Vancouver Coastal Health Authority

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

ADULTS, AGE 19 AND ABOVE

IDENTIFICATION LABEL

A **I anticipate CPR to be of clear benefit** and medically appropriate for the patient in the event of a medical crisis.
I have not discussed this with the patient/SDM**:**

☐ **Attempt CPR and refer to Critical Care -** _____ _____
Responsible Provider Signature (or delegate) Date

_____
Physician's Printed Name

OR

B **I have had a discussion** with patient and / or substitute decision maker**:**

Patient/Resident: ☐ is at this time capable to make own medical decisions
☐ is NOT currently capable to make own medical decisions

Patient / Resident / Substitute Decision Maker (SDM) consulted in development of Order / advised of Order:

_____
Printed name Date

☐ Patient / Resident ☐ TSDM
☐ Representative ☐ Personal Guardian
☐ Other (explain below) ☐ None (explain below)
Explain:

☐ Client / SDM disagrees with Order (see 2c, over)

_____
Optional space for signature of Client or SDM aware of Order, intended for use in residential care. Order valid with or without signature.

SUPPORTING DOCUMENTATION: *Ask each patient / family if patient has expressed or documented wishes about future care*

☐ Previous DNACPR / MOST ☐ Provincial No CPR	☐ VCH ACP Record ☐ Advance Directive	☐ Representation Agreement ☐ *Section 9* ☐ *Section 7*	☐ Other:

IN THE EVENT OF SERIOUS ACUTE MEDICAL EVENT:

☐ **Attempt Cardiopulmonary Resuscitation (CPR)**
In the event of acute medical event, maximum therapeutic effort.

OR

☐ **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR: No chest compressions or other direct means of restarting the heart), and:**

☐ **Option 1 (M1)*** No CPR. Supportive care, symptom management, and comfort measures. Allow natural death.

☐ **Option 2 (M2)** No CPR. Option 1 (M1) plus therapeutic measures and medications to manage acute conditions within the current setting. If in residential care or hospice, transfer to acute care will not occur except in special circumstances (eg fracture).

☐ **Option 3 (M3)** No CPR. Option 2 (M2) plus admission to an acute care hospital (if not already admitted) for medical/surgical treatment as indicated. No referral to Critical Care.

☐ **Option 4 (C1)** No CPR. Maximum therapeutic effort as in Option 3 (M3) including referral to Critical Care but **not including** intubation and ventilation.

☐ **Option 5 (C2)** No CPR. Maximum therapeutic effort as in Option 4 (C1) including referral to Critical Care and **including** intubation and ventilation.

Specific comments on Order / Goals of Care to aid interpretation:

DNACPR as detailed on this MOST will automatically be suspended for surgery and other procedures involving anesthesia or procedural sedation until return to the usual care area. Treatment will be provided at the discretion of the Most Responsible Provider, unless specific direction is provided below:

_____
Provider detailing circumstances of suspension of DNACPR / MOST

This MOST Order documented	_____ Date (dd/mm/yr)	Print Name:	**Signature,** **Most Responsible Provider or delegate**
	_____ College #	Contact #:	
MOST Order Reviewed - no change **If changed, prepare new MOST form and strike through this one**	_____ Date (dd/mm/yr)	Print Name:	**Signature,** **Most Responsible Provider or delegate**

***** M1-C2 codes reflect codes used in Fraser and other health authorities

ALL NEW ORDERS MUST BE FLAGGED
PLACE AT FRONT OF PATIENT / RESIDENT'S CHART
Guidelines for Medical Orders for Scope of Treatment

1. The Most Responsible Provider (MRP) or delegate ensures that a Medical Order for Scope of Treatment is documented and placed within the green plastic sleeve early in a patient's (including resident's) course of care and/or treatment:
    a) Patients for whom the default expectation of "Attempt CPR including Referral to Critical Care Intervention" is clinically appropriate, the MRP may document the Order based on his/her own determination without consultation with the patient or Decision Maker, completing only section A.
    b) In any other circumstance, the MRP completes section B – having confirmed the Order with the capable patient or the authorized Substitute Decision Maker of an incapable patient, or documents an explanation of the situation.

    In the event of dispute in reaching a Medical Order for Scope of Treatment decision, the patient (or SDM) is to be made aware of available dispute resolution resources (see Client Relations and Risk Management Bulletin ***"Resolution of disputes about expectations for care not considered beneficial"*** (www.vcha.ca)).

2. Medical Orders for Scope of Treatment may, in the exceptional case, be written by the MRP without the agreement of the patient/Substitute Decision Maker, only after the patient/Substitute Decision Maker has been
    a) advised of and consulted in the development of the Orders
    b) informed of the content of the Medical Orders for Scope of Treatment, and
    c) if there is a disagreement about the MOST the MRP follows the dispute resolution process (see section 2.3 of the MOST policy and the dispute resolution guide (see above) which advise to:
        i. communicate sensitively and respectfully to address the concerns of the patient/Substitute Decision Maker, involving supports* as may be indicated.
        ii. thoughtfully consider the request for care not initially offered
        iii. make arrangements for a second opinion (and, if necessary, additional opinions) which will either confirm or revise the initial offer
        iv. advise the patient/representative of the decision of care offered and the options available, advising Risk Management if the dispute is not able to be resolved especially if Court intervention may be sought by the patient/Substitute Decision Maker
        v. Document on the health care record the discussions about MOST held with the patient/ Substitute Decision Maker

    * Resources to assist in resolution of disputes include Client Relations and Risk Management, Ethics Consultants, Medical and Operations leadership, Spiritual Care and/or Palliative Care

3. On discharge or transfer, a copy of the Medical Order for Scope of Treatment is to be made and provided with the patient for the information of providers at the destination care setting, and / or for the patient to discuss with their primary care provider.

4. When a Medical Order for Scope of Treatment is changed from one previously documented, a new Medical Order for Scope of Treatment is completed and a single strikethrough is made on the outdated form which is to be retained in the patient's chart, stapled behind the current document.

5. A Medical Order for Scope of Treatment is direction to the care team in the current admission of care. The MOST from another setting/site may serve as an temporary 'order in transfer' for providers caring for patients being transferred between settings; however, it is to be considered only an element of information – not a current order - for care providers caring for patients on a subsequent admission (vs. transfer). The document may be relied upon unless there is, on assessment, some indication that it is clearly outdated and inappropriate.

Definitions:
CPR: Cardiopulmonary resuscitation refers to chest compressions or other direct means of restarting the heart.

Previously expressed wishes, Advance Directives, and other Advance Care Planning documents:

- Providers ask each patient / family if patient has expressed or documented wishes about future care.
- When available, copies of any documentation regarding patient's/resident's wishes are to be stored with this form (Advance Directive, completed "My Voice" document, verbally expressed wishes, documentation from the community or previous facility, etc).
- Irrespective of prior documentation, a Medical Orders for Scope of Treatment form must be completed.