred Phone #:	Date Prepared:
Directions for Completing Form			
Completing MOST • MOST must be reviewed and prepared by a health care professional in consultation with the patient or patient representative. • MOST is a medical order and must be signed and dated by a licensed physician (MD/DO), physician assistant, or nurse practitioner to be valid. <u>Be sure to document the basis for the order in the progress notes of the medical record.</u> • Mode of communication (e.g., in person, by telephone, etc.) also should be documented. • The signature of the patient or his/her representative is required, however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record and "on file" must be written in the appropriate signature field on the front of this form or in the review section below. • Use of original form is required. <u>Be sure to send the original form with the patient.</u> • MOST is part of advance care planning, which may also include a living will and health care power of attorney (HCPWA). If there is a HCPWA, living will, or other advance directive, a copy should be attached if available. <u>MOST may suspend any conflicting directions in a patient's previously executed HCPWA, living will, or other advance directive.</u> • There is no requirement that a patient have a MOST. • MOST is recognized under N. C. Gen. Stat. 90-21.17.			
Reviewing MOST Review of the MOST form is recommended when: • The patient is admitted to and/or discharged from a health care facility; or • There is a substantial change in the patient's health status. This MOST <u>must</u> be reviewed if: • The patient's treatment preferences change. If MOST is revised or becomes invalid, draw a line through Sections A – E and write "VOID" in large letters. Revocation of MOST A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.			
Review of MOST			
Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (or representative)	Signature of patient or representative (preferred) <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form </div>
SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED <div style="text-align: center; margin-top: 10px;"> DO NOT ALTER THIS FORM! <small>© 2014 North Carolina Department of Health and Human Services. Division of Emergency Medical Services N.C. 28403 is an equal opportunity employer and provider. 501(c)(3) copies of this public document may be printed at a cost of \$0.40 per set for each set. 201514</small> </div>			

The **Medical Orders for Scope of Treatment (MOST)** form is a medical order set designed to help health care professionals know and honor the treatment wishes of their patients. The MOST form helps physicians, nurses, long-term care facilities, hospices, home health agencies, emergency medical services, hospitals, and other health care professionals:

- promote patient autonomy by documenting treatment preferences and converting them into medical orders;
- clarify treatment intentions and minimize confusion regarding a person's treatment preferences;
- facilitate appropriate treatment by emergency medical services personnel;
- and enhance the HIPAA-compliant transfer of patient records between health care professionals and health care settings.

The MOST form is intended to enhance the quality of a person's care and to complement the advance care planning process. The MOST form provides a short summary of treatment preferences in a clear medical order for care in emergency situations. The MOST form is portable and must follow the patient from one setting to another.

The MOST form is not intended to replace a living will or health care power of attorney form. Rather, the MOST form is designed to implement the advance directive by translating the patient's treatment wishes into a medical order, centralizing information, facilitating record keeping, and ensuring transfer of appropriate information among health care professionals and across care settings.

Depending on the policies and procedures of individual health care providers, a MOST form may serve as a medical order in health care settings in the same way as an order set or other guide to care. A MOST form also is an excellent communication tool to convey patient health care treatment preferences between settings of care. Physicians, patients, and families also have found the form a helpful tool in guiding discussions about treatment choices at life's end.

When a MOST form should be used

A MOST form is primarily intended for patients who have an advanced chronic progressive illness. In addition to those who are seriously ill, a MOST form is appropriate for patients whose life expectancy is less than one year. Although a MOST form is generally not intended for patients with stable medical conditions or for those who have many years of life expectancy, some patients may feel strongly that they want to further define their treatment preferences for end-of-life care by using a MOST form. A MOST form is not limited to patients with the conditions specified under the NC Right to a Natural Death Statute (N.C. Gen. Stat. §§ 90-321 or 90-322). Patients are not required to have a MOST form.

MOST is based on the patient's current medical condition and wishes. Having a MOST form is

optional. A MOST form should be completed only after:

- The patient (or, if the patient no longer has the capacity to make or communicate health care decisions, the appropriate patient representative) has given significant thought to life-prolonging measures.
- The health care professional has discussed the patient's current medical condition, prognosis, and treatment options including life-prolonging measures with the patient (or, if the patient no longer has the capacity to make or communicate health care decisions, the appropriate patient representative).
- The patient (or, if the patient no longer has the capacity to make or communicate health care decisions, the appropriate patient representative) has communicated his/her (or the patient's) preferences regarding life-prolonging measures to the physician, physician assistant, or nurse practitioner.

Completing the Medical Orders for Scope of Treatment (MOST) Form

The Medical Orders for Scope of Treatment (MOST) form should be completed after discussion with the patient, or if the patient no longer has the capacity to make or communicate health care decisions, with the appropriate patient representative, regarding treatment preferences.

The MOST form can only be signed by a physician, physician assistant, or nurse practitioner.¹ However, other qualified health care professionals, such as nurses and social workers familiar with the MOST form and are trained in advance care planning discussions, might have the opportunity to discuss the options outlined on the MOST form. Although other qualified health care professionals can initiate a discussion and review the MOST form with the patient or the patient's representative, the MOST form is a medical order, so a physician, physician assistant, or nurse practitioner licensed in North Carolina must sign the form. The MOST form should only be signed after the physician, physician assistant, or nurse practitioner has reviewed and discussed the treatment options with, and obtained informed consent from, the patient or the patient's representative. The physician, physician assistant, or nurse practitioner who signs the MOST form is always responsible for ensuring that the patient or patient representative understands the patient's current medical condition, prognosis, and the potential benefits and burdens of the various treatment options.

Unlike other medical orders, the MOST form also must be signed by the patient or the patient's representative as part of the consent process. A MOST form cannot be issued without the informed consent of the patient or the patient's representative. A process for cases in which the patient or the patient representative cannot sign the form is outlined below. The basis for the MOST must be documented in the progress notes of the patient's medical record.

¹ In North Carolina, physician assistants and nurse practitioners practice under physician supervision. The practice agreement between the physician and physician assistant or the physician and the nurse practitioner determines whether the physician assistant or nurse practitioner may sign a MOST. N.C. Gen. Stat. §§ 90-18.1, 18.2.

The MOST form is a double-sided form and is bright pink (pulsar pink) to ensure that it is easily identifiable. The medical orders (Sections A-D) are on the front of the form. Section E identifies who discussed and agreed to the treatment choices outlined in the MOST form. The front of the MOST form also includes fields for the patient's name and date of birth; the name, signature, date, and phone number of physician (MD, DO), physician assistant or nurse practitioner issuing the order; the patient or patient representative signature; and the effective date of the form, which should be the date that the form is completed with the appropriate signatures. The top left corner of the front of the form also includes instructions that any section (A-D) not completed indicates full treatment for that section, and when the need occurs, first follow these orders, and then contact the physician.

