Carolinas HealthCare System

# Medical Orders for Scope of Treatment

## Shared Decision Making for End-of-Life Care


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**Department of Family Medicine**
**Carolinas HealthCare System**
**Charlotte, North Carolina**


One

# Reality of Living and Dying

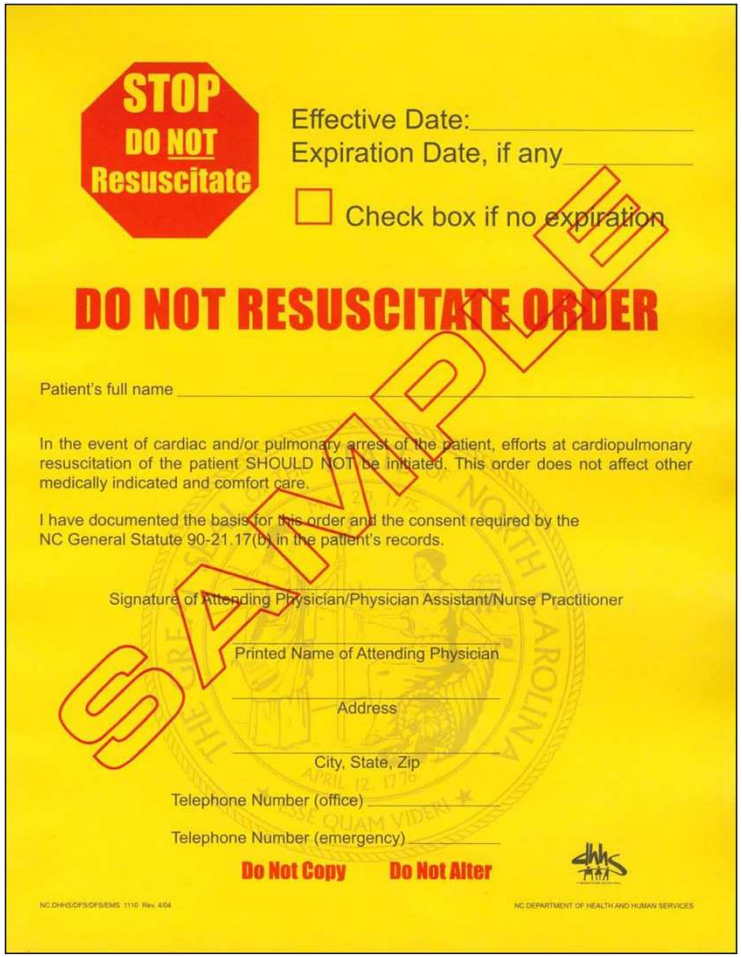
- Life expectancy is increasing, but dying is inevitable
- Modern medical treatments can extend life in the setting of advanced illnesses
- There are still limits to medical treatments and trade-offs often exist (quantity vs. quality of life)
- Planning ahead can avoid crisis decision making and help protect your right to direct your own health care

# Advance Directives

- **Living Will**
  - written wishes about limiting life-prolonging medical treatments under specific circumstances (hypothetical future health states)
  - Can not anticipate all circumstances
- **Health Care Power of Attorney**
  - designate a spokesperson (surrogate) to act on your behalf for making medical decisions
  - Surrogate may be unprepared to make decisions
- Documents may not be available when needed
- Do not immediately direct medical care

# Medical Orders

- Instructions for health care providers about desired treatments
- Not Hypothetical, always “in effect”
- Treatment orders which immediately direct care
- Examples
  - Do Not Resuscitate (DNR) Order
  - Medical Orders for Scope of Treatment (MOST)


STOP
DO NOT
Resuscitate

Effective Date:
Expiration Date, if any
Check box if no expiration

DO NOT RESUSCITATE ORDER

SAMPLE

Patient's full name

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient SHOULD NOT be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.17(b) in the patient's records.

