Guide to completion of TEXAS Medical Orders for Scope of Treatment

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Provided by North Texas Respecting Choices, an initiative of North Texas Specialty Physicians, (www.northtexasrespectingchoices.com)

Guide to Texas MOST Completion

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I. Introduction

The **"Medical Orders for Scope of Treatment" known as the (MOST) form,** is a document designed to help healthcare professionals know and honor the treatment wishes of their patients. The MOST form helps physicians, nurses, long-term care facilities, hospices, home health agencies, emergency medical services, and hospitals:

- Promote patient autonomy by documenting treatment preferences and converting them into a physician's orders;
- Clarify treatment intentions and minimize confusion regarding a person's treatment preferences;
- Facilitate appropriate treatment by emergency medical services personnel; and
- Enhance the HIPAA compliant transfer of patients' records between healthcare professionals and healthcare settings.

The MOST form is intended to enhance the quality of a person's care and to complement the advance care planning process. The MOST form is a short summary of treatment preferences and a clear physician's order for care. The MOST form is not intended to replace a living will, medical power of attorney form or an Out of Hospital DNR form. The MOST form puts the advance directive into action by translating the patient's treatment wishes into a medical order, centralizing information, facilitating record keeping, and ensuring transfer of appropriate information among healthcare professionals and across care settings.

A copy of the current Texas MOST form is found in Appendix A.

II. Overview: How to Implement the MOST form

The MOST form should be completed *after discussion* with the patient and/or incapacitated patient's medical power of attorney representative or surrogate decision-maker *about what matters most to them*. The best outcomes following this conversation or series of conversations are when the patient and their surrogate decision-maker are present. The document may be completed by healthcare professionals other than a physician including nurses, social workers or clergy who have knowledge of end of life care issues and have been trained to conduct these discussions. However, the form must be signed by a physician licensed in Texas who has examined the patient. The physician signing the form assumes full responsibility for the orders. The physician signing the form can be the patient's attending physician or another physician involved in the patient's care.

The MOST form is a double-sided form. One side of the form contains the physician's orders (Sections A-C). The other side of the form provides instructions for the MOST form and recommends the review at appropriate points in a patient's care to review the selections contained on the form.

III. Who Can Choose to Complete a MOST Form?

The MOST form should be completed for individuals with serious, advancing illnesses and/or frailty. The "surprise" question, ("Would I be surprised if this patient died in the next year?"), is helpful to identify patients for whom MOST form completion should be recommended. The MOST form is also highly recommended for hospitalized patients, meeting the above definition, being discharged to nursing homes or home with hospice or home health care and to nursing home residents either at the time of

admission to nursing homes or during quarterly/annual care planning. A MOST form can be, but is not limited to being, completed by

1. Chronically/Severely ill Patients
2. A patient's medical power of attorney representative or healthcare surrogate for an incapacitated patient based on an understanding of the patient's wishes or best interests.

IV. Dissemination of MOST Form

The MOST form provides documentation of a person's treatment preferences and provides orders, which reflect these preferences. In institutional settings, the MOST form should be the first document in the clinical record unless otherwise specified in the facility policy. In the patient's home, it is recommended that the form be kept on the outside of the kitchen refrigerator with a magnet. For those persons in institutional settings (hospitals and nursing homes), the form by law must accompany the person upon transfer from one setting to another. For those at home, the form should accompany the patient to a healthcare setting. It is preferred that the original accompany the patient at all times and that a copy be left at home or at the institution the patient is transferring from. This is the best way to ensure that if wishes change and a new MOST must be completed, the original is voided. HIPAA permits disclosure of MOST information to other healthcare professionals across treatment settings.

V. Photocopying the MOST Form

A photocopy of the MOST form should be provided to the patient's primary physician. Also, the legal guardian/medical power of attorney/surrogate should have a copy.

The original MOST form should always be with the patient. A copy of the form is legally valid when the original is unavailable.

The MOST form should be scanned into the electronic medical record for the patient whenever this is possible.

VI. Section by Section Review of the MOST Form

MOST Form: Front

Patient Demographics: Top of the MOST form

The patient last name, first name and date of birth, (DOB), are important pieces of identifying information. Also, the date the form is prepared should be filled in.

