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 Physician (MRP) 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 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 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:** Patient 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:** Patient 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:** Patient 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 Patient ☐ Personal Guardian (Committee) *(name)* _____	☐ Representative *(name)* _____ ☐ Temporary Substitute Decision Maker *(name)* _____	☐ Inter-professional health care team ☐ Patient incapable / SDM unavailable

SUMMARY OF MOST RESPONSIBLE PHYSICIAN'S ORDER

As the patient's Most Responsible Physician 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)	Physician Office Phone #	Patient Location
Sent to MOST Data Entry Office		Date (dd / mm / yyyy)	Initials

REVALIDATION OF MOST RESPONSIBLE PHYSICIAN'S ORDER

☐ MOST FORM Revalidation (No Change)	Date (dd / mm / yyyy)	Name of MRP *(print)*	College ID#	Physician 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

829641 Dec 10-15

SUMMARY OF PROCESS TO DETERMINE MOST DESIGNATION

KEY MESSAGE

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

1) as communicated by a capable patient. The capable patient can change his/her decision about previous instructions; or
2) as written in a patient's Advance Directive, if known; and determine if other personal planning documents exist; or,
3) as communicated between an incapable patient's substitute decision maker (if available) and health care team; or
4) as determined by the incapable patient's health care team

NEED FOR MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST) IDENTIFIED

Is patient capable?

YES → A patient is **capable** if she/he demonstrates an understanding of the information being given about the proposed health care treatment and that the information applies to her/his situation. Capacity is assessed at the time of the discussion with the patient. A capable patient's current consent to health care treatment, at the time health care is to be provided, will override previous consent decisions.

- Determine if patient has any advance care planning documents; if yes, request copies and place in chart
- Discuss proposed health care needs with patient
- Determine goals of care for patient based on this discussion and consent provided
- Complete MOST document (physician)
- Place MOST document in chart
- Develop a plan of care

If **NO**

Known Advance Directive?

YES → An **Advance Care Plan** is an expression (either written or verbal) of preferences for care and **may** include an **Advance Directive**. Consent refusal in an Advance Directive must be followed by all health care providers.

- Discuss proposed health care needs with health care team
- Determine goals of care for patient based on this discussion and any known advance care planning documents
- Complete MOST document (physician)
- Place MOST document in chart
- Develop a plan of care

If **NO**

Substitute Decision Maker (SDM)?

YES → A **Substitute Decision Maker** describes either the Committee of Person (Personal Guardian), or a Representative appointed in a Representative Agreement, or the Temporary Substitute Decision Maker (TSDM) selected by the health care provider from ranked list eligible to be chosen. Ranking revisions now include a "close friend" or "a person related by marriage".

Only a reasonable effort is required to locate an SDM.

A Substitute Decision Maker has to follow previously expressed instructions/wishes, and if none, make the substitute decision in the adult's "best interests". Decision-making duties of a representative are dependent on the type of Representation Agreement (Section 7 or 9), as well as any instructions imposed under an agreement.

- Determine from SDM if patient has any advance care planning documents; if yes, obtain copies and place in chart
- Discuss proposed health care with SDM
- Determine goals of care for patient based on this discussion
- Complete MOST document (physician)
- Place MOST document in chart
- Develop a plan of care

If **NO**

- Discuss proposed health care needs with health care team
- Determine goals of care for patient based on this discussion
- Complete MOST document (physician)
- Place MOST document in chart
- Develop a plan of care