The back of the form includes an area for contact information as well as directions for completing, reviewing, and revoking a MOST form. At the bottom of the back page is the review section of the MOST form. The MOST form must be reviewed if the patient's treatment preferences change. Instances in which the patient is admitted and/or discharged from a health care facility, there is a substantial change in the patient's health status, it is recommended that the MOST form be reviewed. The five fields in the Review of MOST section (i.e., review date, reviewer and location of review, MD, DO, PA, or NP signature, signature of the patient or patient representative (subject to the physically available exception), and outcome of the review), must be completed for each review for the MOST form to continue to be valid, provided the "No Change" option is selected under the "Outcome of Review" field. If a "FORM VOIDED" field is selected, then the MOST form is no longer effective.

Where to place a MOST form

The MOST form provides documentation of a person's treatment preferences and constitutes a set of medical orders, which reflect these preferences. In institutional settings, the MOST form should be the first document in the clinical record unless otherwise specified in the facility policy. In the patient's home, the MOST form should be kept on the outside of the kitchen refrigerator, above the patient's bed, or on the door to the patient's bedroom. The MOST form must accompany the person upon transfer from one setting to another. HIPAA permits disclosure of MOST information to other health care professionals across treatment settings in a manner consistent with the ways in which other protected health information is shared.

Specific Medical Orders

The four different medical treatments or services are in Sections A-D on the front of the form.

- Section A addresses Cardiopulmonary Resuscitation

- Section B addresses Medical Interventions
- Section C addresses Antibiotics
- Section D addresses Medically Administered Fluids and Nutrition

Sections A and B are outlined in red as those sections are most relevant in emergency situations and need to be easily identified. Any section not completed indicates full treatment for that section. Section E provides information on who discussed and agreed to the orders with the health care professional.

Immediately under Section E are fields for: the name, signature, date, and phone number of the physician (MD/DO), physician assistant, or nurse practitioner issuing the order; and fields for the name, signature, and relationship (to the patient) of the patient or the patient's representative.

SIDE ONE OF THE MOST FORM

Section A – Cardiopulmonary Resuscitation

These orders apply only to the circumstance in which the person has experienced cardiopulmonary arrest, which means that the person has no pulse and is not breathing. This section does not apply to any other medical circumstances. If a patient is in respiratory distress but is still breathing or has low blood pressure an irregular pulse, a first responder should refer to sections B, C, and D for corresponding orders.

The indications, benefits, and risks of CPR for the patient should be thoroughly explained in the discussion and review of this section. If cardiopulmonary resuscitation (CPR) is desired, the “Attempt Resuscitation (CPR)” box should be checked. Full CPR measures should be carried out and 9-1-1 should be called in an emergency situation.

If CPR is not desired in the event of no pulse and no breathing, then the “Do Not Attempt Resuscitation (DNR/no CPR)” box should be checked. Resuscitation should not be attempted. The person should understand that comfort measures will always be provided and that CPR will not be attempted. Transfer to a medical center may be appropriate if symptoms cannot be managed in the current location of care.

Beware of contradictory orders—for example, if the patient wants CPR in Section A, but wants only limited additional interventions in Section B. The performance of CPR requires full treatment and resuscitation protocols involve intubation to secure a patient’s airway and support breathing. If the patient does not want full treatment including intubation and mechanical ventilation in an ICU, then the patient should not receive CPR. Patients and families sometimes misunderstand CPR and think it is a simple procedure that involves a thump on the chest or one shock to the heart. On the other hand, some patients may not desire CPR if they experience a cardiac arrest, but they may still desire ICU care for serious illness or elective intubation for respiratory failure without cardiac arrest. A key responsibility of the health care professional helping the patient or patient representative go through the MOST form is to make sure the decision maker adequately understands the nature of the medical options suggested. However, ensuring that the patient or the patient representative understands the treatments options and has selected the appropriate one for each section is ultimately the responsibility of the physician, physician assistant, or nurse practitioner who issues/signs the order.

The image shows a sample of the MOST (Medical Orders for Scope of Treatment) form, Side One. The form is pink and white. Section A, 'Cardiopulmonary Resuscitation (CPR)', is highlighted with a yellow box. It contains checkboxes for 'Attempt Resuscitation (CPR)' and 'Do Not Attempt Resuscitation (DNR/no CPR)'. Other sections visible include Section B (Medical Interventions), Section C (Antibiotics), Section D (Medical Administration of Fluids and Nutrition), and Section E (Discussed With and Agreed To By). The form also includes fields for patient information, physician information, and a signature line.

Full Scope of Treatment: If full treatment by EMS or other appropriate health care professionals is indicated and desired, the “Full Scope of Treatment” box is checked. In medical emergencies, 9-1-1 should be called. If the patient is in the hospital, full treatment should be initiated. Treatment includes use of advanced airway interventions such as endotracheal intubation, mechanical ventilation, and electrical therapies such as defibrillation, cardioversion, and pacemaker. If the patient is not in the hospital, transfer to the hospital may be indicated. The decision to transfer should be indicated. The indications, benefits, burdens, and risks of transfer should be thoroughly explained in the discussion and recorded in the patient’s chart. If the patient declines transfer, the decision should also be discussed in the context of a patient’s goals of care.

If the patient or the patient representative and the physician determine that some limitation in the level of care provided is preferred, then one of the other boxes is checked. Health care professionals will first administer the level of emergency medical services ordered and then contact the physician.

Limited Additional Interventions: This section is for patients who prefer an intermediate level of care and contemplates the use of medical treatment, IV fluids, and cardiac monitoring as indicated for secondary or incidental complications such as pneumonia.

This box indicates that intubation or mechanical ventilation should be avoided. However, the use of less invasive airway support such as BiPAP or CPAP may be considered. Again, comfort

measures are always appropriate unless otherwise stated. Section B also has an area to indicate “Other Instructions”. This may be helpful to clarify other interventions as appropriate for individual patients.

Comfort Measures: This section indicates a desire for only those interventions that enhance comfort. The use of medication by any route, positioning, wound care, and other measures to relieve pain and suffering is appropriate. The use of oxygen, suction, and manual treatment of airway obstruction should be administered as needed for comfort.

When the “Comfort Measures” option is selected, patients should not be transferred to a hospital for life-prolonging treatment. Patients should only be transferred to a hospital if comfort needs cannot be met in the current location. In some cases, hospice care may be appropriate to consider when “Comfort Measures” is selected. More specific instructions may be recorded in “Other Instructions”.

