

THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURING TRAVEL TO DIFFERENT CARE SETTINGS. THE PHYSICIAN KEEPS A COPY.

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT

ADDRESS

CITY/STATE/ZIP

DATE OF BIRTH (MM/DD/YYYY)

Male Female

eMOLST NUMBER (THIS IS NOT AN eMOLST FORM)

Do-Not-Resuscitate (DNR) and Other Life-Sustaining Treatment (LST)

This is a medical order form that tells others the patient's wishes for life-sustaining treatment. A health care professional must complete or change the MOLST form, based on the patient's current medical condition, values, wishes and MOLST Instructions. If the patient is unable to make medical decisions, the orders should reflect patient wishes, as best understood by the health care agent or surrogate. A physician must sign the MOLST form. All health care professionals must follow these medical orders as the patient moves from one location to another, unless a physician examines the patient, reviews the orders and changes them.

MOLST is generally for patients with serious health conditions. The patient or other decision-maker should work with the physician and consider asking the physician to fill out a MOLST form if the patient:

- Wants to avoid or receive any or all life-sustaining treatment.
• Resides in a long-term care facility or requires long-term care services.
• Might die within the next year.

If the patient has a developmental disability and does not have ability to decide, the doctor must follow special procedures and attach the appropriate legal requirements checklist.

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.

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 decision? Patient Health Care Agent Public Health Law Surrogate Minor's Parent/Guardian §1750-b Surrogate

SECTION C Physician Signature for Sections A and B

PHYSICIAN SIGNATURE _____ PRINT PHYSICIAN NAME _____ DATE/TIME _____

PHYSICIAN LICENSE NUMBER

PHYSICIAN 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

LAST NAME/FIRST NAME/MIDDLE INITIAL OF PATIENT

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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.

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
Limited medical interventions
No limitations on medical interventions

Instructions for Intubation and Mechanical Ventilation Check one:

- Do not intubate (DNI)
A trial period
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

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.

- No feeding tube
A trial period of feeding tube
Long-term feeding tube, if needed
No IV fluids
A trial period of IV fluids

Antibiotics Check one:

- Do not use antibiotics.
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 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 decision? 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 Signature for Section E

PHYSICIAN SIGNATURE

PRINT PHYSICIAN NAME

DATE/TIME