NEW YORK STATE DEPARTMENT OF HEALTH

Medical Orders for Life-Sustaining Treatment (MOLST)

SECTION A
Resuscitation Instructions When the Patient Has No Pulse and/or Is Not Breathing

Check one:

☐ CPR Order: Attempt Cardio-Pulmonary Resuscitation
CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

☐ DNR Order: Do Not Attempt Resuscitation (Allow Natural Death)
This means do not begin CPR, as defined above, to make the heart or breathing start again if either stops.

SECTION B
Consent for Resuscitation Instructions (Section A)

The patient can make a decision about resuscitation if he or she has the ability to decide about resuscitation. If the patient does NOT have the ability to decide about resuscitation and has a health care proxy, the health care agent makes this decision. If there is no health care proxy, another person will decide, chosen from a list based on NYS law. Individuals with I/DD who do not have capacity and do not have a health care proxy must follow SCPA 1750-b.

SIGNATURE ____________________________

☐ Check if verbal consent (Leave signature line blank)

DATE/TIME

PRINT NAME OF DECISION-MAKER ____________________________

PRINT FIRST WITNESS NAME ____________________________

PRINT SECOND WITNESS NAME ____________________________

Who made the decisions? ☐ Patient ☐ Health Care Agent ☐ Public Health Law Surrogate ☐ Minor’s Parent/Guardian ☐ §1750-b Surrogate*

SECTION C
Physician or Nurse Practitioner Signature for Sections A and B

PHYSICIAN OR NURSE PRACTITIONER SIGNATURE* ____________________________

PRINT PHYSICIAN OR NURSE PRACTITIONER NAME ____________________________

PHYSICIAN OR NURSE PRACTITIONER LICENSE NUMBER ____________________________

PHYSICIAN OR NURSE PRACTITIONER PHONE/PAGER NUMBER ____________________________

SECTION D
Advance Directives

Check all advance directives known to have been completed:

☐ Health Care Proxy ☐ Living Will ☐ Organ Donation ☐ Documentation of Oral Advance Directive

*If this decision is being made by a 1750-b surrogate, a physician must sign the MOLST.
SECTION E  Orders For Other Life-Sustaining Treatment and Future Hospitalization  
When the Patient has a Pulse and the Patient is Breathing

Life-sustaining treatment may be ordered for a trial period to determine if there is benefit to the patient. If a life-sustaining treatment is started, but turns out not to be helpful, the treatment can be stopped. Before stopping treatment, additional procedures may be needed as indicated on page 4.

Treatment Guidelines  No matter what else is chosen, the patient will be treated with dignity and respect, and health care providers will offer comfort measures. Check one:

☐ Comfort measures only  Comfort measures are medical care and treatment provided with the primary goal of relieving pain and other symptoms and reducing suffering. Reasonable measures will be made to offer food and fluids by mouth. Medication, turning in bed, wound care and other measures will be used to relieve pain and suffering. Oxygen, suctioning and manual treatment of airway obstruction will be used as needed for comfort.

☐ Limited medical interventions  The patient will receive medication by mouth or through a vein, heart monitoring and all other necessary treatment, based on MOLST orders.

☐ No limitations on medical interventions  The patient will receive all needed treatments.

Instructions for Intubation and Mechanical Ventilation  Check one:

☐ Do not intubate (DNI)  Do not place a tube down the patient’s throat or connect to a breathing machine that pumps air into and out of lungs. Treatments are available for symptoms of shortness of breath, such as oxygen and morphine. (This box should not be checked if full CPR is checked in Section A.)

☐ A trial period  Check one or both:

☐ Intubation and mechanical ventilation

☐ Noninvasive ventilation (e.g. BIPAP), if the health care professional agrees that it is appropriate

☐ Intubation and long-term mechanical ventilation, if needed  Place a tube down the patient’s throat and connect to a breathing machine as long as it is medically needed.