Section C – Antibiotics

These orders help stimulate conversations about the goals of antibiotics use. Antibiotics can be life-prolonging measures. Advance care planning regarding the use of antibiotics can help clarify goals of care for the person and caregivers. Some patients with advanced or terminal diseases may prefer to withhold antibiotics and use other measures such as antipyretics and opioids to maintain comfort. The indications, benefits, burdens, and risks of these interventions for the patient should be thoroughly explained in the discussion and review of this section. Treatment decisions should also be discussed in the context of a patient’s individual goals of care.

If antibiotics are desired with the intent to prolong life, the “Antibiotics if indicated” box should be checked. If no antibiotics are desired, the “No Antibiotics” box should be checked. In some cases, the patient may want the attending physician, physician assistant, or nurse practitioner to make some determination about antibiotics when an infection occurs. In this case the “Determine use or limitation of antibiotics when infection occurs” box should be checked. Additional instructions can also be written such as, “Antibiotics may be used as a comfort

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Medical Orders for Scope of Treatment (MOST)
This is a Physician Order Sheet based on the patient's medical condition and wishes. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.

Patient's Last Name: _____ Effective Date of Form: _____
Patient's First Name, Middle Initial: _____ Patient's Date of Birth: _____

Section A Check One Box Only
CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.
☐ Attempt Resuscitation (CPR) ☐ Do Not Attempt Resuscitation (DNR/No CPR)
When not in cardiopulmonary arrest, follow orders in B, C, and D.

Section B Check One Box Only
MEDICAL INTERVENTIONS: Patient has pulse and is breathing.
☐ Full Scope of Treatment: Use guidelines, ordered agency interventions, mechanical ventilation, cardiopulmonary resuscitation, medical treatment, IV fluids, and other procedures consistent with goals. **Transfer to hospital if indicated.**
☐ Limited Additional Interventions: "If/when" patient, IV fluids, and medical treatment as indicated. Do not use intubation or mechanical ventilation. May consider use of low-flow oxygen support such as HFAP or CPAP. Allow patient, oxygen, and fluids. Use mechanical ventilation, low-flow oxygen, wound care, and other supportive therapies as needed. **Transfer to hospital if indicated. Avoid intensive care.**
☐ Comfort Measures: Keep patient comfortable. Use oxygen, suctioning, manual resuscitation as needed for comfort. **Do not transfer to hospital unless comfort needs cannot be met in current location.**
Other instructions: _____

Section C Check One Box Only
ANTIBIOTICS
☐ Antibiotics if indicated
☐ Determine use or limitation of antibiotics when infection occurs
☐ No antibiotics unless clearly indicated by medical necessity
Other instructions: _____

Section D Check One Box Only
MEDICATION ADMINISTRATION, FEEDING, AND NUTRITION
☐ Do not administer
☐ IV fluids if indicated
☐ IV fluids for a defined trial period
☐ No IV fluids from this time forward unless clearly indicated
☐ Feeding tube long-term if indicated
☐ Feeding tube for a defined trial period
☐ No feeding tube
Other instructions: _____

Section E Check One Box Only
DISCUSSED WITH AND AGREED TO BY:
☐ Patient
☐ Parent or guardian if patient is minor
☐ Healthcare agent
☐ Last President of the patient
☐ Arranged in fact with power to make medical decisions
☐ Surrogate
Majority of patient's reasonably available parents and adult children
Majority of patient's reasonably available adult friends
An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient

MD/DO, PA, or NP Name (Print): _____ MD/DO, PA, or NP Signature and Date (Required): _____ Phone #: _____
Signature of Patient, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative (Signature is required and must either be on this form or on file)
I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent.
If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for patient representative should be provided on the back of this form.
You are not required to sign this form to receive treatment.

Patient or Representative Name (print): _____ Patient or Representative Signature: _____ Relationship (write "self" if patient): _____

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

measure". For example, a urinary tract infection (UTI) may cause a great deal of discomfort for a dying patient. Treating the UTI with an antibiotic serves to promote comfort in this circumstance, rather than prolong life. "Other Instructions" allows for further clarification in this section as well.

Section D – Medically Administered Fluids and Nutrition

These orders pertain to a person who cannot take fluids and food by mouth. Oral fluids and nutrition always should be offered to a patient if medically feasible. The indications, benefits, burdens, and risks of these interventions for the patient should be thoroughly explained in the discussion and review of this section. Treatment decisions also should be discussed in the context of a patient's individual goals of care.

North Carolina law gives a person the right to decide whether he/she would want medically administered fluids and nutrition under certain medical circumstances. In addition, the Health Care Power of Attorney (HCPOA) statute gives a health care agent the authority to make a decision to withhold or withdraw medically administered fluids and nutrition based on either the patient's wishes or the patient's best interests. Section D of the MOST form provides three levels of orders for IV fluids and tube feedings, for a total of six options.

IV Fluids Long-Term if Indicated – A patient (or his/her representative) may decide to receive intravenous (IV) fluids if indicated. When this box is checked, IV fluids should be administered whenever clinically indicated. However, it is important to acknowledge that a truly long-term indication for medically-administered fluids (such as a patient's ongoing inability to take oral fluids or nutrition) necessitates decisions about both medically-administered fluids and nutrition. This typically involves a decision about the use of a feeding tube (see second column of Section D).

IV Fluids for a Defined Trial Period – A patient (or his/her representative) may prefer to receive IV fluids for a defined trial period when clinically indicated. For example, a patient may desire a brief trial of IV hydration if they become dehydrated from diarrhea. In this case, the IV fluids would be a temporary intervention with the goal of treating a potentially reversible

acute illness. The recommended trial period may vary for individual patients but typically ranges from a couple of days to one week.

No IV Fluids – A patient (or his/her representative) may prefer to forgo the use of IV fluids. IV fluids may cause swelling, shortness of breath, and the need for frequent urination. At the end of life, IV fluids also can cause excessive secretions. In some cases, forgoing intravenous fluids may help promote a patient's comfort goals, especially if administration of IV fluids could worsen clinical conditions such as heart failure. Comfort care measures, such as ice chips and mouth care, however, will be provided.

Feeding Tube Long-Term if Indicated – A patient (or his/her representative) may decide long-term tube feedings is an option they want to pursue. Often religious, cultural, and personal beliefs guide a patient's decision about receiving artificial nutrition and hydration through an enteral feeding tube (into the gastrointestinal track) when the patient is unable to take or maintain oral nutrition and hydration.

