



Medical Orders for Scope of Treatment (MOST) **Information for Patients and their Families**

What is MOST?

Medical Orders for Scope of Treatment, referred to as MOST, are medical orders. They are a way for your physician to communicate treatment decisions to other health-care providers who will be involved in your care. If this is the first time you have heard about MOST, read the brochure “Medical Orders for Scope of Treatment (MOST) Information for Patients and Families” (# 828424). The brochure provides basic information on what MOST is, when you should have a MOST and how to prepare for your discussion about MOST.

When will a MOST Designation Form be completed?

The MOST Designation Form is beneficial for adults over 19 years of age who may be seriously ill, have life-limiting or life-threatening health issues, and/or have shared their preferences for future health-care treatment. Ask your physician/health-care team if this would be appropriate for you. If you already have a MOST Form completed, it will be reviewed as your situation changes.

Who signs the MOST Form?

Your physician will complete the MOST Form to clarify the degree of health-care treatment and interventions to be provided. Similar to a prescription, only your physician will sign the MOST. The original form will be a part of your permanent health record. You can ask for a copy, so that in an emergency it is available for first responders.

What are MOST Designations?

MOST Designations are standardized physician orders that prescribe the general focus of your care. Requests to change the MOST Designation will require consultation with your physician to ensure that health care treatment offered is consistent with your current condition/goals of care/and your own expressed wishes and preferences. Only one designation is ordered which reflects your current health condition and your values, wishes or instructions. This guides your plan of care.

Why is this important?

MOST makes communication between health-care providers about the direction for your future care easier. It tells health-care providers there has been a discussion with you about your future health-care. Your MOST Form becomes a part of your Patient Health Record and will be available when needed across all care settings. Should your situation change, a new MOST form will be completed.



How are MOST Designations chosen?

Your physician and health-care team will talk with you about which MOST designation best reflects your situation. Designations range from attempts to extend or preserve life (Critical Care - C2, C1, C0) to designations that shift focus to managing your condition or providing comfort care (Medical – M1, M2, M3). Your doctor will only offer health-care tests and treatments that he/she believe will benefit you. Your designation may change as your condition or situation changes.

No matter what your designation, your health-care team will always provide comfort care and health-care treatments to best manage your pain and symptoms.

What do “M” designations (Medical: M1, M2, M3) mean?

“M” designations allow for a natural death. Life support measures will not be used if your heart stops or you stop breathing. If you have an “M” Designation, you will not receive intensive or mechanical interventions intended to prolong or sustain life. You would not be transferred to an Intensive Care Unit (ICU) for any procedures.

M1	<p>Supportive care, symptom management and comfort measures only The focus of care is to provide compassionate comfort to ease your symptoms without trying to cure or manage your underlying illness. Often a person may have a life-limiting illness or condition and treatments won’t change the course of the condition. The goal is to achieve pain and symptom management within the current location whenever possible.</p>
M2	<p>Medical treatments within current location of care Medical care and treatments are used for control of symptoms of your illness or condition preferably within your current location of care. You would only be transferred to an alternate setting, if needed, to receive these treatments for control of symptoms if this cannot be achieved in your current location.</p>
M3	<p>Medical treatments including transfer to a higher level of care Medical care and treatments are used to cure or manage an illness or injury as well as possible. You have agreed to be transferred to a different care setting because diagnostic tests may be necessary. The results of tests will determine if/what treatments may or may not be considered.</p>

What do “C” designations (Critical Care: C0, C1, C2) mean?

“C” designations attempt to extend or preserve life through the use of CPR, defibrillation, intubation and other critical care treatments (see definitions below). These designations are typically not used if you are at the natural end of life.

C0	Critical care interventions excluding CPR, defibrillation and intubation Medically appropriate tests and treatments may be attempted including major or invasive procedures with the exclusion of CPR, defibrillation and intubation.
C1	Critical care interventions including intubation, but excluding CPR and defibrillation Medically appropriate tests and treatments will be offered. Intubation will be done if needed. CPR and defibrillation will not be attempted.
C2	Critical care interventions including CPR, defibrillation and/or intubation Medically appropriate tests and treatments will be offered. CPR, defibrillation and/or intubation will be done if needed.

DEFINITIONS:

CPR: CPR (Cardio Pulmonary Resuscitation) refers to medical procedures used to attempt to restart a patient’s heart and breathing when the heart and/or lungs stop working unexpectedly. CPR is an aggressive procedure which may not be the right choice for everyone. *If* a person is quite healthy before breathing or the heart stops unexpectedly and *if* CPR begins immediately, this procedure can be successful with minimal brain injury as a result of lack of oxygen. CPR is often not suitable for people who have an advanced or deteriorating long-term medical condition.

INTUBATION: A tube is inserted through the mouth and into the airway. This is done so that a person can be placed on a mechanical ventilator (respirator) to assist with breathing if he/she is unconscious or unable to maintain their airway for other reasons.

DEFIBRILLATION: A device called a defibrillator is used to deliver electrical energy to the heart to attempt to restore normal contractions.