Future Hospitalization/Transfer  Check one:

☐ Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled.

☐ Send to the hospital, if necessary, based on MOLST orders.

Artificially Administered Fluids and Nutrition  When a patient can no longer eat or drink, liquid food or fluids can be given by a tube inserted in the stomach or fluids can be given by a small plastic tube (catheter) inserted directly into the vein. If a patient chooses not to have either a feeding tube or IV fluids, food and fluids are offered as tolerated using careful hand feeding. Additional procedures may be needed as indicated on page 4.

Check one each for feeding tube and IV fluids:

☐ No feeding tube  ☐ No IV fluids

☐ A trial period of feeding tube  ☐ A trial period of IV fluids

☐ Long-term feeding tube, if needed

Antibiotics  Check one:

☐ Do not use antibiotics.  Use other comfort measures to relieve symptoms.

☐ Determine use or limitation of antibiotics when infection occurs.

☐ Use antibiotics to treat infections, if medically indicated.

Other Instructions  about starting or stopping treatments discussed with the doctor or nurse practitioner or about other treatments not listed above (dialysis, transfusions, etc.).

Consent for Life-Sustaining Treatment Orders (Section E)  (Same as Section B, which is the consent for Section A)

SIGNATURE  □ Check if verbal consent (Leave signature line blank)  DATE/TIME

PRINT NAME OF DECISION-MAKER

PRINT FIRST WITNESS NAME  PRINT SECOND WITNESS NAME

Who made the decisions?  ☐ Patient  ☐ Health Care Agent  ☐ Based on clear and convincing evidence of patient’s wishes  ☐ Public Health Law Surrogate  ☐ Minor’s Parent/Guardian  ☐ §1750-b Surrogate*

Physician or Nurse Practitioner Signature for Section E

PHYSICIAN OR NURSE PRACTITIONER SIGNATURE*  PRINT PHYSICIAN OR NURSE PRACTITIONER NAME  DATE/TIME

*If this decision is being made by a §1750-b surrogate, a physician must sign the MOLST.

This MOLST form has been approved by the NYSDOH for use in all settings.
SECTION F  Review and Renewal of MOLST Orders on this MOLST Form

The physician or nurse practitioner must review the form from time to time as the law requires, and also:

- If the patient moves from one location to another to receive care; or
- If the patient has a major change in health status (for better or worse); or
- If the patient or other decision-maker changes his or her mind about treatment.

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Requirements for Completing the MOLST for Individuals with Intellectual or Developmental Disabilities

Completing the MOLST for individuals with I/DD who lack capacity to make their own health care decisions and do not have a health care proxy:

- The law governing the decision-making process differs for individuals with I/DD. Surrogate’s Court Procedure Act (SCPA) Section 1750-b must be followed when making a decision for an individual with I/DD who lacks capacity and does not have a health care proxy.

- MOLST may only be signed by a physician, not a nurse practitioner.

- Completion of the MOLST legal requirements checklist for individuals with I/DD, including notification of certain parties and resolution of any objections, is mandatory prior to completion of MOLST. The checklist is available on the NYS OPWDD website.

- The checklist should be completed when an authorized surrogate makes a decision to withhold or withdraw life sustaining treatment (LST) from an individual with I/DD. There are specific medical criteria, included in Step 4 of the checklist. The individual’s medical condition must meet the specified medical criteria at the time the request to withhold or withdraw treatment is made.

- Trials – whether or not a new checklist is required following an unsuccessful trial of LST depends on the parameters of the trial, as specified in Step 2 of the checklist. If Step 2 of the checklist has provided that a trial for LST is to end after a specific period of time or the occurrence of a specific event, it may not be necessary to complete a new checklist following the trial. However, if a trial period is open ended, and the authorized surrogate subsequently decides to request withdrawal of the LST, a new checklist would be required.

- The checklist and 1750-b process apply to individuals with I/DD, regardless of their age or residential setting.