Section (A) PHYSICIAN RESUSCITATION ORDER

The orders in this section apply only to the circumstances in which the person has no pulse and is not breathing. If a patient is in respiratory distress but is still breathing or has low blood pressure with an irregular pulse, a first responder should refer to sections B and C for corresponding orders.

If the person wants cardiopulmonary resuscitation (CPR), and CPR is ordered, then the "**Attempt Resuscitation (CPR)**" box should be checked. Full CPR measures should be carried out and 9-1-1 should be called in an emergency situation.

If a person has indicated that he/she does not want CPR in the event they are found with no pulse and not breathing, then the "**Do Not Attempt Resuscitation/Allow Natural Death (DNAR/AND)"** box should be checked. The person should understand that comfort measures will always be provided and that CPR will not be attempted.

It is also important to ensure that an "Out-of-Hospital-Do-Not-Resuscitate Order Form/OOHDNR" is completed if the box "**Do Not Attempt Resuscitation/Allow Natural Death (DNAR/AND**)" is checked. A copy of this form can be found in Appendix B. Please check the box "Out of Hospital Do Not Resuscitate Form completed" and attach the OOHDNR to the MOST so that it will always accompany the MOST form. The OOHDNR form is the legal requirement in the state of Texas for emergency responders to not attempt resuscitation and respond to a patient's known wishes.

Section (B) MEDICAL INTERVENTION SCOPE

Section B orders apply to emergency medical circumstances for a person who has a pulse and/or is breathing. This section provides orders for situations that are not covered in Section A. These orders were developed in accordance with EMS protocol. Care to promote comfort should always be provided regardless of ordered level of treatment. Other instructions may also be specified. One of these three options should be selected:

1. **FULL INTERVENTIONS**- All support measures needed to maintain and extend life are utilized. Use intubation, advanced airway interventions, mechanical ventilation, and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated.

2. **SELECTIVE INTERVENTIONS**- Interventions such as IV fluids and cardiac monitoring may be provided as indicated. Intravenous antibiotics, non-invasive breathing support, (BiPAP/CPAP), and fluid resuscitation may be used. Intubation, advanced airway interventions, and mechanical ventilation are <u>not</u> used at the selective level. Transfer to hospital may be indicated, but use of intensive care is avoided.

3. **COMFORT INTERVENTIONS ONLY**-Comfort indicates a desire for only those interventions that enhance comfort. The focus is on symptom control, dignity and allowing gentle, natural death should it occur. Use medication by any route, positioning, wound care, and any other measures to relieve pain and suffering. Use oxygen suction, and manual treatment of airway obstruction as needed for comfort. Do not transfer to a hospital for life-sustaining treatment. Only transfer to a hospital if comfort needs cannot be met in current location.

At the end of this section, space for "Additional Orders" is included. Examples of items that might go here would be to specify no dialysis or further defining the duration of time a therapy might be tried.

Section(C) MEDICALLY ASSISTED NUTRITION

These orders pertain to a person who cannot take fluids and food by mouth. Oral fluids and nutrition should always be offered to a patient as tolerated, (i.e., the patient is alert and able to swallow). Section C of the MOST form allows four choices, long-term medically assisted nutrition and hydration, defined trial of nutrition/hydration and no medically assisted nutrition and/or no medically assisted hydration.

Long-term medically assisted nutrition/hydration – Patients (or their representative/surrogate) may decide long term medically assisted nutrition/hydration is an option they want to pursue.

Unless medically contra-indicated* Defined trial of medically assisted nutrition/hydration - A patient or representative/surrogate may decide on a defined trial period of medically assisted nutrition by tube to allow time to determine the course of an illness or allow the person an opportunity to clarify goals of care. Sometimes tube feedings are given for a few weeks to a month to see how much recovery a patient may experience after a massive stroke. The recommended trial period maximum is 30 days unless the patient is developing burdensome side effects such as vomiting or diarrhea, in which case the trial may be stopped sooner. Add the length of the proposed trial and a statement of goal for this section.

