



Advance Care Planning:
making the **MOST** of
CONVERSATIONS

Medical Orders for Scope of Treatment (MOST)

PART 1: RESUSCITATION STATUS and MEDICAL TREATMENTS

Check **ONE** designation.

CPR is provided in accordance with the MOST policy and **only with C2 designation**

<input type="checkbox"/>	M1	Supportive care, symptom management and comfort measures only. Allow a natural death. <i>Transfer to higher level of care only if patient's comfort needs cannot be met in current location.</i>
<input type="checkbox"/>	M2	Medical treatments within current location of care, excluding critical care interventions. <i>Transfer to higher level of care only if patient's comfort needs cannot be met in current location.</i>
<input type="checkbox"/>	M3	Medical treatments including transfer to higher level of care, excluding critical care interventions. <i>Transfer to a higher level of care only if patient's medical treatment needs cannot be met in current location.</i>
<input type="checkbox"/>	C0	Critical Care Interventions, excluding CPR and intubation. <i>Patient is accepting of any intervention from which they may benefit, excluding CPR and intubation.</i>
<input type="checkbox"/>	C1	Critical Care Interventions, excluding CPR but including intubation. <i>Patient is accepting of any intervention from which they may benefit, excluding CPR.</i>
<input type="checkbox"/>	C2	Critical Care Interventions, including CPR and intubation. <i>Patient is accepting of any intervention from which they may benefit.</i>

PART 2: ADDITIONAL DIRECTIONS/COMMENTS related to MOST (optional)

PART 3: SUPPORTING DOCUMENTATION (check all documents reviewed)

<input type="checkbox"/> Previous MOST	<input type="checkbox"/> Written expression of wishes	<input type="checkbox"/> Advance Directive	<input type="checkbox"/> Rep 9 agreement
<input type="checkbox"/> No CPR Form (BC)	<input type="checkbox"/> Health care provider documentation	<input type="checkbox"/> Other _____	

PART 4: MOST entered following a CONVERSATION with (check at least one)

<input type="checkbox"/> Capable Patient	<input type="checkbox"/> Personal Guardian (Committee) Name _____
<input type="checkbox"/> Representative Name _____	<input type="checkbox"/> Temporary Substitute Decision Maker Name _____
<input type="checkbox"/> Incapable Patient/Substitute Decision Maker unavailable	

PART 5: SIGNATURE OF PHYSICIAN or NURSE PRACTITIONER

I have considered the available documents noted in Part 3 and discussed the benefits, consequences and preferences of the MOST designation with the individual(s) indicated in Part 4.

Name (please print)	Signature
Date (yyyy/mm/dd) _____ Time _____	Location of patient _____

A MOST does not replace the consent to care and treatment process.

Community PCPs, please fax form to 250-740-2687 to be entered in the EHR at eMOST activated sites.