Feeding Tube for a Defined Trial Period – A patient (or his/her representative) may prefer to receive artificial nutrition through a feeding tube for a defined period of time. This trial period may be an important opportunity for a patient to recover the ability to take nutrition by mouth, further determine the course of an illness, or allow the person an opportunity to clarify their goals of care. The clinical indications and desire for an enteral feeding tube should be reassessed with the patient receiving artificial nutrition and hydration. The recommended trial period may vary for individual patients but typically ranges from a couple of weeks to a month. If the patient develops burdensome side effects such as vomiting or diarrhea, the trial period might be stopped sooner.

No Feeding Tube – A patient (or his/her representative) may prefer to forgo artificial nutrition administered through a feeding tube. When appropriate, comfort care measures, such as ice chips and mouth care, will be provided.

Again, oral fluids and nutrition always should be offered to a patient if medically feasible and desired by the patient. "Other Instructions" allows for further clarification in this section as well.

Section E – Discussed With and Agreed By

The “Discussed With and Agreed To By” section of the MOST form must be completed. The person or class of persons who can consent to the MOST form are listed in order of priority in two columns beginning with the patient. If the patient is an adult and is able to make and communicate health care decisions, then the patient is the only person who can consent to the MOST form. If the patient is a minor, then a parent or guardian may consent to the MOST form.

If the patient is an adult who no longer has the capacity to make and communicate health care decisions, the MOST form may be discussed with and agreed to by the next reasonably available person in priority order as listed on the form (starting with health care agent in the column on the left and working down that column to the top of the column on the right and down that column). The relationship marked in this section must match the relationship in the “Patient or Representative Signature” section.

Signature of Appropriate Decision-Maker

The signature of the patient or patient representative who has agreed to the MOST form is mandatory. A MOST form should only be issued after adequate discussion with the appropriate decision-maker has occurred and informed consent has been obtained.

If the patient has the capacity to make and communicate health care decisions, he or she must agree to the orders. When the patient lacks the capacity to make or communicate health care decisions, then the

appropriate patient representative will be determined by the order of priority as spelled out in N.C. Gen. Stat. § 90- 322, which has been included in Section E.²

In situations where the patient representative cannot be physically present to sign the form, there is an exception to the patient representative signature requirement. In such situations, it is permissible for the patient representative to sign a copy of the completed MOST form. On the original MOST form, in the patient or patient representative signature field, "on file" should be written, and a copy of the completed MOST form with the patient representative signature must be placed in the patient's medical record. While not necessary, a copy of the MOST form with the patient representative signature may be attached to the original MOST form.

Physician (MD/DO), Physician Assistant, or Nurse Practitioner Signature

The signature of the physician (MD/DO), physician assistant, or nurse practitioner issuing the orders is mandatory. Without this signature, the orders in the MOST form are not valid. The date, printed name of the physician (MD/DO), physician assistant, or nurse practitioner and his/her phone number also must be provided.

The MOST form should only be signed after reviewing the treatment preferences with the patient or the patient's representative. The physician, physician assistant, or nurse practitioner who signs the MOST form is always responsible for ensuring that the patient or patient representative understands the patient's current medical condition, prognosis, and the implications of the various treatment decisions.

² N.C. Gen. Stat. § 90-322 can be viewed at:
http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_90/GS_90-322.html.

Effective Date and Effectiveness of the MOST Form

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS

Medical Orders for Scope of Treatment (MOST)
This is a Physician Order Sheet based on the patient's medical conditions and wishes. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.

Patient's Last Name: _____ Patient's First Name, Middle Initial: _____ Patient's Date of Birth: _____

Section A: CARDIOPULMONARY RESUSCITATION (CPR)
☐ Attempt Resuscitation (CPR) ☐ Do Not Attempt Resuscitation (DNR/no CPR)
 When not in cardiopulmonary arrest, follow orders in B, C, and D.

Section B: MEDICAL INTERVENTIONS
 Patient has pulse and/or is breathing.
☐ Full Scope of Treatment: Use guidelines, advanced airway interventions, mechanical ventilation, cardiopulmonary resuscitation, medical treatment (IV fluids, etc.) and provide comfort measures. **Transfer to hospital if indicated.**
☐ Limited Additional Interventions: (e.g., pain management, IV fluids, and comfort measures) as indicated.
 Do not use intubation or mechanical ventilation. **Transfer to hospital if indicated. Avoid intensive care.**
☐ Comfort Measures: Keep patient warm and dry. Use measures to relieve discomfort (e.g., positioning, wound care and other measures) to provide comfort and dignity. The oxygenation and fluid management of airway obstruction is needed for comfort. **Do not transfer to hospital unless comfort needs cannot be met in current location.**
 Other Interventions: _____

Section C: ANTIBIOTICS
☐ Antibiotics if indicated
☐ Determine use or limitation of antibiotics when infection occurs
☐ No antibiotics are appropriate for this patient's condition.
 Other Interventions: _____

Section D: MEDICALLY ADMINISTERED FLUIDS AND NUTRITION
 Offer oral fluids and nutrition if physically capable.
☐ IV fluids if indicated
☐ IV fluids for a defined trial period
☐ No IV fluids (stop all intravenous fluids)
 Feeding tube: ☐ Insert if indicated ☐ Feeding tube for a defined trial period ☐ No feeding tube.

Section E: DISCUSSED WITH AND AGREED TO BY:
☐ Patient ☐ Parent or guardian if patient is a minor ☐ Health care agent ☐ Adult medical decision maker ☐ A person-in-fact with power to make health care decisions ☐ Spouse
☐ Absence of patient's reasonably available parents and adult children ☐ Absence of patient's reasonably available adult siblings ☐ Not an individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient

MD/DO, PA, or NP Name (Print): _____ MD/DO, PA, or NP Signature and Date (Required): _____ Phone #: _____

Signature of Patient, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative (Signature is required and must either be on this form or on file)
 I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent.
 If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form.
 You are not required to sign this form to receive treatment.

Patient or Representative Name (print): _____ Patient or Representative Signature: _____ Relationship (write "self" if patient): _____

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

The date a MOST form is finalized with the necessary signatures must be recorded in the upper right hand corner on the front of the MOST form. This is necessary so that health care professionals who follow the MOST form know whether the form is still effective.

To ensure that the MOST form is followed, the original bright pink MOST form must accompany the patient from one care setting to another. The bottom of the form and the instructions contain written reminders that the MOST form must accompany the patient/resident when transferred or discharged.

Copies and Multiple Originals of the MOST Form

Copies of MOST forms are not acceptable except for recordkeeping purposes and when needed to fulfill the exception for patient representatives who are not physically available to sign the MOST form. Health care professionals are not entitled to receive the statutory immunity provided in N.C. Gen. Stat. § 90-21.17 if they rely on a copy of a MOST form.