Signature of Attending Physician/Physician Assistant/Nurse Practitioner

Printed Name of Attending Physician

Address

City, State, Zip

Telephone Number (office)

Telephone Number (emergency)

Do Not Copy Do Not Alter

NC DHHS/DFS/DFS/EMS 1110 Rev. 4/04

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Medical Orders for Scope of Treatment (MOST) form

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Medical Orders for Scope of Treatment (MOST)

This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed indicates full treatment for that section. **When the need occurs, first follow these orders, then contact physician.**

Patient's Last Name: | Effective Date of Form: *Form must be reviewed at least annually.*

Patient's First Name, Middle Initial: | Patient's Date of Birth:

**Section A** (Check One Box Only)

**CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.**

☐ **Attempt Resuscitation (CPR)** ☐ **Do Not Attempt Resuscitation (DNR/no CPR)**

When not in cardiopulmonary arrest, follow orders in **B**, **C**, and **D**.

**Section B** (Check One Box Only)

**MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.**

☐ **Full Scope of Treatment:** Use intubation, advanced airway interventions, mechanical ventilation, cardioversion as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. **Transfer to hospital if indicated.**

☐ **Limited Additional Interventions:** Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation; also provide comfort measures. **Transfer to hospital if indicated. Avoid intensive care.**

☐ **Comfort Measures:** Keep clean, warm and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Do not transfer to hospital unless comfort needs cannot be met in current location.**

*Other Instructions* _____

**Section C** (Check One Box Only)

**ANTIBIOTICS**

☐ **Antibiotics if life can be prolonged.**

☐ **Determine use or limitation of antibiotics when infection occurs.**

☐ **No Antibiotics** (use other measures to relieve symptoms).

*Other Instructions* _____

**Section D** (Check One Box Only in Each Column)

**MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible.**

☐ **IV fluids long-term if indicated** ☐ **Feeding tube long-term if indicated**

☐ **IV fluids for a defined trial period** ☐ **Feeding tube for a defined trial period**

☐ **No IV fluids** (provide other measures to ensure comfort) ☐ **No feeding tube**

*Other Instructions* _____

**Section E** (Check The Appropriate Box)

**DISCUSSED WITH AND AGREED TO BY:**

☐ Patient
☐ Parent or guardian if patient is a minor
☐ Health care agent
☐ Legal guardian of the person
☐ Attorney-in-fact with power to make health care decisions
☐ Spouse
☐ Majority of patient's reasonably available parents and adult children
☐ Majority of patient's reasonably available adult siblings
☐ An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient

*Basis for order must be documented in medical record.*

**MD/DO, PA, or NP Name** (Print): | **MD/DO, PA, or NP Signature** (Required): | **Phone #:**

**Signature of Person, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative**
(Signature is required and must either be on this form or on file)

I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent.

*If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form.*

**You are not required to sign this form to receive treatment.**

Patient or Representative Name (print) | Patient or Representative Signature | Relationship (write "self" if patient)

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

- Inform and empower patients to clearly state their end-of-life care wishes, and to authorize health care providers to carry out those wishes
- More than a Do Not Resuscitate order
- Options to receive or withhold other treatments
- Travels with patient (hospital, home, or nursing home)

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http://www.ncdhhs.gov/dhsr/EMS/dnrmost.html

