

# Maryland Medical Orders for Life-Sustaining Treatment (MOLST)

Patient's Last Name, First, Middle Initial	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
--	---------------	---

This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician or nurse practitioner must accurately and legibly complete the form and then sign and date it. Blank order forms shall not be signed. The physician or nurse practitioner shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.

**CERTIFICATION FOR THE BASIS OF THESE ORDERS:** Mark any and all that apply. Otherwise, leave this section blank. I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:

- the patient; or  
 the patient's health care agent as named in the patient's advance directive; or  
 the patient's guardian of the person; or  
 the patient's surrogate; or  
 if the patient is a minor, the patient's legal guardian or another legally authorized adult.

Or, I hereby certify that these orders are based on:

- instructions in the patient's advance directive; or  
 certification by two physicians that CPR and/or other specific treatments will be medically ineffective.

Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. The patient's or authorized decision maker's participation in the preparation of the MOLST form is always voluntary. If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.

**CPR (RESUSCITATION) STATUS:** EMS providers must follow the *Maryland Medical Protocols for EMS Providers*.  
 **Attempt CPR:** If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function.  
 [If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]

**1**  **No CPR, Option A, Comprehensive Efforts to Prevent Arrest:** Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

**Option A-1, Intubate:** Comprehensive efforts may include intubation and artificial ventilation.

**Option A-2, Do Not Intubate (DNI):** Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.

**No CPR, Option B, Palliative and Supportive Care:** Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

**PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE (Signature and date are required to validate order)**

Practitioner's Signature	Print Practitioner's Name	
Maryland License #	Phone Number	Date

Patient's Last Name, First, Middle Initial	Date of Birth	Page 2 of 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Orders in Sections 2-9 below do not apply to EMS providers and are for situations other than cardiopulmonary arrest. Only complete applicable items in Sections 2 through 8, and only select one choice per applicable Section.		
<b>2</b>	<b>ARTIFICIAL VENTILATION</b> 2a. _____ May use intubation and artificial ventilation indefinitely, if medically indicated. 2b. _____ May use intubation and artificial ventilation as a limited therapeutic trial. Time limit _____ 2c. _____ May use only CPAP or BiPAP for artificial ventilation, as medically indicated. Time limit _____ 2d. _____ Do not use any artificial ventilation (no intubation, CPAP or BiPAP).	
<b>3</b>	<b>BLOOD TRANSFUSION</b> 3a. _____ May give any blood product (whole blood, packed red blood cells, plasma or platelets) that is medically indicated. <span style="float: right; padding-left: 100px;">3b. _____ Do not give any blood products.</span>	
<b>4</b>	<b>HOSPITAL TRANSFER</b> 4a. _____ Transfer to hospital for any situation requiring hospital-level care. <span style="float: right; padding-left: 100px;">4b. _____ Transfer to hospital for severe pain or severe symptoms that cannot be controlled otherwise.</span> <span style="float: right; padding-left: 100px;">4c. _____ Do not transfer to hospital, but treat with options available outside the hospital.</span>	
<b>5</b>	<b>MEDICAL WORKUP</b> 5a. _____ May perform any medical tests indicated to diagnose and/or treat a medical condition. <span style="float: right; padding-left: 100px;">5b. _____ Only perform limited medical tests necessary for symptomatic treatment or comfort.</span> <span style="float: right; padding-left: 100px;">5c. _____ Do not perform any medical tests for diagnosis or treatment.</span>	
<b>6</b>	<b>ANTIBIOTICS</b> 6a. _____ May use antibiotics (oral, intravenous or intramuscular) as medically indicated. <span style="float: right; padding-left: 100px;">6c. _____ May use oral antibiotics only when indicated for symptom relief or comfort.</span> 6b. _____ May use oral antibiotics when medically indicated, but do not give intravenous or intramuscular antibiotics. <span style="float: right; padding-left: 100px;">6d. _____ Do not treat with antibiotics.</span>	
<b>7</b>	<b>ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION</b> 7a. _____ May give artificially administered fluids and nutrition, even indefinitely, if medically indicated. <span style="float: right; padding-left: 100px;">7c. _____ May give fluids for artificial hydration as a therapeutic trial, but do not give artificially administered nutrition. Time limit _____</span> 7b. _____ May give artificially administered fluids and nutrition, if medically indicated, as a trial. <span style="float: right; padding-left: 100px;">7d. _____ Do not provide artificially administered fluids or nutrition.</span>	
<b>8</b>	<b>DIALYSIS</b> 8a. _____ May give chronic dialysis for end-stage kidney disease if medically indicated. <span style="float: right; padding-left: 100px;">8b. _____ May give dialysis for a limited period. Time limit _____</span> <span style="float: right; padding-left: 100px;">8c. _____ Do not provide acute or chronic dialysis.</span>	
<b>9</b>	<b>OTHER ORDERS</b> _____ _____ _____ _____	
<b>PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE (Signature and date are required to validate order)</b>		
Practitioner's Signature	Print Practitioner's Name	
Maryland License #	Phone Number	Date

## INSTRUCTIONS

**Completing the Form:** The physician or nurse practitioner shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. Use Section 9 to document any other orders related to life-sustaining treatments. The order form is not valid until a physician or nurse practitioner signs and dates it. Each page that contains orders must be signed and dated. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.