While health care professionals are not entitled to statutory immunity when relying on a copy of a MOST form, a copy may be used as a guide to help create actionable medical orders.

While not prohibited, the use of multiple originals is discouraged because the review criteria can make it difficult to keep more than one original properly updated. When more than one original is created, however, it is important that each and every original be consistent in content, issuance dates, and review dates. It is also important to remember if a MOST form is revoked, each and every multiple original should be revoked.

SIDE TWO OF THE MOST FORM

Contact Information

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Contact Information		Phone #:	
Patient Representative:	Relationship:	Cell Phone #:	
Health Care Professional Preparing Form:	Preparer Title:	Preferred Phone #:	Date Prepared:

Directions for Completing Form

Completing MOST

- MOST must be reviewed and prepared by a health care professional in consultation with the patient or patient representative.
- MOST is a medical order and must be signed and dated by a licensed physician (MD/DO), physician assistant, or nurse practitioner to be valid. Be sure to document the basis for the order in the progress notes of the medical record.
- Mode of communication (e.g., in person, by telephone, etc.) also should be documented.
- The signature of the patient or his/her representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record and "on file" must be written in the appropriate signature field on the front of this form or in the review section below.
- Use of original form is required. Be sure to send the original form with the patient.
- MOST is part of advance care planning, which also may include a living will and health care power of attorney (HCPOA). If there is a HCPOA, living will, or other advance directive, a copy should be attached if available. **MOST may supersede any conflicting directions in a patient's previously executed HCPOA, living will, or other advance directive.**
- There is no requirement that a patient have a MOST.
- MOST is recognized under N.C. Gen. Stat. 90-21.17.

Reviewing MOST

Review of the MOST form is recommended when:

- The patient is admitted to and/or discharged from a health care facility; or
- There is a substantial change in the patient's health status.

This MOST must be reviewed if:

- The patient's treatment preferences change.

If MOST is revised or becomes invalid, draw a line through Sections A - E and write "VOID" in large letters.

Revocation of MOST

A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.

Review of MOST			
Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (required)	Signature of patient or representative (preferred)
			Outcome of Review <input type="checkbox"/> No Change <input type="checkbox"/> VOIDED, new form completed <input type="checkbox"/> VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> VOIDED, new form completed <input type="checkbox"/> VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> VOIDED, new form completed <input type="checkbox"/> VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> VOIDED, new form completed <input type="checkbox"/> VOIDED, no new form <input type="checkbox"/> No Change <input type="checkbox"/> VOIDED, new form completed <input type="checkbox"/> VOIDED, no new form

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

DO NOT ALTER THIS FORM!

WCDHS/ONR/DOEMS
 North Carolina Department of Health and Human Services • Division of Health Service Regulation • Office of Long-Term Care Services
 100 North Salisbury Street, Raleigh, NC 27601 • 919.707.7000 • www.ncdhhs.gov

The top of the back page of the MOST form provides space for contact information. Fields for the patient's representative, relationship, and phone numbers are provided. This allows health care professionals to attempt early contacts with this person when the patient's health status changes.

There also is a field for the name, title, and contact information of the health care professional who assisted in preparing the form. A health care professional may include social workers, nurses, or other persons assigned these duties who have received appropriate training. While this person may assist the patient or patient representative in completing the form, the physician, physician assistant, or nurse practitioner issuing the MOST form must review the selected options with the patient or the patient representative and then sign the MOST form in order

for it to be valid.

There is no witness or notary requirement for the MOST form.

Directions for Completing the Form

A middle section of the second page provides further instructions about completing the MOST form. While the MOST form is a medical order, a narrative of the basis for the order must be included in the progress notes of the medical record of the patient.

A MOST form does not replace an advance directive. A MOST form is designed to be part of advance health care planning, which may include living wills and health care powers of attorney. A MOST form converts patient wishes as expressed in such documents into actionable medical orders.

A MOST form may conflict with wishes expressed in a previously executed living will or health care power of attorney that is not currently in effect because the patient, who still has capacity to make and communicate health care decisions, has indicated a contrary preference. Such a contradiction will not invalidate those legal instruments, but a MOST form will temporarily

suspend and override the conflicting instructions as long as the MOST form remains in effect.

The MOST form must be reviewed if the patient's treatment preferences change. Review of the MOST form is recommended when the patient is admitted and/or discharged from a health care facility; or there is a substantial change in the patient's health status. Periodic reviews may be completed in routine care plan meetings in the long-term care setting.

A MOST form may be revoked by the patient or the patient representative by destroying the form or drawing a line through Sections A-E and writing "VOID" in large letters. Revocation also may be indicated in the review section when one of the choices indicating "FORM VOIDED" is checked.

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY				
Contact Information				
Patient Representative	Relationship:	Phone #:		
Health Care Professional Preparing Form	Preparer Title:	Cell Phone #:	Preferred Phone #:	Date Prepared:
Directions for Completing Form				
Completing MOST • MOST must be reviewed and prepared by a health care professional in consultation with the patient or patient representative. • MOST is a medical order and must be signed and dated by a licensed physician (MD/DO), physician assistant, or nurse practitioner to be valid. <u>Be sure to document the basis for the order in the progress notes of the medical record.</u> • Mode of communication (e.g., in person, by telephone, etc.) also should be documented. • The signature of the patient or his/her representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record and "on file" must be written in the appropriate signature field on the front of this form or in the review section below. • Use of original form is required. <u>Be sure to send the original form with the patient.</u> • MOST is part of advance care planning, which also may include a living will and health care power of attorney (HCPOA). If there is a HCPOA, living will, or other advance directive, a copy should be attached if available. MOST may suspend any conflicting directions in a patient's previously executed HCPOA, living will, or other advance directive. • There is no requirement that a patient have a MOST. • MOST is recognized under N. C. Gen. Stat. 90-21.17.				
Reviewing MOST Review of the MOST form is recommended when: • The patient is admitted to and/or discharged from a health care facility; or • There is a substantial change in the patient's health status. This MOST <u>must</u> be reviewed if: • The patient's treatment preferences change. If MOST is revised or becomes invalid, draw a line through Sections A - E and write "VOID" in large letters.				
Revocation of MOST A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.				
Review of MOST				
Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (required)	Signature of patient or representative (preferred)	Outcome of Review
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED				
DO NOT ALTER THIS FORM!				

Review of MOST Section

This section provides for up to five reviews of the form either during a periodic review or other review-triggering events. There are fields for the date of the review, the reviewer's name and location of the review, the MD/DO, PA, or NP signature, the signature of the patient or patient representative, and the outcome of the review.

