NEW YORK STATE | Bureau of Emergency Medical Services and Trauma Systems

Policy Statement

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Medical Orders for Life Sustaining Treatment (MOLST) Form

PURPOSE

The purpose of this policy is to advise all EMS clinicians on interpreting the Medical Orders for Life Sustaining Treatment (MOLST) Form and define the role of a healthcare agent in the out-of-hospital environment.

MEDICAL ORDERS FOR LIFE SUSTAINING TREATMENT (MOLST)

MOLST is a set of medical orders that must be honored by all health care professionals, including EMS, in all settings. The goal of MOLST is to safeguard patient wishes regarding resuscitation, respiratory support, transport, and end-of-life care across the spectrum of the health care delivery system. The MOLST form is the result of a process of focused discussion between the patient and their physician, nurse practitioner or physician assistant. If the patient does not have decision-making capacity, their preferences are elicited from their healthcare agent or designated surrogate[1]. Safeguarding patient wishes across the care continuum requires that MOLST be honored by EMS agencies, hospitals, nursing homes, adult homes, hospices and other health care facilities and their health care staff.

The MOLST form is an approved NYS Department of Health (NYSDOH) form. Appropriate use has been reviewed by the Division of Legal Affairs so that it complies with New York State Public Health Law (NYSPHL). The MOLST form is currently utilized by many health care systems. Providers authorized to complete MOLST, participate in the MOLST process, and healthcare systems have the ability to electronically document the MOLST process in an electronic MOLST (eMOLST) format to ensure patient preferences are available in the NYSeMOLSTregistry.com. Regardless of paper MOLST or eMOLST, the format and medical orders are identical.

While this policy discusses the NYS MOLST form specifically, Portable Medical Orders (POLST) exist in other states as well. This policy acknowledges out-of-state POLST forms which, although may vary slightly in format, are to be honored by EMS clinicians as a set of medical orders equivalent to the MOLST.

[1] A surrogate refers to a medical decision maker identified under the Family Health Care Decisions Act (FHCDA) for the general population who lack capacity to make MOLST decisions and do not have a Health Care Proxy or under Surrogate Court Procedures Act - SCPA §1750-b for individuals with intellectual or developmental disabilities who lack capacity and do not have a Health Care Proxy.

MOLST FORM LAYOUT & INTERPRETATION https://www.health.ny.gov/forms/doh-5003.pdf

The first page of the (2022) MOLST Form contains a brief description of MOLST, patient information (Section A), urgent orders (Section B-C) and consent (Section D) for the most applicable medical orders for the prehospital phase of care, and signatures of the authorized provider (Section E). These medical orders include resuscitation instructions, respiratory support, and transport orders.

Consent can be provided both in writing and verbally. This page is valid when the consent section has been signed by the patient or their healthcare agent or surrogate *OR* verbal consent is provided with two witnesses AND it has been signed and dated by the authorized healthcare provider (Physician, Nurse Practitioner (NP) or Physician Assistant (PA)) who completed the form. Verbal consent with two witnesses is permissible under NYSPHL. The physician, NP or PA can serve as one of the witnesses to verbal consent.

PAGE 1 OF MOLST FORM

Section A

Section A provides patient demographic information, the eMOLST number, if applicable and a notation of all advance directives known to be completed.

Section B

Section B is on the first page of the MOLST form. It is titled RESUSCITATION INSTRUCTIONS When the Patient Has No Pulse and/or Is Not Breathing (ONLY for Patients in Cardiopulmonary Arrest). It then provides two boxes, one of which will be checked. The first box indicates the patient wants full CPR resuscitative efforts with no limitations, including no limit on CPR, defibrillation, medical therapy, intubation, or respiratory support. The second box indicates the patient does not want resuscitation efforts to be made if they are found in cardiopulmonary arrest.

Section C

Section C of the MOLST form provides Urgent Orders for Life-Sustaining Treatment When the Patient Has a Pulse and is Breathing but is experiencing respiratory insufficiency. Section C specifies a patient's wishes regarding respiratory support and transport orders *in the absence of cardiopulmonary arrest*.

The first half of Section C covers respiratory support orders in the event of respiratory distress or failure. There are four options, only *one* of which should be checked:

- **Intubation and long-term ventilation, including tracheostomy**: From an EMS perspective, this means that the patient wishes for full respiratory support under emergent circumstances, including intubation.

