THE PATIENT KEEPS THE ORIGINAL MOLST FORM DURIN	IG TRAVEL TO DIFFERENT CARE	SETTINGS. THE PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT 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/nurse practitioner/physician assistant 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/nurse practitioner/physician assistant 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/nurse practitioner/physician assistant and consider asking the physician/nurse practitioner/physician assistant 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 an intellectual or developmental disability (I/DD) and lacks the capacity to decide, the physician (not a nurse practitioner or physician assistant) must follow special procedures and attach the completed Office for People with Developmental Disabilities (OPWDD) legal requirements checklist before signing the MOLST. See page 4.

# 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.

			🗌 Check if verbal consent (Le	ave signature line blank)	
SIGNATURE			,		
PRINT NAME OF DECISION-MAKER					
PRINT FIRST WITNESS NAME			PRINT SECOND WITNESS NA	ME	
Who made the decisions?	🗌 Patient	🗌 Health Care Agent	🗌 Public Health Law Surrogate	🗌 Minor's Parent/Guardi	an 🗌 §1750-b Surrogate*
SECTION C Phys	ician/Nurs	e Practitioner/Phys	sician Assistant Signature fo	or Sections A and B	
			-		
PHYSICIAN/NURSE PRACTITIONER/PI	IYSICIAN ASSIST	ANT SIGNATURE*	PHYSICIAN/NURSE PRACTITIONEF	R/PHYSICIAN ASSISTANT NAME	DATE/TIME
PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT LICENSE NUMBER			PHYSICIAN/NURSE PRACTITIONEF	R/PHYSICIAN ASSISTANT PHONE/PA	GER NUMBER
SECTION D Adva	nce Direct	ives			
Check all advance directive	s known to	have been completed:			
🗌 Health Care Proxy 🛛 🗌 L	iving Will	□ Organ Donation □	] Documentation of Oral Advance D	irective	
*If this decision is being ma	de by a 1750	-b surrogate, a physiciar	n must sign the MOLST.		

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# 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 N comfort measures. Check of	o matter what else is chosen, the patient will be treated with dignity and respect, and health care p	roviders will offer
Comfort measures only reducing suffering. Reas	 Comfort measures are medical care and treatment provided with the primary goal of relieving pain a onable measures will be made to offer food and fluids by mouth. Medication, turning in bed, wound ain and suffering. Oxygen, suctioning and manual treatment of airway obstruction will be used as ne	care and other measures
Limited medical interverse based on MOLST orders	e <b>ntions</b> The patient will receive medication by mouth or through a vein, heart monitoring and all oth	ner necessary treatment,
□ No limitations on media	al interventions The patient will receive all needed treatments.	
	ion and Mechanical Ventilation Check <u>one</u> :	
are available for sympto	o not place a tube down the patient's throat or connect to a breathing machine that pumps air into an ms of shortness of breath, such as oxygen and morphine. (This box should not be checked if full CPR	d out of lungs. Treatments is checked in Section A.)
A trial period <i>Check on</i>	e or both: echanical ventilation	
	ilation (e.g. BIPAP), if the health care professional agrees that it is appropriate	
Intubation and long-ter is medically needed.	<b>m mechanical ventilation, if needed</b> Place a tube down the patient's throat and connect to a breath	ing machine as long as it
Future Hospitalization/		
•	ital unless pain or severe symptoms cannot be otherwise controlled. necessary, based on MOLST orders.	
the stomach or fluids can be	☐ No IV fluids g tube ☐ A trial period of IV fluids	ave either a feeding tube
Antibiotics Check one:		
	Jse other comfort measures to relieve symptoms. tion of antibiotics when infection occurs.	
	nfections, if medically indicated.	
<b>Other Instructions</b> about not listed above (dialysis, tra	starting or stopping treatments discussed with the physician/nurse practitioner/physician assistant or ansfusions, etc.).	about other treatments
Consent for Life-Sustai	ning Treatment Orders (Section E) (Same as Section B, which is the consent for Section A)	
	Check if verbal consent (Leave signature line blank)	
SIGNATURE		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 wish □ Public Health Law Surrogate □ Minor's Parent/Guardian □ §1750-b Surrogate*	es
Physician/Nurse Practit	tioner/Physician Assistant Signature for Section E	
PHYSICIAN/NURSE PRACTITIONER/F	PHYSICIAN ASSISTANT SIGNATURE* PRINT PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT NAME	DATE/TIME
*If this decision is being ma	ide 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.

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# SECTION F Review and Renewal of MOLST Orders on this MOLST Form

The physician/nurse practitioner/physician assistant 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.

Date/Time	Reviewer's Name and Signature	Location of Review (e.g., Hospital, NH, Physician/Nurse Practitioner/Physician Assistant Office)	Outcome of Review
			<ul> <li>No change</li> <li>Form voided, new form completed</li> <li>Form voided, no new form</li> </ul>
			<ul> <li>No change</li> <li>Form voided, new form completed</li> <li>Form voided, no new form</li> </ul>
			<ul> <li>No change</li> <li>Form voided, new form completed</li> <li>Form voided, no new form</li> </ul>
			<ul> <li>No change</li> <li>Form voided, new form completed</li> <li>Form voided, no new form</li> </ul>
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			<ul> <li>No change</li> <li>Form voided, new form completed</li> <li>Form voided, no new form</li> </ul>

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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 or physician assistant.
- 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.