Possible outcomes include:

- No Change
- FORM VOIDED, new form completed
- FORM VOIDED, no new form

The MOST form must be reviewed if:

- The patient's preferences change

It is recommended the MOST form be reviewed when:

- the patient is admitted and /or discharged from a health care facility; or
- there is a substantial change in the patient's health status

Periodic reviews may be completed in routine care plan meetings in the long-term care setting.

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY				
Contact Information				
Patient Representative	Relationship:	Phone #:		
Health Care Professional Preparing Form	Preparer Title:	Cell Phone #:	Preferred Phone #:	Date Prepared:
Directions for Completing Form				
Completing MOST • MOST must be reviewed and prepared by a health care professional in consultation with the patient or patient representative. • MOST is a medical order and must be signed and dated by a licensed physician (MD/DO), physician assistant, or nurse practitioner to be valid. <u>Be sure to document the basis for the order in the progress notes of the medical record.</u> • Mode of communication (e.g., in person, by telephone, etc.) also should be documented. • The signature of the patient or his/her representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record and "on file" must be written in the appropriate signature field on the front of this form or in the review section below. • Use of original form is required. <u>Be sure to send the original form with the patient.</u> • MOST is part of advance care planning, which also may include a living will and health care power of attorney (HCPOA). If there is a HCPOA, living will, or other advance directive, a copy should be attached if available. MOST may suspend any conflicting directions in a patient's previously executed HCPOA, living will, or other advance directive. • There is no requirement that a patient have a MOST. • MOST is recognized under N. C. Gen. Stat. 90-21.17.				
Reviewing MOST Review of the MOST form is recommended when: • The patient is admitted to and/or discharged from a health care facility; or • There is a substantial change in the patient's health status. This MOST <u>must</u> be reviewed if: • The patient's treatment preferences change. If MOST is revised or becomes invalid, draw a line through Sections A - E and write "VOID" in large letters.				
Revocation of MOST A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.				
Review of MOST				
Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (required)	Signature of patient or representative (preferred)	Outcome of Review
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED				
DO NOT ALTER THIS FORM!				

Revoking the MOST Form

MOST can be revoked in a number of ways including destruction, putting a line through the front page and writing void on the form, or by indicating in the review section on the back that MOST has been revoked.

A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.

Comparison of the MOST form to the Portable DNR Order

Like the yellow Portable DNR order, a MOST form is recognized by N.C. Gen. Stat. § 90-21.17, and health care professionals who follow instructions on an original MOST form are provided qualified immunity. The MOST form also is similar to the Portable DNR Order in the following ways: copies of the form are not valid; the form is portable and is intended to travel with the patient between settings; the form is a medical order that can be followed by other health care providers including EMS personnel; the form is a standardized color, has been adopted by the NC Department of Health and Human Services (NC DHHS), and bears the NC State seal; the form is only available to licensed health care providers through NC DHHS; the form must be signed by a physician, or physician assistant or nurse practitioner working under the supervision of a physician licensed in NC; and the form should be prominently displayed so that it can be identified quickly in an emergency.

**STOP
DO NOT
Resuscitate**

Effective Date: _____
Expiration Date, if any: _____
☐ Check box if no expiration

DO NOT RESUSCITATE ORDER

Patient's full name: _____

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient SHOULD NOT be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.17(b) in the patient's records.

Signature of Attending Physician/Physician Assistant/Nurse Practitioner: _____

Printed Name of Attending Physician: _____

Address: _____

City, State, Zip: _____

Telephone Number (office): _____

Telephone Number (emergency): _____

Do Not Copy Do Not Alter

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Unlike the yellow Portable DNR order, the MOST form includes options for providing care, is not limited to CPR, includes instructions for other medical interventions, antibiotics, and medically administered fluids and nutrition. The MOST form also requires the signature of patient or the patient's representative, in addition to the signature of the physician, physician's assistant, or nurse practitioner.

Since the MOST form addresses CPR, a yellow Portable DNR form may not be necessary. While not prohibited, the use of both forms introduces the potential for conflicting instructions. In the event a patient has a MOST form and a yellow Portable DNR order that conflict, facility policy will determine which order will prevail. If the health care professional is an emergency services personnel, the order issued most recently will be followed.

FREQUENTLY ASKED QUESTIONS

1. What is a MOST?

MOST stands for *Medical Orders for Scope of Treatment*. It is a physician's order (also referred to as a medical order) that outlines a plan of care respecting the patient's wishes concerning care at life's end.

2. Who should use a MOST?

A MOST is primarily intended for patients who have an advanced chronic progressive illness. In addition to those who are seriously ill, a MOST is appropriate for patients whose life expectancy is less than one year. Although a MOST is generally not intended for patients with stable medical conditions or for those who have many years of life expectancy, some patients may feel strongly that they want to further define their treatment preferences for end-of-life care by using MOST. A MOST is not limited to patients with the conditions specified under the NC Right to a Natural Death Statute (N.C. Gen. Stat. §§ 90-321 or 90-322). Patients are not required to have a MOST.

3. When should a MOST be issued?

A MOST may only be issued if, after consultation with a qualified health care professional and discussion and review by the physician, physician assistant or nurse practitioner signing the order, the patient or patient representative agrees that a MOST is an appropriate tool for making sure the patient's wishes are known. A MOST form cannot be issued without the informed consent of the patient or the patient's representative.

4. What is the goal of the MOST initiative?

The goal of the MOST initiative is to inform and empower patients to clearly state their end-of-life care wishes, and to authorize health care providers to carry out those wishes. Because it is a medical order, health care providers at every level of health care can implement the decisions outlined in a MOST. Because it is a portable medical order, health care providers in any setting can follow it (see FAQ 5). A MOST form also is bright pink (pulsar pink) so that it can be easily identified in an emergency situation.

5. Will all health care providers recognize the MOST form?

The MOST form may be recognized by any health care provider or facility; however, some health care providers, particularly facilities such as hospitals, typically recognize only those medical orders issued by their credentialed medical staff. A hospital's medical staff generally will re-evaluate a patient who is admitted with a MOST form and will use the MOST form as guidance in issuing in-hospital medical orders concerning the patient's care. Facilities' policies regarding recognition of the MOST form may vary for emergency and non-emergency situations.

6. Why not just use the current portable (yellow) DNR?

The current portable (yellow) DNR has been an effective step in support of patients' decisions, specifically about CPR. It may continue to be an important tool for some patient populations. A MOST, however, allows seriously ill patients to outline more comprehensive choices about end-of-life care after discussion with their health care provider. This includes preferences regarding CPR, antibiotics, and artificial nutrition and hydration. Unlike the portable DNR, which tells health care providers that the patient does NOT want to be resuscitated, a MOST also includes options to receive other types and levels of treatment.