# MOST: 5 Sections

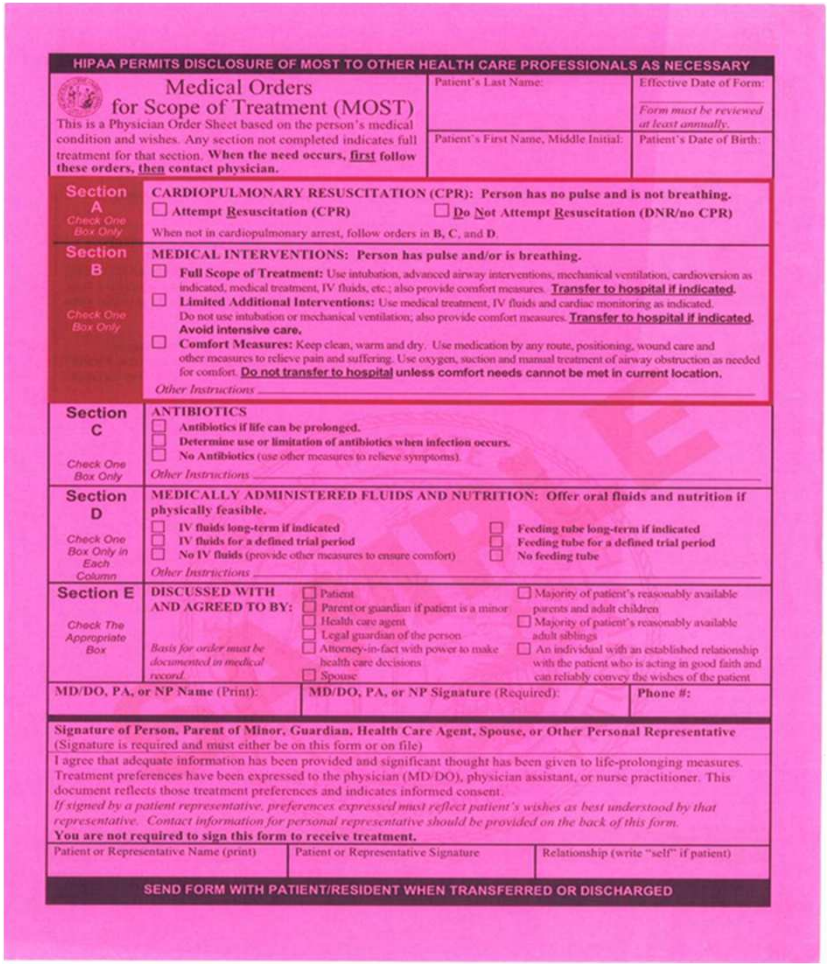
A. Cardiopulmonary Resuscitation (CPR)

B. Medical Interventions (Scope of Treatment)
   - Full Scope of Treatment
   - Limited Additional Interventions
   - Comfort Measures

C. Antibiotics

D. Medically Administered Fluids & Nutrition

E. Physician and patient (or surrogate) signatures



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**Section E** (Check The Appropriate Box)

