



fraserhealth

Patient Identification (min 3 identifiers required, full legal name, DOB, PHN)

MEDICAL ORDERS for SCOPE of TREATMENT (MOST)



Form ID: ADDI105016C

Rev: Sept. 16/19

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DRUG & FOOD ALLERGIES

SECTION 1: CODE STATUS: *Note: CPR is not attempted on a patient who has suffered an unwitnessed cardiac arrest.*

- Attempt** Cardio Pulmonary Resuscitation (CPR). *Automatically designated as C2. Please initial below.*
- Do Not Attempt** Cardio Pulmonary Resuscitation (DNR)

SECTION 2: MOST DESIGNATION based on documented conversations (*Initial appropriate level*)

Medical treatments excluding Critical Care interventions & Resuscitation

_____ M1	Supportive care, symptom management & comfort measures. Allow natural death. <i>Transfer to higher level of care only if patient's comfort needs not met in current location.</i>
_____ M2	Medical treatments available within location of care. Current Location: _____ <i>Transfer to higher level of care only if patient's comfort needs not met in current location</i>
_____ M3	Full Medical treatments excluding critical care

Critical Care Interventions requested. NOTE: Consultation will be required prior to admission.

_____ C1	Critical Care interventions excluding intubation.
_____ C2	Critical Care interventions including intubation.

SECTION 3: SPECIFIC INTERVENTIONS (*Optional. Complete Consent Forms as appropriate*)

- Blood products YES NO Enteral nutrition YES NO Dialysis YES NO
- Non-invasive ventilation YES NO
- Other Directions:

SURGICAL RESUSCITATION ORDER

- WAIVE DNR for duration of procedure and peri-operative period. Attempt CPR as indicated.
- Do Not Attempt Resuscitation during procedure.

SECTION 4: MOST ORDER ENTERED AS A RESULT OF (*check all that apply*)

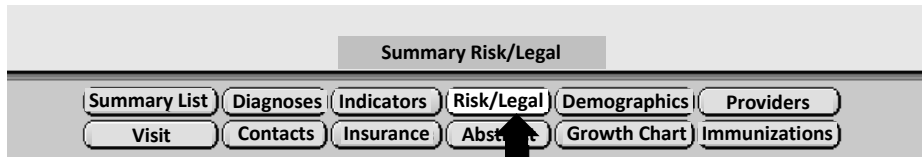
<input type="checkbox"/> CONVERSATIONS/CONSENSUS	NAME:	DATE: (dd/mm/yr)
<input type="checkbox"/> Capable Adult		
<input type="checkbox"/> Representative	NAME:	DATE:
<input type="checkbox"/> Temporary Substitute Decision Maker	NAME:	DATE:
<input type="checkbox"/> PHYSICIAN/NP ASSESSMENT and <input type="checkbox"/> Adult/SDM Informed and aware <input type="checkbox"/> Adult/SDM not available		
<input type="checkbox"/> SUPPORTING DOCUMENTATION (<i>Copies placed in Greensleeve and sent with patient on discharge</i>)		
<input type="checkbox"/> Previous MOST	<input type="checkbox"/> FH ACP Record	Representation Agreement
<input type="checkbox"/> Provincial <i>No CPR</i>	<input type="checkbox"/> Advance Directive	<input type="checkbox"/> Section 9 <input type="checkbox"/> Section 7
<input type="checkbox"/> Other:		
Date (dd/mm/yr)	Print Name	Physician/NP Signature:
MSP #	Contact #	

MEDICAL ORDERS for SCOPE of TREATMENT (MOST)

Resuscitation and MOST Designations						
	Symptom Control	Resuscitation	Intubation	ICU	Site Transfer	Treat Reversible Conditions
DNR M1	Yes	No	No	No	No	No
DNR M2	Yes	No	No	No	No	Yes
DNR M3	Yes	No	No	No	Yes	Yes
DNR C1	Yes	No	No	Yes	Yes	Yes
DNR C2	Yes	No	Yes	Yes	Yes	Yes
CPR C2	Yes	Yes	Yes	Yes	Yes	Yes

Previous MOST in Meditech:

- MRPs (MD/NP) must look for previous MOSTs in the EMR and/or unit clerks must print
- View All Visits, Summary, Risk Legal, Advance Directive



Key Policy Points for acute care:

- Previous MOSTs are to be reviewed within **24 hours** of admission to acute care
- MOST is to be reviewed prior to discharge
- Patients are provided with the original MOST and a greensleeve upon discharge
- Copy is kept in paper chart and scanned into Meditech upon discharge

Key Policy Points for non-acute and community:

- MOST from community and non- acute sites may be faxed to 604-587-3748
- It will then be viewable in Meditech, as noted above, as well as UCI

Quality Assurance Check:

- Patient Legal Name and Personal Health Number (PHN) clear (label preferred)
- Section 1: Code Status - one box checked only
- Section 2: MOST Designation (M or C category) - one box checked only

*please note section 3 specific interventions and surgical resuscitation are **optional**

- Section 4: MOST Order Entered as a Result of:
 - Conversations/Consensus - document full name and relationship of the person conversation held
 - Physician or NP Assessment - check one box
 - Supporting Documentation - check all that apply
- Date Completed, Physician/NP Name and Signature, MSP and Contact Number