

What is a Medical Order for Scope of Treatment (Most) form?

The MOST form is a doctor's order based on conversations between you and your doctor or nurse practitioner about CPR and other interventions. These conversations explore your values and goals in light of what is medically appropriate for your current condition.

Your MOST can be changed at any time through conversations with your healthcare provider.

MY GOALS OF CARE	OPTION	CLINICAL ORDER
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 to stay at home.	Option 1 M1	No CPR. Supportive care, pain and symptom management and comfort measures. Only use therapies that will improve comfort or quality of life. No transfer to higher level of care
My goal is to have straightforward medical conditions treated. Treatment would be non-invasive and allow for a natural death. I don't want to go to hospital unless I cannot be treated or made comfortable at home.	Option 2 M2	No CPR. Option 1 (M1) plus therapeutic measures and medications to manage acute conditions (e.g. oral antibiotics for suspected infection) within the limits of residential or other facility or program to which the patient/ resident is admitted. Transfer to hospital only if necessary (e.g. a broken hip which could be easily fixed with surgery)
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 have CPR or breathing machines.	Option 3 M3	No CPR. Option 2 (M2) plus admission to an acute care hospital (if not already admitted) for medical/surgical treatment as indicated (e.g. IV fluids, IV antibiotics, blood transfusions if patient desires). No referral to critical care.
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 but I would not want to be resuscitated or have life-sustaining mechanical treatment (e.g. breathing machine)	Option 4 C1	No CPR. Option 3 (M3) plus maximum therapeutic effort including referral to critical care but excluding CPR, intubation and ventilation.
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.	Option 5 C2	No CPR. Maximum therapeutic effort as Option 4 (C1) including referral to critical care and including intubation and ventilation.
My goal is to live as long as possible. I want admission to critical care and have any and all critical care interventions offered,	Attempt CPR	In the event of an acute medical event, maximum therapeutic effort including referral to Critical Care, 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

Please note: If you have wishes that don't “fit” into these boxes, your doctor can add these to the box marked “Specific comments on Order/Goals of Care to aid interpretation”

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

ADULTS, AGE 19 AND ABOVE

Speak to your family doctor about your goals of care and complete a MOST together. It should be reviewed annually or whenever your health situation changes.

A I anticipate CPR to be of clear benefit and medically appropriate for the patient in the event of a medical crisis. I have not discussed this with the patient/SDM:

Attempt CPR and refer to Critical Care - _____
Responsible Provider Signature Date

B I have had a discussion with patient and / or substitute decision maker:

Patient/Resident: is at this time capable to make own medical decisions
 is NOT currently capable to make own medical decisions

Patient / Resident / Substitute Decision Maker (SDM) consulted in development of Order / advised of Order:

Printed name _____ Date _____
 Patient / Resident TSDM Client / SDM disagrees with Order
 Representative Personal Guardian
 Other (explain below) None (explain below)
 Explain: _____

Optional space for signature of Client or SDM aware of Order, intended for use in residential care. Order valid with or without signature.

- Attempt Cardiopulmonary Resuscitation (CPR)**
In the event of acute medical event, maximum therapeutic effort.
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR: No chest compressions or other direct means of restarting the heart)**
- IN THE EVENT OF SERIOUS ACUTE MEDICAL EVENT:**
 - Option 1 (M1)*** No CPR. Supportive care, symptom management, and comfort measures. Allow natural death.
 - Option 2 (M2)** No CPR. Option 1 (M1) plus therapeutic measures and medications to manage acute conditions within the current setting. If in residential care or hospice, transfer to acute care will not occur except in special circumstances (eg fracture).
 - Option 3 (M3)** No CPR. Option 2 (M2) plus admission to an acute care hospital (if not already admitted) for medical/surgical treatment as indicated. No referral to Critical Care.
 - Option 4 (C1)** No CPR. Maximum therapeutic effort as in Option 3 (M3) including referral to Critical Care but **not including** intubation and ventilation.
 - Option 5 (C2)** No CPR. Maximum therapeutic effort as in Option 4 (C1) including referral to Critical Care and **including** intubation and ventilation.

Specific comments on Order / Goals of Care to aid interpretation:

DNACPR as detailed on this MOST will automatically be suspended for surgery and other procedures involving anesthesia or procedural sedation and treatment will be provided at the discretion of the Most Responsible Provider, unless specific direction is provided below:

Provider detailing circumstances of suspension of DNACPR / MOST

SUPPORTING DOCUMENTATION: Ask each patient / family if patient has expressed or documented wishes about future care

<input type="checkbox"/> Previous DNACPR / MOST	<input type="checkbox"/> VCH ACP Record	<input type="checkbox"/> Representation Agreement	<input type="checkbox"/> Other:
<input type="checkbox"/> Provincial No CPR	<input type="checkbox"/> Advance Directive	<input type="checkbox"/> Section 9 <input type="checkbox"/> Section 7	
This MOST Order first documented	Date (dd/mm/yr)	Print Name:	Signature, Most Responsible Provider
	College #	Contact #:	
MOST Order Reviewed - no change If changed, prepare new MOST form and strike through this one	Date (dd/mm/yr)	Print Name:	Signature, Most Responsible Provider