- **A trial of non-invasive ventilation and/or intubation and mechanical ventilation**: From an EMS perspective, this means that the patient wishes for full respiratory support under emergent circumstances, including use of a supraglottic airway or intubation. The difference between this and the first option primarily applies to the in-hospital phase of care when it is determined whether the need for mechanical ventilation is imminently reversible or not.
- **A trial of non-invasive ventilation only; if fails, Do Not Intubate**: From an EMS perspective, this would allow for the use of Bag-Mask Ventilation, CPAP or BiPAP use as a bridge to hospital non-invasive positive pressure ventilation.
- **Do Not Intubate (DNI) and Do Not Use Non-Invasive Ventilation or Mechanical Ventilation**: If this is checked, Bag-Mask ventilation, CPAP or BiPAP use and intubation are not consistent with patient wishes. In many circumstances, supplemental oxygen as needed for patient comfort is acceptable if acting in accordance with other sections of the MOLST form and/or patient comfort.

The second half of Section C covers orders regarding Future Hospitalization and/or Transfer. There are 3 possible options, only *one* of which should be checked:

- **Send to the hospital, when medically necessary**: This is essentially default in EMS, which means transport to the hospital.
- **Send to the hospital only if pain and severe symptoms cannot be controlled**: This indicates that patient preference is to not be transported to the hospital, except for the inability to manage pain or other symptoms adequately at their current location. If pain or symptoms cannot be controlled, we recommend consultation with the patient's physician, NP, PA, hospice (if enrolled), or online medical control for guidance.
- **Do not send to the hospital**: This indicates that the patient should not be transported to the hospital, regardless of symptom severity. Even in the circumstance that a patient is not transported, EMS clinicians should initiate measures to alleviate pain or other symptoms, and we recommend consultation with the patient's physician, NP, PA, hospice (if enrolled), or online medical control for guidance.

Section D

This section contains Consent for Sections B and C including who made the decision, their name and signature. The signature line will be blank if verbal consent was given in the presence of two witnesses. Witness names are printed. The physician, NP, or PA who conducts the MOLST discussion and signs the MOLST may serve as a witness to the consent.

Section E

This section contains signatures for Section B and C, including the name, signature, license number of the physician, NP, or PA who signed the MOLST and the date/time the MOLST was signed.

If the individual making the decision is a §1750-b Surrogate, the physician must sign the MOLST after completing and attaching the OPWDD Checklist. An NP or PA does not have authority to sign the MOLST for individuals with intellectual or developmental disabilities who lack capacity.

PAGE 2 OF MOLST FORM:

SECTION F

The second page of the MOLST form provides additional orders regarding patient preferences for life-sustaining treatment. While these are primarily geared towards hospital or long-term phases of care, these sections can offer some useful guidance to EMS clinicians regarding general treatment guidelines. These guidelines can be helpful especially during discussion with online medical direction during the inevitably unpredictable clinical situations encountered in EMS. In addition, medical orders such as IV fluids, antibiotics, and other medical orders and instructions provide guidance for community paramedics for patients who have been assessed but do not wish to go to the hospital or only if pain or symptoms cannot be controlled.

The first section outlines General Treatment Guidelines. There are three options, only one of which should be checked:

- **No limitation on medical interventions**: This is essentially standard care and interventions within EMS scope of practice may be performed if clinically indicated.
- **Limited medical interventions, only as described below**: This is usually checked when a patient wishes to avoid aggressive and/or painful interventions. This does not specify which interventions the patient wishes to avoid but presents a general treatment preference. In most cases, IV access and fluids are considered warranted unless otherwise specified by the MOLST. In patients with significant clinical instability and need for aggressive interventions, we recommend following the MOLST orders and if needed, seek consultation with the patient's physician, NP, PA, hospice (if enrolled), or online medical direction for guidance.
- **Provide medical care and treatment with the primary goal of relieving pain and other symptoms**: In this circumstance, patients have expressed that their primary goal is comfort. As such, interventions such as pain management, anti-emetics and oxygen may be indicated. When unsure whether a particular intervention is reasonable, we encourage checking the patient's palliative care plan (if available) and/or consultation with online medical direction.

The remaining parts of section F pertain to artificially administered fluids and nutrition, dialysis, and use of antibiotics. These are geared towards hospital and long-term care decisions. In general, unless expressed elsewhere on the MOLST form, not wanting IV fluids for long term sustainment of life does not preclude IV placement for other medications (such as analgesia or anti-emetics) if the need arises. The final part of section F allows free text of specifically expressed preferences for treatment not included on the MOLST.

SECTION G

This section contains Consent for Section F including who made the decision, their name and signature. The signature line will be blank if verbal consent was given in the presence of two witnesses. Witness names are printed. The physician, NP, or PA who conducts the MOLST discussion and signs the MOLST may serve as a witness to the consent.

