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Regional Order Set			
Medical Orders for Scope of Treatment	(MOST)	Page 1 of 1	PATIENT LABEL
Allergies: ONone known List with reactions:	Unable to obtain		-

Section 1: Code of status

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

- C 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 t	reatments excluding critical care intervention and resuscitation			
M1:	Supportive care, symptom management and comfort measures. Allow natural death. Transfer to higher level of care only if patient's comfort needs not met in current location.			
M2:	Medical treatments available within location of care. Current location: Transfer to a higher level of care only if patient/ts comfort needs not met in current location.			
M3:	Full medical treatments excluding critical care.			
Critical ca	are interventions requested. Note: consultation will be required prior to admission.			
C0:	Critical care interventions exclusive of CPR, intubation and/or defibrillation: Patient is expect to benefit from and is accepting of any appropriate investigations and interventions that can be offered except CPR, intubation and/or defibrillation. Do not attempt resuscitation.			
C1:	Critical care Interventions excluding intubation.			
C2:	Critical care interventions including intubation.			

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

Blood products:	🗆 Yes	🗆 No	Dialysis: 🗆 Yes	🗆 No	
Enteral nutrition:	🗆 Yes	🗆 No	Non-invasive ventilati	ion: 🗆 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

College ID: D cember 2021	ate:	Time:			
Con	tact #:				
MSF) #:				
Representation	agreement:	□ Section 7 □	Section 9		
Provincial no CPR					
ace on patient chart and	sent with pati	ent on discharge.)		
SDM informed and awa	e 🗆 Adult	not capable/SDM	/I not available		
Name:		Date:			
Name:		Date:			
	Name: Name: SDM informed and awar ace on patient chart and D Provincial no C D Representation MSP Conr College ID: Da	Name:	Name:		