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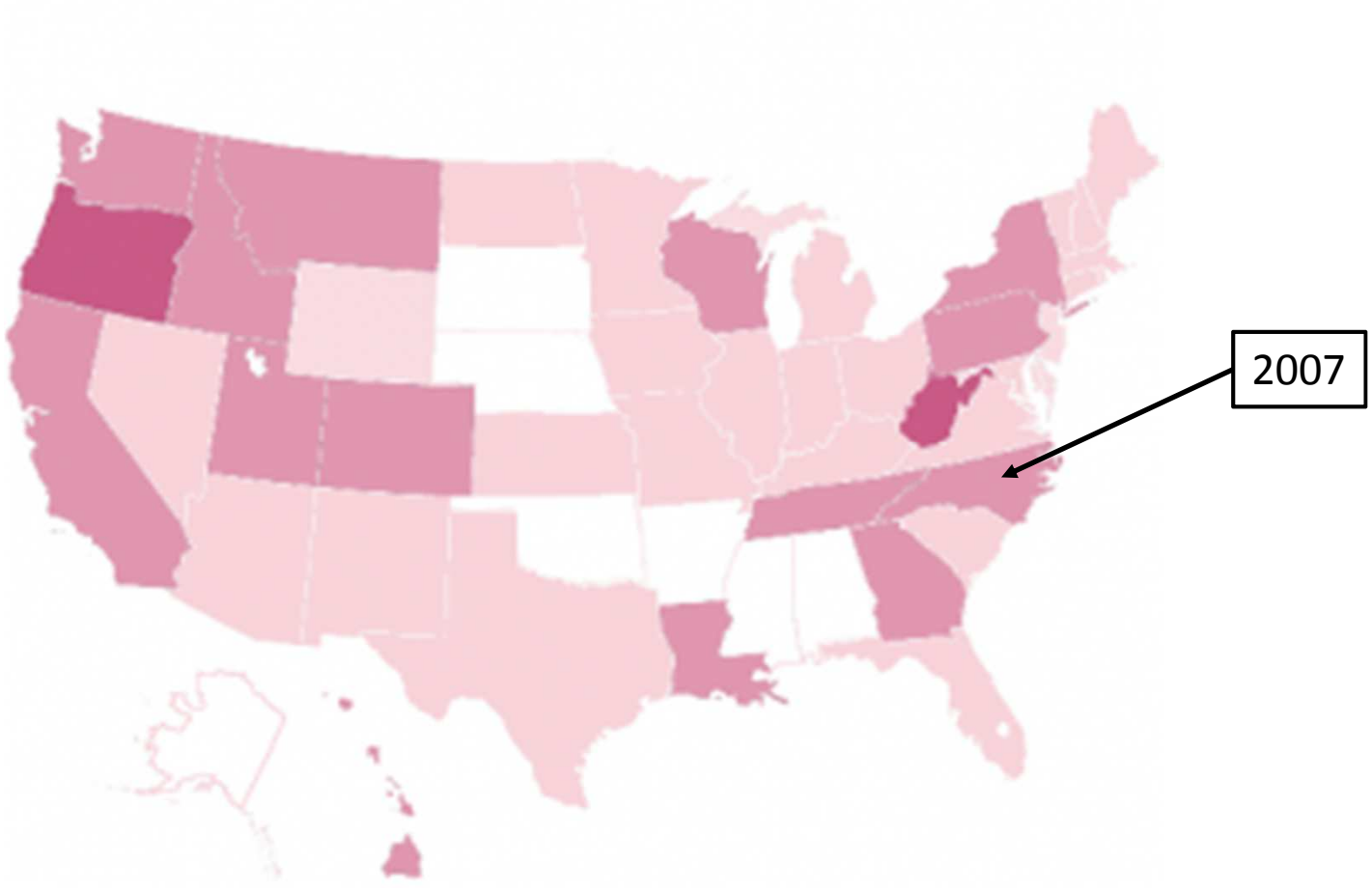
# When to Consider the MOST Form

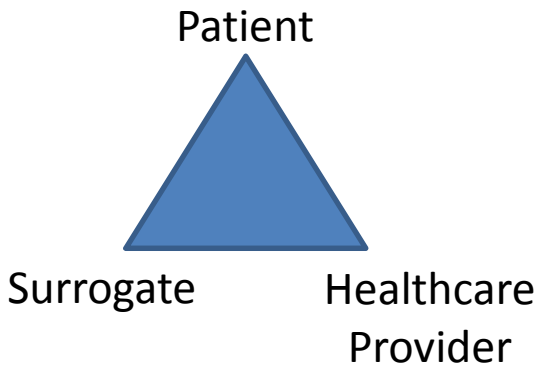
- Seriously ill, terminally ill, or patients with advanced chronic disease
- Patients whose life expectancy is less than one year
- Patients who want to convey more comprehensive choices about end-of-life care
- Generally not intended for healthy patients with a life expectancy of many years