The asterix (*) explains the situations such as heart, lung, liver, or kidney failure where nutrition/hydration assistance may increase suffering and is therefore contraindicated.

No Medically Assisted Nutrition – No medically assisted feeding is provided to a patient who chooses this option.

No Medically Assisted Hydration – No medically assisted hydration is provided to a patient who chooses this option. As noted by the asterix above, this is particularly relevant when hydration may be contraindicated because it may increase suffering.

Section (D) DOCUMENTATION OF DISCUSSION AND SIGNATURES:

Upon completion of the conversation and this form, the Facilitator or Physician leading the conversation will check the box indicating which one individual the orders were discussed with. One option of numbers 1, 2, or 3 should be checked then number 4 can also be completed if others were able to be in attendance at the conversation:

1. Patient (Patient has capacity)
2. Health Care Agent or Decision Maker (Fill in the relationship and name)
3. Court Appointed Guardian
4. Others in Attendance (Fill in the relationship and name)

Advance care planning documents may also provide guidance for choices made. In the Rationale for these orders sections you may check all that apply which includes:

1. Living Will (Directive to Physician and and Family or Surrogates
2. Medical Power of Attorney
3. Other (please fill in the name of any document that may have been referred to in the conversation)

The patient or patient's surrogate should sign at the bottom of the page. Please also print the name of the person signing and include a date and a phone number.

At the bottom of the front page of the MOST form, the physician must sign and date the form for these orders to be valid. The physician prints his/her name, and the date the orders were written and lists a phone number.

The bottom of the form contains a written reminder that the form should accompany the patient/resident when transferred or discharged. It allows receiving healthcare professionals to have the same information regarding the person's preferences for life-sustaining treatment and increases the likelihood that these orders will be respected in the new care setting.

VII. MOST Form: Back

The Patient's last name, first name and Date of Birth, (DOB), should be printed at the top of the back page. This will help if copies are made and the front and back of the form somehow become separated.

Beneath the patient identifier information, space is provided to note the Facilitator Information. This refers to a trained individual other than the physician who assisted with the conversation. The last and first name as well as the credentials and phone number of this individual should be completed.

General instructions and questions and answers about the MOST form are offered.

Health Care Professionals should honor a patient's preferences when it is medically appropriate to do so. Physician orders should be followed by all health care professionals until new orders are written by a physician or the patient or the surrogate/proxy named on the MOST revokes or changes a treatment preference.

If any section of this MOST is not completed or if a section is revoked by a patient or patient's surrogate/proxy, then full treatment should be provided for that section as appropriate for the patient's medical condition, (e.g., ICU transfer and organ support machines or drugs as medically indicated).

Living Will, MPOA and OOH-DNR: MOST is vital but does not replace these documents. EMS should honor and execute an OOH-DNR order or device. [Tex. H&S Code, 166.102(b)]

Copy of MOST and HIPAA: A copy of a completed MOST is as valid as the original. HIPAA permits disclosure of a completed MOST to other healthcare providers as necessary for treatment.

Review reminds that physicians should review the form annually with patient and surrogate or upon changes in condition or setting. Boxes for the date of the review and the initials of the reviewing physician are provided.

SEND the MOST FORM ON ALL TRANSFERS BETWEEN HEALTHCARE SITES

The origin of this form is the Texas MOST Coalition on 2-26-16. This guide and form are maintained by North Texas Respecting Choices which has the following contact information:
Email us through the contact tab of our website at www.northtexasrespectingchoices.com or we may be reached by phone at 866-308-5888.

VIII. COMMON QUESTIONS REGARDING THE MOST FORM

What is a MOST form? MOST stands for Medical Orders for Scope of Treatment. It is a standardized form containing orders by a physician who has personally examined the patient regarding the patient's preferences for end-of-life. The form provides physician orders regarding CPR status and levels of intervention (full, selective or comfort), and medically assisted nutrition. Use of the form should lead to better identification and respect of patient's preferences for treatment at life's end.
This form was developed by North Texas Respecting Choices™ Implementation Committee. They were guided by the work of Baylor Scott and White in Dallas and the National POLST (Physician Orders for Life Sustaining Treatment) Paradigm which maintains information from states that have implemented this methodology.