7. Are other states using forms like MOST?

Documents like the MOST form have been used as early as 1991. Most states in the US have a document like MOST. Several others are in active development. There also is a national effort to support others in their development of documents like the MOST form. Go to: <http://www.polst.org>. Forms like MOST are identified as part of the POLST Paradigm (POLST, Physician Orders for Life-Sustaining Treatment, was the original form of this nature, which was developed in Oregon in 1991).

In addition, POLST paradigm forms are recognized and encouraged in the 2007 version of the National Quality Forum (NQF) preferred practices for palliative care. NQF preferred practices build on the clinical practice guidelines for palliative care developed by the National Consensus Project (NCP).

8. Was the MOST form used in North Carolina before the legislation was passed?

Yes. An ongoing pilot of a MOST-type form began in 2004 in Buncombe County, which involved over 200 residents in four long-term care facilities as well as providers from hospice and hospital care. Mission Hospitals in Asheville, NC, has recognized MOST in its end-of-life care policy. Since 2005, four long-term care facilities in the Greenville, NC area also piloted a MOST-type form and have used that form as a tool to better facilitate communication for their patients being admitted to Pitt County Memorial Hospital.

9. What is the difference between a MOST and an advance directive?

Advance directives such as Living Wills and Health Care Powers of Attorney are legal instruments executed by individuals that require witnesses and notarization. When a patient is no longer capable of making or communicating decisions, advance directives *inform* physicians and other health care providers about the level and type of care desired by the patient in certain end-of-life situations, or, in the case of a Health Care Power of Attorney, who can make certain decisions on behalf of the patient. In order to carry out a patient's wishes about the level of care desired, however, a physician or medical order is needed.

The MOST is a medical order issued by a physician (MD, DO), physician assistant, or nurse

practitioner. The informed consent of the patient or the appropriate patient representative is needed for a MOST to be issued. Unlike an advance directive, a MOST is always completed in consultation with a qualified health care professional who is able to provide information to the patient or the patient's representative about the risks, benefits, and other implications of different types and levels of medical treatment.

Like all medical orders, a MOST *instructs* other health care providers about what type and level of care to provide. Since a MOST is a medical order, it does not require witnesses or notarization. A MOST, however, is the first medical order in North Carolina to require a patient or patient representative signature on the form.

A MOST does not replace an advance directive; rather it is another mechanism to ensure that patient wishes for medical treatment at the end of life are known and honored. A MOST, however, may temporarily suspend conflicting orders in a previously executed advance directive while the MOST form is in effect, because a MOST form is designed to reflect current patient preferences for a limited period of time. For example, Patient A has a Living Will that indicates that she does not want her life to be prolonged if she has an incurable and irreversible condition. Years later, Patient A develops an incurable and irreversible condition and, based on her current preferences, has a MOST form that indicates that she wants antibiotics and artificial nutrition and hydration, contrary to the instructions in her previously executed Living Will. The conflicting orders on the MOST form rather than revoking her Living Will, will only suspend those instructions while the MOST is in effect (see FAQs 23 and 24).

10. Why is a patient or patient representative signature required?

The patient or patient signature requirement provides evidence of informed consent and enhances the acceptability of the form. Earlier versions of the MOST form did not require a patient or patient representative signature. This changed due to: (1) the national POLST Paradigm Task Force strongly recommended that the patient or patient representative signature be required, (2) the NC pilot programs indicated that obtaining the patient or patient representative signature had not been problematic, and (3) the comprehensive nature of the MOST, its portability, and the sensitivity of the subject matter.

11. What if a patient presents with a copy of a MOST form (not an original)?

In order for MOST to be followed by emergency medical services and other health care personnel in another setting, the original form is needed. Health care professionals are not entitled to receive the statutory immunity provided in N.C. Gen. Stat. § 90-21.17 if they rely on a copy of a MOST form (see FAQ 26). Copies of MOST are appropriate for inclusion in the patient's medical record for documentation purposes and can be used as a guide to help create actionable orders. It is extremely important that the original MOST form accompanies the patient as he or she moves from one health care setting or

care level to another.

12. Are multiple originals of a MOST form acceptable?

While not prohibited, the use of multiple originals is discouraged because the review criteria can make it difficult to keep more than one original properly updated. When more than one original is created, it is important that each and every original be consistent in content, issuance dates, and review dates. It is also important to remember that, if a MOST form is revoked, each and every original document should be revoked.

13. What sections must be filled out for a MOST to be valid?

The following fields must be completed in order for the MOST form to be valid: Patient Name; Effective Date); Section E; Physician (MD/DO), PA or NP Signature and Date; and Patient or Patient Representative Signature (including the “on file” exception—see FAQ 14).

14. Are there any exceptions to the patient or patient representative signature requirement?

Yes, but only one. If the patient is no longer able to make and communicate decisions, and the patient representative is not physically available at the location where the patient is, then the health care professional may prepare the form in consultation with the patient representative by telephone, electronic, or other means. A copy of the prepared form may then be sent via fax or other electronic means to the patient representative, who may then sign the form and send it back to the health care professional. The health care professional must then put the signed copy of the form in the medical record and write the words “on file” in the patient or patient representative signature block on the original MOST form.

While not necessary, a copy of the signed MOST also may be attached to the original MOST. A MOST form is a medical order and does not require the use of witnesses or notarization.

15. Is a MOST mandatory?

No, as with advance directives, having a MOST is optional (see FAQs 2 and 3 for additional information).

16. How does a patient or patient representative obtain a MOST?

Since MOST is a medical order, the forms will be available to patients or their representatives only through physicians or health care facilities or agencies such as home health or hospice.

17. Who fills out the MOST form?

The MOST form must be prepared by a qualified health care professional in consultation with the patient or patient representative. Having a MOST prepared by a qualified health care professional in consultation with the patient or patient representative ensures that the patient or patient representative will understand the levels and types of medical treatment. Since a MOST is a medical order, if the health care professional who initially reviews and prepares a MOST with the patient or patient representative is not the physician, physician assistant or nurse practitioner issuing the order, the completed MOST form must be reviewed again with the patient or patient representative by the physician, physician assistant, or nurse practitioner who signs the MOST.

18. Which health care providers can issue/sign a MOST?

Physicians (MDs and DOs) with a full and unrestricted North Carolina license may issue a MOST. In addition, under North Carolina law, physician assistants and nurse practitioners licensed who are approved to practice in North Carolina may issue a MOST provided it is permitted under their practice agreement with their supervising physician. Resident physicians or “house staff” who have a full and unrestricted or a resident’s training license in North Carolina may issue a MOST provided it is permissible under facility policy.