SECTION H

This section contains signatures for Section F, including the name, signature, license number of the physician, NP, or PA who signed the MOLST and the date/time the MOLST was signed.

If the individual making the decision is a §1750-b Surrogate, the physician must sign the MOLST after completing and attaching the OPWDD Checklist. An NP or PA does not have authority to sign the MOLST for individuals with intellectual or developmental disabilities who lack capacity.

HEALTHCARE AGENTS

A Health Care Proxy is a legal form that designates a Health Care Agent. When the patient lacks capacity to make decisions, a Health Care Agent has the authority to make all health care decisions, including the decision to remove life-sustaining treatment.

EMS clinicians can honor the designation of a Health Care Agent identified in a Health Care Proxy form. If the patient has a Health Care Proxy form and the patient clearly lacks capacity to make their own health care decisions (for example, the patient cannot communicate at all), and the designee (Health Care Agent) is confirmed, EMS may follow the Health Care Agent's communications of the patient's wishes. The Health Care Agent is required to make health care decisions in accordance with the patient's wishes, or if the patient's wishes are not known, in accordance with the patient's best interests.

If the patient has already made decisions to withhold certain life-sustaining treatment [e.g. Do Not Resuscitate (DNR) and Do Not Intubate (DNI)] and signed the MOLST form themselves before losing their ability to make MOLST decisions, the Health Care Agent **cannot undo** the patient's decision. However, if the patient loses the ability to make MOLST decisions and the patient has requested full treatment, a Health Care Agent can decide to withhold and/or withdraw any care for which the patient requested full treatment, as full treatment represents the standard of care.

In cases where EMS is unable to confirm the Health Care Agent, contact online medical direction who can issue orders and/or provide further guidance.

See chart on next page.

MOLST Form	Health Care Agent	Treatment Decision
Not Available	Not Available	Standard Care
Not Available	Available	As Designated by Health Care Agent
Available – Signed by Patient MOLST indicates DNR and/or DNI	Available	The Health Care Agent cannot undo the patient's decision for DNR and/or DNI. The Health Care Agent can request and consent to withhold other medical interventions on the MOLST for which the patient wanted full treatment.
Available – Signed by Health Care Agent for the Patient who lacks capacity	Available	The Health Care Agent can request and consent to changes on the MOLST after discussion with EMS and/or online medical direction.
Available – Signed by Health Care Agent	Not Available	Follow MOLST orders. Only the Health Care Agent can request a change the medical orders.

Table 1: Treatment decisions when a patient lacks capacity to make health care decisions.

Frequently Asked Questions

What do I do if the patient has two MOLST forms? Which do I honor?

You should follow the MOLST form that has the most recently dated authorization.

What is the difference between Advance Directives and MOLST?

Advance Directives

A Health Care Proxy is a legal form that gives the person chosen as the Health Care Agent the authority to make all health care decisions, including the decision to remove or provide life-sustaining treatment, unless the MOLST states otherwise. "Health care" means any treatment, service, or procedure to diagnose or treat physical or mental condition.

A Living Will is an advance directive that state an individual's wishes about medical care in the event an irreversible condition prevents an individual from making their own medical decisions. A Living Will documents future care preference and are difficult to interpret in an emergency but can guide the decisions of a Health Care Agent (if designated) or hospital staff when no Surrogate is available.

MOLST

MOLST is not an advance directive for future care. Rather, MOLST is a set of medical orders that represents what the patient wants today based on current health status and prognosis.

Can EMS honor a living will?

No. In the absence of an order from online medical direction, EMS cannot honor a living will.

Under what circumstances may an EMS clinician disregard a MOLST form?

- If the patient is conscious and states that they want resuscitative measures, the MOLST form should be ignored.
- A hostile situation where EMS clinicians would be physically endangered by family or bystanders if resuscitation was not attempted.
- If the patient is unconscious and/or lacks decision making capacity and the MOLST form was signed by the Health Care Agent rather than the patient, the Health Care Agent may request resuscitative measures. Such situations may arise when the Health Care Agent does not understand the implications of the decisions or are emotional when the patient is dying. In the

latter case, communication skills are key in preventing orders that were completed properly and in the best interest of the patient from being overturned in the moment.

MOLST Training

EMS providers and agencies who are interested in more specific training regarding MOLST may go to **https://collabornation.net/login** *Go to the course catalog and search for MOLST*. This site has a specific training program for EMS providers.

If you have other questions about this policy guidance, please contact your DOH Regional EMS office https://www.health.ny.gov/professionals/ems/chart.htm

Thank you for your efforts to honor your patients' end of life wishes.

Additional information: https://www.health.ny.gov/professionals/patients/patient_rights/molst/

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