# Physician Orders for Life-Sustaining Treatment (POLST)




Source: www.POLST.org

# Shared Decision Making for End-of-Life Care




1) Elicit and prioritize goals of care

2) Discuss prognosis and uncertainty

3) Discuss benefits and burdens of treatments

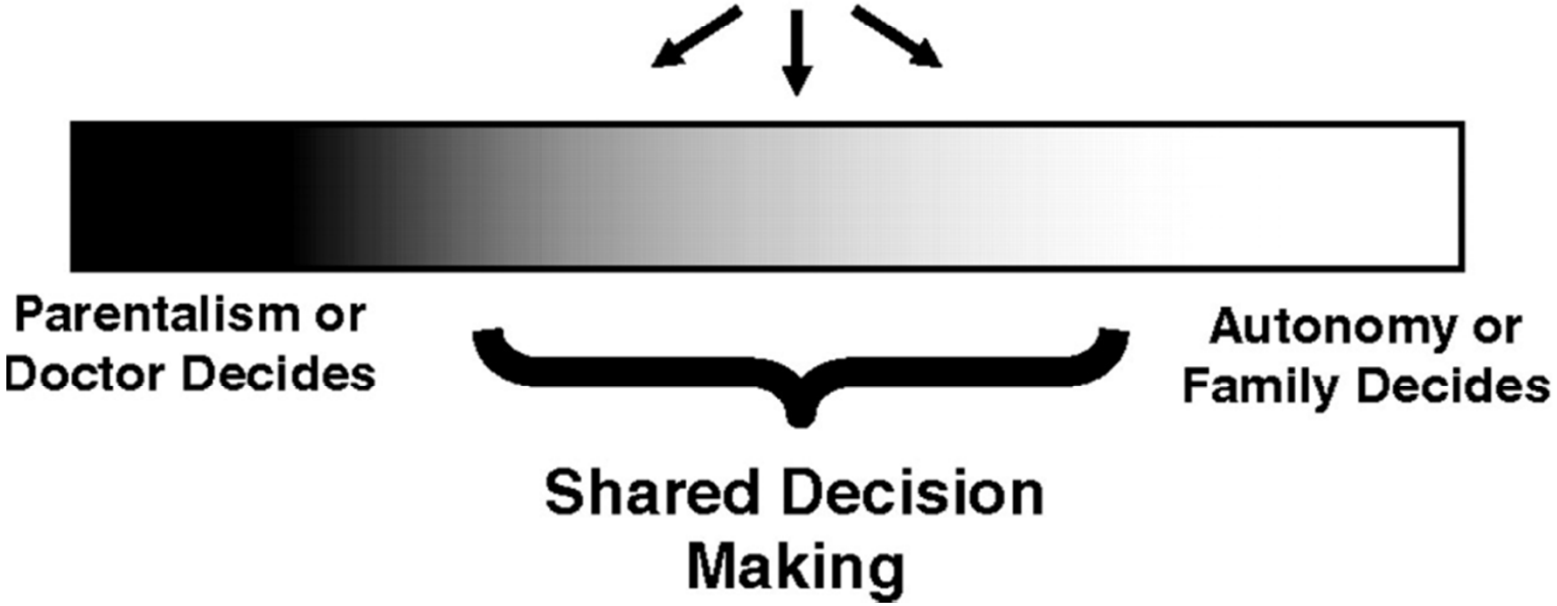
4) Offer recommendation based on goals

Default starting place of shared decision-making

1. Assess prognosis and certainty of prognosis

2. Assess family preference for role in decision-making

3. Adapt communication strategy based on patient and family factors and reassess regularly

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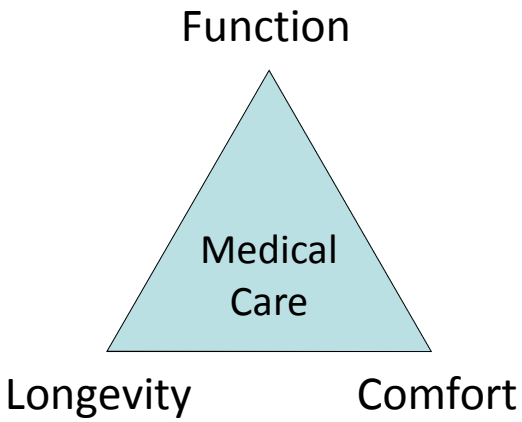
Curtis et al. *CHEST* 2008; 134:835–843

# Goals of Care

- Goal-based Advance Care Planning
  - Patient-centered, dynamic
  - Discuss goals <u>before</u> treatments
  - Groundwork for current and future decisions

- Prioritizing goals
  - Prolongation of life (Longevity)
  - Maintenance of Function
  - Maximization of Comfort




Gillick, et al. *J Am Geriatr Soc* 1999;47:227-230.
Gillick, MR. *Ann Intern Med* 1995;123:621-624.
Gillick MR. *J Palliat Med* 2004;7:357-361.