19. Is a MOST valid without the signature of a physician, physician assistant, or nurse practitioner?

No. MOST is a medical order and must bear the signature of the physician, physician assistant, or nurse practitioner issuing the order.

20. How do physicians, physician assistants, nurse practitioners, and health care facilities or agencies obtain MOST forms?

The MOST form is available through the Office of Emergency Medical Services, North Carolina Department of Health and Human Services:
<http://www.ncdhhs.gov/dhsr/EMS/dnrmost.html>

21. When can a patient representative authorize and sign a MOST?

A patient representative may authorize and sign a MOST, only when the patient is no longer able to make or communicate decisions. Who serves as the patient representative is determined by the hierarchy in N.C. Gen. Stat. § 90-322, which appears in Section E on the MOST form.

22. Should patients or their representatives be presented a MOST form when they come into an emergency department of a hospital?

No. The MOST form is not designed to be filled out in emergency situations. A discussion about a MOST with a health care professional who is able to discuss the benefits and burdens of particular medical treatments in the context of a patient’s prognosis and goals of care would be appropriate only when the patient’s condition is relatively stable. One of the advantages of a MOST is that it is completed in advance to

avoid crisis decision making in an emergency situation. A MOST is a way to document decisions about how a patient would like to be treated in the event of an emergency or life-threatening illness.

23. How long is a MOST form valid?

A MOST form does not have an expiration date. However, if changes are desired in Sections A-D, a new MOST form must be completed.

Previously, a MOST was valid for a year and had to be reviewed at least annually. However, revisions in 2014 removed this requirement. When an old version of the form expires, the old form should be replaced with a new version of the form.

24. When should a MOST form be reviewed?

A MOST form must be reviewed if the patient's treatment preferences change. Review of the MOST form is recommended when: (1) the patient is admitted to and/or discharged from a health care facility; or (2) there is a substantial non-emergency change in the patient's health status. In emergency situations, which generally involve a change of health status, the MOST should be followed and any necessary review should occur afterwards.

When a MOST is reviewed, there are three possible outcomes. The first is that the form is renewed with no changes. In this case, the review section would indicate that the review had taken place and the box "No Change" would be checked. The second option is that the MOST needs to be changed, in which case the existing form would be voided, the box "FORM VOIDED, new form completed" would be checked, and a new form would need to be completed. The third option is that a MOST is no longer desired, in which case the form would be voided, and the box "FORM VOIDED, **no** new form" would be checked.

For a review to be valid, the Review of MOST section on the back of the MOST form must be properly filled out, including: the review date; the reviewer's name and the location of the review; the signature of the physician, physician assistant, or nurse practitioner and date of signature; and the signature of the patient or patient representative (although the "on file" exception applies here as well—see FAQ 14).

25. How can a MOST be revoked?

When the patient's preferences change, and the orders documented on the MOST form no longer reflect that patient's preferences, the MOST should be revoked, and if desired, a new MOST should be completed. A MOST can be revoked in a number of ways including destruction, putting a line through the front page and writing "VOID" on the form in large letters, or by indicating in the Review of MOST section on the back that MOST has been revoked (see FAQ 24). If feasible, the date and the initials of the person voiding the form are encouraged.

26. What protections are there for health care providers who follow the orders on a MOST form?

N.C. Gen. Stat. 90-21.17 provides statutory immunity from criminal prosecution, civil liability, or disciplinary action by any professional licensing or certification agency to health care providers who rely in good faith on an original MOST form, provided that (i) there are no reasonable grounds for doubting the validity of the order or the identity of the patient, and (ii) the provider does not have actual knowledge of the revocation of the MOST form. For example, if a health care provider knows that a MOST form should have been reviewed but was not reviewed after one of the three triggering conditions (see FAQ 24), then the validity of the form is in question, and the provider would not be able to rely on the statutory immunity provided by this section.

Please note that the statutory immunity also extends to health care providers who fail to follow a MOST form if the provider had no actual knowledge of the existence of the MOST form.

27. Where should a MOST be posted?

Since a MOST is a portable medical order, where it is posted will depend on the location of the patient. If the patient is in a health care facility, the posting of the original MOST form will be determined by facility policy. If the patient is at home, the original MOST form should either be above the patient's bed, on the door to the patient's bedroom, or on the refrigerator in the home where the patient resides.

28. What if one of the Sections A-D is not completed?

Any section (A-D) that addresses medical treatments or interventions that is not completed will result in full treatment for that category of care, which is what usually happens when patient preferences are not known.

A health care provider noting that a section of the MOST form has not be completed should consider discussing the implications with the patient or patient representative. If clear decisions are made about such interventions and levels of care, it would be appropriate to revise the MOST form (see FAQs 24 and 25).

29. The MOST form is *what* color?

The MOST form is bright pink (pulsar pink) to increase its visibility and to identify it as the original document.

30. Do physicians support use of the MOST form?

Physicians in the pilot programs as well as one group of long-term care physicians in Western Carolina (Extended Care Physicians) have indicated strong support for the MOST form throughout the development and review of the document. In the Fall of 2004, the

Buncombe and Henderson County Medical Societies sponsored a resolution supporting a study of documents like the MOST form. The North Carolina Medical Society appointed a subcommittee to review POLST paradigm forms from other states and to develop one specifically for North Carolina. A large multi-disciplinary task force was then convened to provide feedback on the proposed form. The MOST form was viewed to be a positive development in end-of-life planning and the overwhelming sentiment of the task force was to continue developing the form and to pursue legislation to recognize the MOST form. In the Fall of 2006, the NCMS approved recommendations to pursue legislation recognizing the MOST form and to develop educational programs about the MOST form.

31. Who else participated in the development of the MOST form?

The NCMS involved stakeholders from the North Carolina Hospital Association, North Carolina Health Care Facilities Association, the North Carolina Bar Association, Carolinas Center for Hospice and End of Life Care, North Carolina Nurses Association, Association for Home and Hospice Care of North Carolina, Emergency Medical Services, and others in the reviews of and revisions to the form to reach the current version of the MOST form. Other stakeholders from public and private interest groups representing a variety of perspectives were invited to review and comment on MOST.

Efforts are underway to develop ongoing educational programs as well as plans for monitoring the MOST initiative to ensure that the use of the MOST form results in improved communication of and follow-through on patient wishes with respect to care and treatment at the end of life.

In addition, in 2013, the NC Institute of Medicine will issue a formal study on whether the changes brought about by Session Law 2007-502, including the MOST form, impact the type and quantity of end-of-life medical care provided to patients, and whether the patient's or patient representative's express wishes regarding the provision of treatment at the end of life are being honored.