



fraserhealth

Regional Pre-Printed Orders for MEDICAL ORDER for SCOPE of TREATMENT (MOST)



Form ID: ADDI105016D

Rev: April 17, 2023

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DRUG & FOOD ALLERGIES

• **Mandatory** **Optional: Prescriber check (✓) to initiate, cross out and initial any orders not indicated.**

• **SECTION 1 - Cardio Pulmonary Resuscitation (CPR) and Medical Treatments**

Most Responsible Provider (MRP) to check **one (1)** designation

CPR¹ is medically indicated² for this adult or child at this time:		CPR	Intubation	Critical Care	Site Transfer	Treat Reversible Conditions	Symptom Control
NO - Do Not Attempt CPR (DNACPR). Medical care designation ranges from intent to cure, control symptoms, or allow for a natural death. Some designations include a Critical Care referral.	<input type="checkbox"/> CPR C2	Yes	Yes	Yes	Yes	Yes	Yes
	<input type="checkbox"/> DNACPR C2	No	Yes	Yes	Yes	Yes	Yes
	<input type="checkbox"/> DNACPR C1	No	No	Yes	Yes	Yes	Yes
	<input type="checkbox"/> DNACPR M3	No	No	No	Yes	Yes	Yes
	<input type="checkbox"/> DNACPR M2	No	No	No	Consider, if required for symptom control	Yes	Yes
<input type="checkbox"/> DNACPR M1	No	No	No	No		Yes	

Notes: CPR is **not** attempted on an adult who has an unwitnessed cardiac arrest unless it was observed within minutes of the event; this does not apply to children. ¹CPR is defined as chest compressions and rescue breaths. ²Medically indicated means proposed treatments are expected to be beneficial.

SECTION 2 - Previous Supporting Documentation Review

MRP to check **all** that apply

- | | |
|--|--|
| <input type="checkbox"/> Advance Care Planning Record (ADD1101231) | <input type="checkbox"/> Medical Order for Scope of Treatment (ADD1105016) |
| <input type="checkbox"/> Advance Care Plan (expressed wishes) | <input type="checkbox"/> Provincial No CPR |
| <input type="checkbox"/> Advance Directive | <input type="checkbox"/> Representation Agreement |

• **SECTION 3 - Conversations**

MRP to check **one (1)**

MOST ordered after relevant conversation(s) with the capable adult OR minor & parent/guardian.

MOST ordered after relevant conversation(s) with the family/friends:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

MOST ordered solely based on MRP clinical judgement. Adult/family/friends or minor & parent/guardian informed & aware.

Interim MOST ordered solely based on MRP clinical judgement. Adult incapable & no family/friends available.

Date (dd/mm/yyyy)	Time	Prescriber Signature	Printed Name	College ID#
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Non-acute sites must fax to 604-587-3748. For questions, contact FH ACP Team 1-877-825-5034.