# Shared Decision Making

- **Use goals to provide context**
  - *You're saying that he would want to be kept as comfortable as possible and die peacefully. Not attempting to resuscitate him would be the best way to respect his wishes.*

- **Healthcare provider offers recommendation based on goals**
  - *From what you have told me about her goals and given her current illness, I would recommend a DNR order. Her likelihood of survival is low and CPR would add to her suffering.*

Am J Respir Crit Care Med 2009;180:320–325.

# POLST and Goals of Care

*"[POLST] starts with a discussion of goals and then translates these goals into a series of medical orders. However, it's success depends on both the quality of patient-doctor communication and on a statewide system for communicating and honoring patient preferences."*

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Gillick MR. *N Engl J Med* 2010;362:1239-40.

# Section B: MEDICAL INTERVENTIONS

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SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

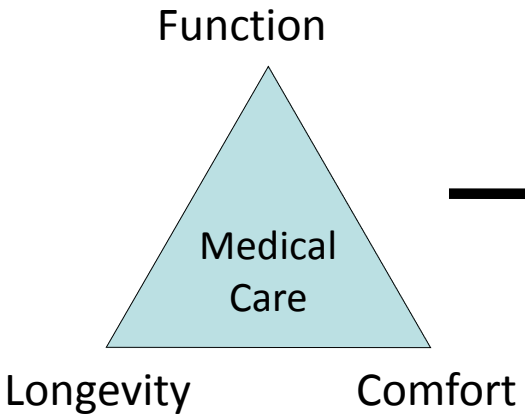
- ❑ Full Scope of Treatment
- ❑ Limited Additional Interventions
- ❑ Comfort Measures

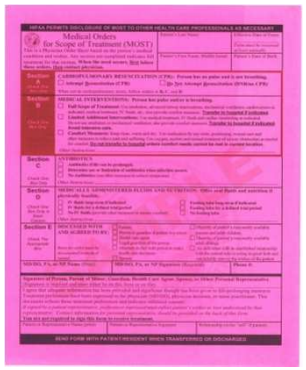
# Translating Goals into Orders

1) Longevity →Full Scope of treatment

2) Function →Limited Additional Interventions

3) Comfort →Comfort Measures



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*J Am Geriatr Soc* 1999;47(2):227-230. *NEJM* 2010; 362:1239-1240.

# North Carolina MOST in Clinical Practice

- Survey and semi-structured interviews with 11 healthcare professionals at 2 North Carolina nursing homes
- MOST can be introduced by a variety of professionals at admission, care plan meetings, or change in status
- Starting point for discussions, encouraged discussion beyond cardiopulmonary resuscitation
- Clinicians often introduced treatment options in the context of patient preferences for future hospitalization
- Improves communication between physicians and patients/families

Caprio, AJ et al. *J Am Med Dir Assoc* 2012;13:162-168.

# NC IOM Study: MOST Implementation

- Web-base survey of organizations representing North Carolina skilled nursing facilities, assisted living facilities, adult care homes, and hospital case managers/discharge planners
- 242 responses (31% were nursing homes)
  - 84% heard of MOST
  - 88% report honoring MOST
  - 45% use MOST
- Facilities received 3 complaints that care was delivered <u>more aggressively</u> than wishes expressed on MOST form, but no complaints about less aggressive care

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http://www.nciom.org/publications/?medical-orders-for-scope-of-treatment-implementation-in-north-carolina

# MOST is . . .

- **Optional**
  - Won't work for everyone
  - Another instrument to help honor patient wishes
- **Identifiable**
  - Bright pink color
- **Flexible**
  - Accept or reject medical treatments
  - More than resuscitation preferences
- **Portable**
  - Travels with the patient
  - Directs care in a variety of settings
- **Medical Order**
  - Immediately directs care
  - Discussed with health care provider
- **Reviewed Regularly**
  - Changes in health status
  - Admissions/discharges
  - Changes in preferences