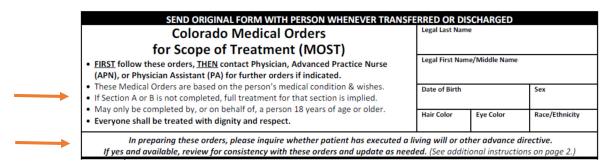
SUMMARY OF CHANGES TO COLORADO'S MEDICAL ORDERS FOR SCOPE OF TREATMENT FORM, 2015

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



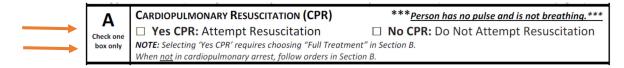
should be updated when appropriate. This is a brief summary of the changes to the form. More information and educational resources are available on the Colorado Advance Directives Consortium website, www.coloradoasdvancedirectives.com.

Top section:



- 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:



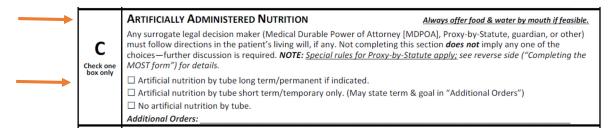
- Order of preferences has been changed to show Yes CPR first, No CPR second.
- Reminder to HPC completing the form that if "Yes CPR" is selected in Section A, the only possible
 choice in Section B is "Full Treatment." However, if the patient selects "No CPR" in Section A, any
 one of the three choices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

Section B:

		MEDICAL INTERVENTIONS	***Person has pulse and/or is breathing.***			
	B Check one box only	☐ 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.				
		☐ Selective Treatment—goal to treat medical condit In addition to treatment described in Comfort-focused Treatment below intubate. May use noninvasive positive airway pressure. Transfer to hos	, use IV antibiotics and IV fluids as indicated. Do not			
		☐ Comfort-focused Treatment—primary goal to ma Relieve pain and suffering with medication by any route as needed; use obstruction. Do not use treatments listed in Full and Selective Treatmen hospital for life-sustaining treatment. Transfer only if comfort needs ca	oxygen, suctioning, and manual treatment of airway t unless consistent with comfort goal. <u>Do not transfer to</u>			
		Additional Orders:				

- 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.



- 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:

	Discussed with (check all that a Patient Agent under Medical Durable Pow			•	☐ Proxy-by-Statute (per C.R.S. 15-18.5-103(6)) ☐ Legal guardian ☐ 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 Medical Orders for Scope of Treatment, they shall remain in full force and effect. If signed by surrogate legal decision maker, preferences expressed must reflect patient's wishes as best understood by surrogate.										
→	Patient/Legal Decision Maker Signature (Mandatory)			dame (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.