When should a MOST be completed? The form should be completed for any individual with a complex, chronic illness, terminal diagnosis, significant frailty, or an approximation of "12 months or less" left to live. It is highly recommended for nursing home and hospice patients.

Is the Most form required on all patients? Completion of the form is voluntary. The conversation about goals of care at end of life is the objective but completion of the MOST form is encouraged so that all caregivers can readily know the patient's preferences for medical treatment.

Patients who are not at or near the end of life will likely be more ready for conversations about who can carry out their decisions should they become incapacitated and the decisions associated with the Directive to Physicians and Family or Surrogates.

Which form should the patient complete? The MOST form? Living Will? MPOA form?
Each form has a different purpose. The Living Will, also known as the Directive to Physicians and Family or Surrogates, is the most restrictive and only goes into effect if the patient has lost decision-making capacity. If the patient wants to be clear about the type of treatment he or she will receive in a vegetative state or when terminally ill, then the patient should complete a Living Will. Authorities on end of life care strongly encourage all patients to complete a Medical Power of Attorney form. This form allows a patient to designate someone he or she trusts to carry out their preferences or make decisions in accordance with the patient's wishes if the patient loses decision-making abilities. The MOST form is recommended for patients who are seriously ill and whose death within a year would not be a surprise to the patient's physician. Because the MOST form is a medical order, of the three forms, the MOST form is the one most likely to ensure that the patient receives the treatment that he or she wants. For the seriously ill, it would be appropriate to complete all three forms and share them with the MPOA designee and their physician.

Does a physician need to sign the MOST form? Yes. The MOST form is a physician's order and must be reviewed, signed and dated by a physician who has examined the patient.

Can a social worker, nurse or other healthcare professional fill out the form? Yes. Social workers, nurses, and other healthcare professionals can fill out the form with the patients or their surrogates. The person preparing the form should print their name, credentials and phone number on the back side of the form. To activate the form, a physician must sign and date it.

Should a MOST form be completed or voided without a conversation with the patient or his/her surrogate?
No. The MOST form should not be completed, changed or voided unless there is a conversation with either the patient or surrogate. The purpose of the form is to ensure the patient's wishes for end of life care are followed, so a conversation must take place.

When does the MOST form have to be reviewed? The MOST form is to be reviewed when the patient is transferred from one facility to another, has a change in their condition and at least annually with their primary physician.

What if a patient or surrogate changes his/her mind about the wishes documented on the MOST form? The form should be voided and a new form completed.

Should the MOST form be used to guide daily care decisions? Yes. For example, the completed MOST form should be used to guide decisions regarding placement of feeding tubes, the level of intervention such as whether the patient wants to remain at home or return to the hospital.

How does the OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) Order factor into care? The OOH-DNR is the only way in which first responders can legally withhold resuscitation in the home or out of hospital setting. It must be completed and kept with the MOST for all patients who elect to allow natural death, avoid resuscitation and select comfort measures only.

Are healthcare professionals required to comply with the orders on the MOST form?
Yes. The MOST form is based on the patient's directive as expressed orally or in a Living Will or Medical Power of Attorney or the decisions of the surrogate acting in the patient's best interest.

What are the requirements when a MOST form is transferred from one healthcare facility to another? The facility initiating the transfer will communicate the existence of the MOST form and include the original or a valid copy upon transfer with patient. The receiving facility should review the MOST form with patient and/or surrogate and take one of three actions; 1) continue the form without change; 2) void the form and issue a new one; 3) void the form without issuing new one.

Where should the original MOST form be kept? In most circumstances, the original MOST form should be kept with the patient. If the patient resides at home, the MOST form should be kept on the refrigerator. Family members and caregivers should know where the form is located. Healthcare facilities should keep the MOST form as the first page in a person's medical record unless otherwise specified in the facility's policies and procedures. If the patient is a nursing home resident, the facility may choose to keep the original and send a bright color copy with the patient upon transfer to another healthcare facility.

IX. ADDITIONAL AVAILABLE RESOURCES:

A. MOST form (9-28-2018)
B. Out of Hospital Do Not Resuscitate Form (OOH-DNR)