

MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

Legal Name	Last Name / First Name				
Date of Birth					
	dd/mm/yyyy				

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PART 1 – RESUSCITATION STATUS & MEDICAL TREATMENTS Most Responsible Practitioner (MRP) (Physician and/or											
Nurse Practitioner) 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									
	IVI I	unless to addres							er to higher lever or care		
									ions, cardiopulmonary		
		resuscitation (ions, cardiopulinonary		
									eds cannot be met in current		
	IVIZ		ow a natural death. Transfer to higher level of care only if adult's medical treatment needs cannot be met in current cation. Goals of care and interventions are for cure or control of symptoms of illness that do not require critical care								
			erventions, CPR, defibrillation and / or intubation.								
						level of care hu	t exclu	ıdina critical	care interventions, CPR,		
	М3										
		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		tical care interventions excluding CPR, defibrillation and intubation: Adult is expected to benefit from and is septing of any medically appropriate investigations and interventions that are offered except CPR, defibrillation								
		and intubation.		y appropriat	o iiivooligalioi	io and intolventic	0110 1110	it are errored t	oxeopt or it, delibring		
				ns includin	ncluding intubation, but excluding CPR and defibril				ation: Adult is expected to		
	C1								ns that are offered except		
	•	CPR and/or de				opd.to ooga.			To the direction of the property of the proper		
					a CPR. defibr	illation and/or	intuba	tion: Adult is	expected to benefit from and		
	C2	is accepting of a									
PART 2-SPECIFIC INTERVENTIONS (if applicable, refer to details in completed Patient Consent Record)											
Blood/Products											
Non-Invasive Ventilation ☐ YES ☐ NO Other											
PΔRT 3	_SUP	PORTING DOC	IIMENTA	TION (chec	k all documents	reviewed)					
		OST Form		of Care	k all documents	,	\ araar	mont	Other		
		orm (B.C.)	1	i oi Care ance Directi	\/a	Representation Section 9	Agreer ☐ Sec		Other		
□ NO C	PRFU	onn (b.C.)	L Auve		ve	Section 9		tion <i>t</i>			
PART 4	-CON	NSULTATIONS R	efer to cor	nsent process	s on reverse (ch	neck all individuals	consul	ted)			
☐ Capa	able Ac	lult		Represent	tative (name)			Inter-	professional health care team		
				Substitute Decision Maker (name)			☐ Adult	☐ Adult incapable /			
(name)								SDM unavailable			
CHMM	NDV A	E MDD ODDED	/Dhyajais	on and lar	Nursa Drasti	tioner)					
		F MRP ORDER					C.				
					in Part 3 and 0	discussed the be	netits,	consequences	s and preferences of the		
		ith the individual(s) noted ir	n Part 4.	College ID#						
Name of M	se print)				Signature						
Data (dd /n	/	Time (24:00)		MRP Office Phone #				Adult Location			
Date (dd/n	IIII/yyyy)	Time (24:00)									
Sent to	MOST	Data Entry Office)	Date (dd/mm/yyyy)			Initials				
REVALIDATION OF MRP ORDER											
				mm/www	Name of MDD /n-	rint)	Collogo	ID#	MPP Signature		
MOST FORM Revalidation (No Change) Date (dd/mm/yyyy) Name of MRP (print) College ID#							MRP Signature				
Sent to MOST Data Entry Office				Date (dd/mm/yyyy)				Initials			

SUMMARY OF PROCESS TO DETERMINE MOST DESIGNATION

NEED FOR MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST) IDENTIFIED An adult is capable if they demonstrate an understanding of the information being given about the proposed health care treatment and that the information applies to their situation. Is adult YES → Capacity is assessed at the time of the capable? discussion with the adult. A capable adult's current consent to health care treatment, at the time health care is to be provided, will override previous consent decisions. If NO An Advance Care Plan is an expression (either Known written or verbal) of preferences for care and Advance YES → may include an Advance Directive. Consent Directive? refusal in an Advance Directive must be followed by all health care providers. A Substitute Decision Maker (SDM) describes If NO either the Committee of Person (Personal Guardian), or a Representative appointed in a Representative Agreement, or the <u>Temporary</u> Substitute Decision Maker (TSDM) selected by the health care provider from a ranked list of persons eligible to be chosen. Substitute Only a reasonable effort is required to locate **Decision Maker** YES → an SDM. (SDM)? An SDM has to follow previously expressed instructions/wishes and, if none, make the

If NO

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.

KEY MESSAGE

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

- as communicated by a capable adult. A capable adult can change their decision about previous instructions; or
- as written in an adult's Advance Directive, if known; and determine if other personal planning documents exist; or,
- 3) as communicated between an incapable adult's Substitute Decision Maker (if available) and health care team; or
- 4) as determined by an incapable adult's health care team
 - Determine if adult has any ACP documents; if yes, request copies and place in health record
 - Discuss proposed health care needs with adult
 - Determine identified goals of care
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and send copy to the MOST Data Entry Office
 - Develop a plan of care
 - Discuss proposed health care needs with health care team
 - Determine identified goals of care based on ACP documents
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and/or SDM and send copy to the MOST Data Entry Office
 - · Develop a plan of care
 - Determine from SDM if ACP documents exist; if yes, obtain copies and place in health record
 - · Discuss proposed health care with SDM
 - Determine identified goals of care based on ACP documents
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, provide copy to adult and/or SDM and send copy to the MOST Data Entry Office
 - Develop a plan of care
 - Discuss proposed health care needs with health care team
 - · Determine goals of care
 - MRP to complete MOST Designation Form
 - Place MOST form in health record, and send copy to the MOST Data Entry Office
 - · Develop a plan of care