

# Medical Orders for Scope of Treatment (MOST)

**Allergies:**  None known       Unable to obtain  
List with reactions: \_\_\_\_\_

### Section 1: Code of Status

Note: CPR is not attempted on a patient who has suffered an unwitnessed cardiac arrest.

- Attempt** Cardio Pulmonary Resuscitation (CPR). Automatically designated as C2. Please initial below.  
 **Do Not Attempt** Cardio Pulmonary Resuscitation (DNR).

### Section 2: MOST Designation based on document conversations. (Initial appropriate level.)

Medical Treatments Excluding Critical Care Intervention and Resuscitation	
M1: _____	<b>Supportive care, symptom management and comfort measures. Allow natural death.</b> Transfer to higher level of care only if patient's comfort needs not met in current location.
M2: _____	<b>Medical treatments available within location of care. Current location:</b> _____ Transfer to a higher level of care only if patient/ts comfort needs not met in current location.
M3: _____	<b>Full medical treatments excluding critical care.</b>
Critical Care Interventions Requested. Note: consultation will be required prior to admission.	
C0: _____	<b>Critical Care Interventions exclusive of CPR, intubation and/or defibrillation:</b> Patient is expect to benefit from and is accepting of any appropriate investigations and interventions that can be offered <b>except CPR, intubation and/or defibrillation. Do Not Attempt Resuscitation.</b>
C1: _____	<b>Critical Care Interventions excluding intubation.</b>
C2: _____	<b>Critical Care Interventions including intubation.</b>

### Section 3: Specific Interventions (Optional. Complete consent forms as appropriate)

- Blood products:  Yes     No                      Dialysis:  Yes     No  
 Enteral nutrition:  Yes     No                      Non-invasive ventilation:  Yes     No

Other directions: \_\_\_\_\_

### Surgical Resuscitation Order

- WAIVE DNR for duration of procedure and perioperative period. Attempt CPR as indicated.  
 Do not attempt resuscitation during procedure.

### Section 4: MOST Order Entered as a Result of: (check all that apply)

- Conversations/Consensus**
- Capable adult patient                      Name: \_\_\_\_\_                      Date: \_\_\_\_\_  
 Representative                              Name: \_\_\_\_\_                      Date: \_\_\_\_\_  
 Temporary Substitute Decision Maker    Name: \_\_\_\_\_                      Date: \_\_\_\_\_
- Physician Assessment and:**  Adult/SDM informed and aware     Adult not capable/SDM not available
- Supporting Documentation** (Copies place on patient chart and sent with patient on discharge.)
- Previous MOST                               Provincial No CPR  
 Advance Directive                           Representation Agreement:  Section 7     Section 9  
 Other: \_\_\_\_\_

**Print Name:** \_\_\_\_\_                      **Physician's Signature:** \_\_\_\_\_

**Date (DD/MM/YYYY):** \_\_\_\_\_                      **MSP #:** \_\_\_\_\_                      **Contact #:** \_\_\_\_\_

**Renewal Date (DD/MM/YYYY):** \_\_\_\_\_