

SUMMARY OF CHANGES TO COLORADO'S MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM, 2015

Originally released in 2010, the Colorado Medical Orders for Scope of Treatment form has been reviewed and revised in a year-long process including input from stakeholders and emerging national standards. The new form is effective April 16, 2015. Completed forms using the original version will remain valid, but

should be updated when appropriate. This is a brief summary of the changes to the form. More information and educational resources are available on the Colorado Advance Directives Consortium website, www.coloradoadvancedirectives.com.



Top section:

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED				
Colorado Medical Orders for Scope of Treatment (MOST) <ul style="list-style-type: none"> FIRST follow these orders, THEN contact Physician, Advanced Practice Nurse (APN), or Physician Assistant (PA) for further orders if indicated. These Medical Orders are based on the person's medical condition & wishes. If Section A or B is not completed, full treatment for that section is implied. May only be completed by, or on behalf of, a person 18 years of age or older. Everyone shall be treated with dignity and respect. 			Legal Last Name	
			Legal First Name/Middle Name	
			Date of Birth	Sex
			Hair Color	Eye Color
<i>In preparing these orders, please inquire whether patient has executed a living will or other advance directive. If yes and available, review for consistency with these orders and update as needed. (See additional instructions on page 2.)</i>				

- Minor edits to general instructions include reminder that if Section A or B is not completed, full treatment is implied. However, if Section C is not completed, no one of the choices is implied—further conversation with the patient is indicated.
- Reminder included to healthcare professional (HPC) completing the form to ask patient about previously completed advance directives. The MOST should reflect the patient's current wishes and decisions, but it is important for other documents to be consistent. If previously completed advance directives conflict, it may create confusion. Prior documents can be updated. If the MOST is being completed by a healthcare agent or guardian for an incapacitated patient, the MOST must reflect and be consistent with previously completed documents.

Section A:

A Check one box only	CARDIOPULMONARY RESUSCITATION (CPR)	***Person has no pulse and is not breathing.***
	<input type="checkbox"/> Yes CPR: Attempt Resuscitation	<input type="checkbox"/> No CPR: Do Not Attempt Resuscitation
NOTE: Selecting 'Yes CPR' requires choosing "Full Treatment" in Section B. When <u>not</u> in cardiopulmonary arrest, follow orders in Section B.		

- Order of preferences has been changed to show Yes CPR first, No CPR second.
- Reminder to HPC completing the form that if "Yes CPR" is selected in Section A, the only possible choice in Section B is "Full Treatment." However, if the patient selects "No CPR" in Section A, any one of the three choices in Section B is clinically appropriate.

Section B:

B Check one box only	MEDICAL INTERVENTIONS ***<i>Person has pulse and/or is breathing.</i>***
	<p><input type="checkbox"/> Full Treatment—primary goal to prolong life by all medically effective means: In addition to treatment described in Selective Treatment and Comfort-focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.</p> <p><input type="checkbox"/> Selective Treatment—goal to treat medical conditions while avoiding burdensome measures: In addition to treatment described in Comfort-focused Treatment below, use IV antibiotics and IV fluids as indicated. <u>Do not intubate.</u> May use noninvasive positive airway pressure. Transfer to hospital if indicated. <u>Avoid intensive care.</u></p> <p><input type="checkbox"/> Comfort-focused Treatment—primary goal to maximize comfort: Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. <u>Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.</u></p> <p><i>Additional Orders:</i> _____</p>

- Options in Section B have been re-ordered so that Full Treatment is first.
- Options have been rephrased for greater clarity of intent and the goal of the option has been added. HCPs completing the form should ask patients about their goals for care/treatment and select the option that aligns most closely with the patient's stated goal.
- First responders should note instructions regarding transfer.

Section C (formerly Section D): In 2010 form, Section C addressed the use of antibiotics. **This section has been removed.** The new Section C is equivalent to the previous Section D.

C Check one box only	ARTIFICIALLY ADMINISTERED NUTRITION <i>Always offer food & water by mouth if feasible.</i>
	<p>Any surrogate legal decision maker (Medical Durable Power of Attorney [MDPOA], Proxy-by-Statute, guardian, or other) must follow directions in the patient's living will, if any. Not completing this section does not imply any one of the choices—further discussion is required. NOTE: Special rules for Proxy-by-Statute apply; see reverse side ("Completing the MOST form") for details.</p> <p><input type="checkbox"/> Artificial nutrition by tube long term/permanent if indicated.</p> <p><input type="checkbox"/> Artificial nutrition by tube short term/temporary only. (May state term & goal in "Additional Orders")</p> <p><input type="checkbox"/> No artificial nutrition by tube.</p> <p><i>Additional Orders:</i> _____</p>

- This section addresses Artificially Administered Nutrition only (not including fluids).
- Choices have been simplified/clarified to focus on timeframe and goals.

Section D (formerly Section E) and Signatures:

D	DISCUSSED WITH (check all that apply):		
	<input type="checkbox"/> Patient <input type="checkbox"/> Agent under Medical Durable Power of Attorney	<input type="checkbox"/> Proxy-by-Statute (per C.R.S. 15-18.5-103(6)) <input type="checkbox"/> Legal guardian <input type="checkbox"/> Other: _____	
SIGNATURES OF PROVIDER AND PATIENT, AGENT, GUARDIAN, OR PROXY-BY-STATUTE AND DATE (MANDATORY)			
Significant thought has been given to these instructions. Preferences have been discussed and expressed to a healthcare professional. This document reflects those treatment preferences, which may also be documented in a Medical Durable Power OA, CPR Directive, living will, or other advance directive (attached if available). To the extent that previously completed advance directives do not conflict with these <i>Medical Orders for Scope of Treatment</i> , they shall remain in full force and effect.			
<i>If signed by surrogate legal decision maker, preferences expressed must reflect patient's wishes as best understood by surrogate.</i>			
Patient/Legal Decision Maker Signature (Mandatory)	Name (Print)	Relationship/ Decision maker status (Write "self" if patient)	Date Signed (Mandatory; Revokes all previous MOST forms)
Physician / APN / PA Signature (Mandatory)	Print Physician / APN / PA Name, Address, and Phone Number		Date Signed (Mandatory)
Colorado License #:			

HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY
 Authority for this form and process is granted by C.R.S. 15-18.7: Directives Concerning Medical Orders for Scope of Treatment, enacted 2010.

- Patient or authorized decision maker signature has been moved to the front of the form so that all necessary signatures are in the same section.