



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

Medical Orders for Scope of Treatment (MOST)

PART 1- RESUSCITATION STATUS & MEDICAL TREATMENTS	
Most Responsible Physician (MRP) to initial only ONE designation. Note: CPR is provided in accordance with the MOST policy	
<input type="checkbox"/> M1	Supportive care, symptom management and comfort measures only. <i>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. Allow a natural death.</i>
<input type="checkbox"/> M2	Medical treatments within current location of care, <u>excluding</u> critical care interventions, CPR and intubation. <i>Transfer to higher level of care only if patient's medical treatment needs cannot be met in current location. Goals of care and interventions are for cure or control of symptoms of illness. No critical care interventions.</i>
<input type="checkbox"/> M3	Medical treatments including transfer to higher level of care, <u>excluding</u> critical care interventions, CPR, and intubation. <i>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.</i>
<input type="checkbox"/> C0	Critical Care Interventions, <u>excluding</u> CPR and intubation. <i>Patient is expected to benefit from and is accepting of any appropriate investigations and interventions that can be offered <u>excluding</u> CPR, and intubation.</i>
<input type="checkbox"/> C1	Critical Care Interventions, <u>excluding</u> CPR but <u>including</u> intubation. <i>Patient is expected to benefit from and is accepting of any appropriate investigations and interventions that can be offered <u>excluding</u> CPR.</i>
<input type="checkbox"/> C2	Appropriate Critical Care Interventions, <u>including</u> CPR, and intubation. <i>Patient is expected to benefit from and is accepting of investigations and interventions that can be offered.</i>
PART 2- Additional direction(s) related to MOST (OPTIONAL)	
PART 3- SUPPORTING DOCUMENTATION (check all documents reviewed)	
<input type="checkbox"/> Previous MOST Order <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 order entered following a CONVERSATION with (check all that apply)	
<input type="checkbox"/> Capable Patient <input type="checkbox"/> Personal Guardian (Committee) Name: _____ <input type="checkbox"/> Representative Name: _____ <input type="checkbox"/> Temporary Substitute Decision Maker (TSDM) Name: _____ <input type="checkbox"/> Patient incapable/TSDM unavailable <input type="checkbox"/> Consultation with other health care provider(s)	
SIGNATURE OF ORDERING PHYSICIAN	
As the patient's ordering Physician I have considered the available documents noted in Part 3 and discussed the benefits and consequences and preferences of the above Order with the indicated individual(s) in Part 4.	
Name of MRP (please print)	Signature
Date (dd/mm/yyyy) Time	Location of patient
REVALIDATION OF THE MOST	
<input type="checkbox"/> MOST order revalidation (No Change)	Date (dd/mm/yyyy)
Signature:	
<input type="checkbox"/> MOST order revalidation (Update)	Date (dd/mm/yyyy)
Prepare new MOST form, and strike through this one	

MOST decision Support tools

MOST is completed as a result of an Advance Care Planning (ACP) and Goals of Care conversations. Consider using the Conversation Guide for ACP and Goals of Care below:

Conversation Guide for ACP & Goals of Care:

Keep in mind that ACP is an ongoing process and may take several conversations over time

Questions you can consider asking:

- What do you understand about your illness?
- How much information would you like about what to expect with your illness?
Tip: Some people like to know about how much time they have, others like to know about what to expect, others like both
- **Offer to provide your view of prognosis and possible trajectory, tailored to information preferences**
- Have you talked with anyone about your health goals or preferences? Do you have an advance care plan? Do you know what I mean by an advance care plan?
 - If yes: discuss details.
 - If no: then ask, "If medical decisions need to be made about your care and you are unable to speak for yourself, who would you want me to speak to about your wishes?"
- If your health situation worsens, what are your most important goals of care?
- What are your fears or worries about the future?
- Do you have the information you need to make decisions about the kinds of procedures you do or do not want if you become very sick?
- How much do your loved ones know about your wishes and goals of care? *Tip: Suggest bring a family member or friend next visit.*

REFLECT

- **Prognosis:** Did I talk about his/her prognosis?
- **Preferences:** Did I ask about preferences for future health care?
- **Goals:** Did I ask about their goals and/or values? What does he/she want to do with the time that is left?
- **Substitute Decision Maker (SDM):** Do I know whom to contact if the adult cannot communicate their wishes? Or did I include the SDM if the adult cannot speak for themselves?
- **Documentation:** Did I document all of the above?