**Selecting CPR (Resuscitation) Status:** EMS Option A-1 – Intubate, Option A-2 – Do Not Intubate, and Option B include a set of medical interventions. You cannot alter the set of interventions associated with any of these options and cannot override or alter the interventions with orders in Section 9.

**No-CPR Option A: Comprehensive Efforts to Prevent Cardiac and/or Respiratory Arrest / DNR if Arrest – No CPR. This choice may be made either with or without intubation as a treatment option.** Prior to arrest, all interventions allowed under *The Maryland Medical Protocols for EMS Providers*. Depending on the choice, intubation may or may not be utilized to try to prevent arrest. Otherwise, CPAP or BiPAP will be the only devices used for ventilatory assistance. In all cases, comfort measures will also be provided. No CPR if arrest occurs.

**No-CPR Option B: Supportive Care Prior to Cardiac and/or Respiratory Arrest. DNR if Arrest Occurs – No CPR.** Prior to arrest, interventions may include opening the airway by non-invasive means, providing passive oxygen, controlling external bleeding, positioning and other comfort measures, splinting, pain medications by orders obtained from a physician (e.g., by phone or electronically), and transport as appropriate. No CPR if arrest occurs.

The DNR A-1, DNR A-2 (DNI) and DNR B options will be authorized by this original order form, a copy or a fax of this form, or a bracelet or necklace with the DNR emblem. EMS providers or medical personnel who see these orders are to provide care in accordance with these orders and the applicable *Maryland Medical Protocols for EMS Providers*. Unless a subsequent order relating to resuscitation has been issued or unless the health care provider reasonably believes a DNR order has been revoked, every health care provider, facility, and program shall provide, withhold, or withdraw treatment according to these orders in case of a patient's impending cardiac or respiratory arrest.

**Location of Form:** The original or a copy of this form shall accompany patients when transferred or discharged from a facility or program. Health care facilities and programs shall maintain this order form (or a copy of it) with other active medical orders in the patient's medical record. At the patient's home, this form should be kept in a safe and readily available place and retrieved for responding EMS and health care providers before their arrival. The original, a copy, and a faxed MOLST form are all valid orders. There is no expiration date for the MOLST or EMS DNR orders in Maryland.

**Reviewing the Form:** These medical orders are based on this individual's current medical condition and wishes. Patients, their authorized decision makers and attending physicians or nurse practitioners shall review and update if appropriate the MOLST orders **annually and whenever the patient is transferred between health care facilities or programs, is discharged, has a substantial change in health status, loses capacity to make health care decisions, or changes his or her wishes.**

**Updating the Form:** The MOLST form shall be voided and a new MOLST form prepared when there is a change to any of the orders. If modified, the physician or nurse practitioner shall void the old form and complete, sign, and date a new MOLST form.

**Voiding the Form:** To void this medical order form, a physician or nurse practitioner shall draw a diagonal line through the sheet, write "VOID" in large letters across the page, and sign and date below the line. A nurse may take a verbal order from a physician or nurse practitioner to void the MOLST order form. Keep the voided order form in the patient's active or archived medical record.

**Revoking the Form's DNR Order:** In an emergency situation involving EMS providers, the DNR order in Section 1 may be revoked at any time by a competent patient's request for resuscitation made directly to responding EMS providers.

**Bracelets and Necklaces:** If desired, complete the paper form at the bottom of this page, cut out the bracelet portion below, and place it in a protective cover to wear around the wrist or neck or pinned to clothing. If a metal bracelet or necklace is desired, contact Medic Alert at 1-800-432-5378. Medic Alert requires a copy of this order along with an application to process the request.

**How to Obtain This Form:** Call 410-706-4367 or go to [dhmh.maryland.gov/marylandmolst](http://dhmh.maryland.gov/marylandmolst)



Use of an EMS DNR bracelet is **OPTIONAL** and at the discretion of the patient or authorized decision maker. Print legibly, have physician or NP sign, cut off strip, fold, and insert in bracelet or necklace.

DNR A-1 Intubate     DNR A-2 Do Not Intubate     DNR B

Pt. Name \_\_\_\_\_ DOB \_\_\_\_\_

Phys./NP Name \_\_\_\_\_ Date \_\_\_\_\_

Phys./NP Signature \_\_\_\_\_ Phone \_\_\_\_\_