Interior Health

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

Legal Name ______________________
Last Name / First Name

Date of Birth ______________________
dd / mm / yyyy

PHN ______________________

PART 1 – RESUSCITATION STATUS & MEDICAL TREATMENTS Most Responsible Practitioner (MRP) (Physician and / or Nurse Practitioner) to initial in the box beside the chosen resuscitation status / treatments *(choose only ONE designation)*

	M1	**Supportive care, symptom management and comfort measures only:** Allow a natural death. Care is for physical, psychological and spiritual preparation for an expected or imminent death. Do not transfer to higher level of care unless to address comfort measures that cannot be met in current location.
	M2	**Medical treatments within current location of care excluding critical care interventions, cardiopulmonary resuscitation (CPR), intubation, and / or defibrillation. Current location:** ________ Allow a natural death. Transfer to higher level of care only if adult's medical treatment needs cannot be met in current location. Goals of care and interventions are for cure or control of symptoms of illness that do not require critical care interventions, CPR, defibrillation and / or intubation.
	M3	**Medical treatments including transfer to higher level of care but excluding critical care interventions, CPR, defibrillation and / or intubation:** Allow a natural death. Medical treatments are for cure or control of symptoms of illness. Transfer to a higher level of care may occur if required for diagnostics and treatment.
	C0	**Critical care interventions excluding CPR, defibrillation and intubation:** Adult is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered **except CPR, defibrillation and intubation.**
	C1	**Critical care interventions including intubation, but excluding CPR and defibrillation:** Adult is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered **except CPR and / or defibrillation.**
	C2	**Critical care interventions including CPR, defibrillation and / or intubation:** Adult is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered.

PART 2 – SPECIFIC INTERVENTIONS *(if applicable, refer to details in completed Patient Consent Record)*

Blood / Products ☐ YES ☐ NO	Nutritional Support ☐ YES ☐ NO	Dialysis ☐ YES ☐ NO
Non-Invasive Ventilation ☐ YES ☐ NO	Other	

PART 3 – SUPPORTING DOCUMENTATION *(check all documents reviewed)*

☐ Previous MOST Form ☐ No CPR Form (B.C.)	☐ Plan of Care ☐ Advance Directive	Representation Agreement ☐ Section 9 ☐ Section 7	☐ Other

PART 4 – CONSULTATIONS *Refer to consent process on reverse (check all individuals consulted)*

☐ Capable Adult ☐ Personal Guardian (Committee) *(name)* ________	☐ Representative *(name)* ________ ☐ Temporary Substitute Decision Maker *(name)* ________	☐ Inter-professional health care team ☐ Adult incapable / SDM unavailable

SUMMARY OF MRP ORDER (Physician and / or Nurse Practitioner)

As the MRP I have considered the documents noted in Part 3 and discussed the benefits, consequences and preferences of the above Order with the individual(s) noted in Part 4.

Name of MRP *(please print)*		College ID#	Signature
Date (dd / mm / yyyy)	Time (24:00)	MRP Office Phone #	Adult Location
Sent to MOST Data Entry Office		Date (dd / mm / yyyy)	Initials

REVALIDATION OF MRP ORDER

☐ MOST FORM Revalidation (No Change)	Date (dd / mm / yyyy)	Name of MRP *(print)*	College ID#	MRP Signature
Sent to MOST Data Entry Office		Date (dd / mm / yyyy)		Initials

Send to MOST Data Entry Office at 1-855-980-6180 (toll free)

IF RECEIVED IN ERROR, NOTIFY INTERIOR HEALTH INFORMATION PRIVACY & SECURITY TOLL FREE AT 1-855-980-5020

SUMMARY OF PROCESS TO DETERMINE MOST DESIGNATION

KEY MESSAGE

Advance Care Planning (ACP) + MOST informs an adult's "Plan of Care". The priority sequence for obtaining consent is:

1) as communicated by a capable adult. A capable adult can change their decision about previous instructions; or
2) as written in an adult's Advance Directive, if known; and determine if other personal planning documents exist; or,
3) as communicated between an incapable adult's Substitute Decision Maker (if available) and health care team; or
4) as determined by an incapable adult's health care team