Code Status and MOST Designations						
	CPR	Intubation	Critical Care Interventions	Site Transfer	Treat Reversible Condition	Symptom Control
M1	NO	NO	NO	NO*	NO	Y
M2	NO	NO	NO	NO*	Y	Y
M3	NO	NO	NO	Y	Y	Y
C0	NO	NO	Y	Y	Y	Y
C1	NO	Y	Y	Y	Y	Y
C2	Y	Y	Y	Y	Y	Y

*Unless comfort measures cannot be met in current location

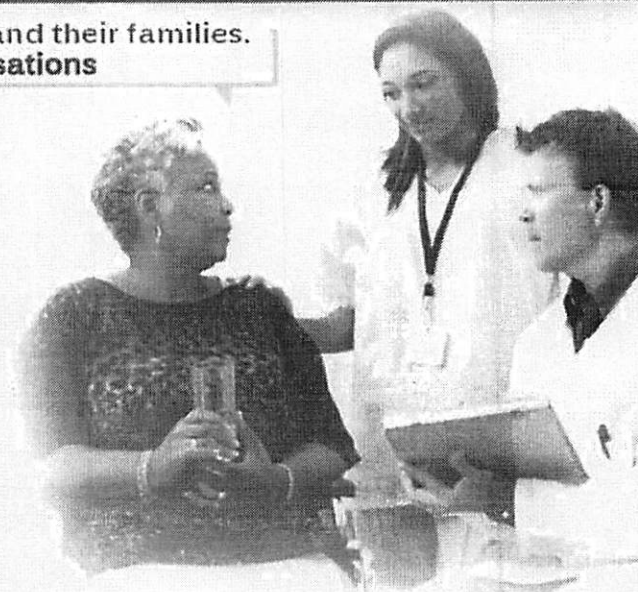
Information for patients and their families.
A tool for **Conversations**

Medical Orders for Scope of Treatment

MOST

A MOST is a doctor's order, that has 6 different levels of treatment that range from comfort care to critical care.

Ideally a MOST is completed following advance care planning and Goals of Care conversations. Your MOST can be changed at any time through conversations with your doctor.



My Goals of Care

My goal is to have a natural death. I want to receive care to ease pain and manage symptoms of my underlying illness. I want care provided within my current location when possible.

My goal is to have readily reversible medical conditions treated, within my current location of care when possible. Treatment would be non-invasive and allow for a natural death.

My goal is to have my illness cured and/or controlled when possible. I know I may be temporarily transferred to a different care setting for tests or treatment, but I do not want to be transferred to a critical care unit.

My goal is to have my life preserved and to have any medical problems reversed if possible. I want admission to critical care, including major or invasive procedures if offered. I would not want intubation or CPR.

My goal is to have my life preserved. I want admission to critical care and all critical care interventions offered, including intubation if needed, but not CPR.

My goal is to have my life preserved. I want admission to critical care and critical care interventions offered, including intubation and CPR.

MOST (Doctor's Order)

▶ **M1** Supportive care, symptom management and comfort measures.

▶ **M2** Medical treatment within current location of care.

▶ **M3** Medical treatments including transfer to a higher level of care, excluding critical care.

▶ **C0** Critical care interventions, excluding CPR and intubation.

▶ **C1** Critical care interventions including intubation, but excluding CPR.

▶ **C2** Appropriate critical care interventions, including, CPR and intubation.

"M" stands for Medical Orders

- Allow for a **natural death**.
- Life support measures will not be used if your heart stops or if you stop breathing.

"C" stands for Critical Care Orders

- Attempt to extend or **preserve life** through aggressive treatments provided in critical care environments (e.g. ICU).
- These orders are not typically used if you are at the natural end of your life.

CPR: Refers to Cardiopulmonary Resuscitation, is an attempt to revive a person whose heart and breathing have stopped.

Intubation: is a tube inserted through the mouth and into the airway. This is done so that a person can be put on a mechanical ventilator to assist with breathing.



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