



What is Maryland MOLST?

Alan Eason
Certified Master MOLST Trainer



MOLST is: **Medical Orders for Life-Sustaining Treatment**

- It is a standardized medical order form covering options for CPR and other life-sustaining treatments
- It is portable and enduring
- It is valid in all health care settings and in the community
- It helps to increase the likelihood that a patient's wishes regarding life-sustaining treatments are honored when the patient *lacks capacity*

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What is the certification for the basis of these orders?

- The practitioner is certifying that the orders are entered as a result of a *discussion with, and the informed consent of*, the:
 - Patient; or
 - Patient's health care agent as named in the patient's advance directive; or
 - Patient's guardian of the person; or
 - Patient's surrogate; or
 - Minor's legal guardian or another legally authorized adult *or...*

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What is the certification for the basis of these orders?

- The practitioner is certifying that these orders are based on:
 - Instructions in the patient's advance directive; or
 - Other legal authority in accordance with the Health Care Decisions Act.

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What if the patient declines or is unable to make a selection?

- An individual or *authorized decision maker* (ADM) has the right to decline to discuss life-sustaining treatments and the right to not make a decision
- “Mark this line if the patient or ADM declines to discuss or is unable to make a decision about these treatments. If the patient or ADM has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.”

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What orders do EMS providers follow?

- Follow *Maryland Medical Protocols for EMS Providers*
- Follow orders in Section 1
- Do not follow orders in Section 2 through Section 9
- Do not follow advance directives and thus you need the MOLST form's DNR order completed if you do not want CPR
- If you have an existing EMS/DNR order form, it never expires

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Section 1: CPR Status

- Attempt CPR: If cardiac or pulmonary arrest occurs, CPR will be attempted
- No CPR, Option A-1, Intubate: Comprehensive efforts to prevent arrest, including intubation
- No CPR, Option A-2, Do Not Intubate: Comprehensive efforts to prevent arrest; do not intubate, but use CPAP or BiPAP
- No CPR, Option B: Palliative and supportive care

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Section 2: Artificial Ventilation

- Accept artificial ventilation indefinitely, including intubation, CPAP, and BiPAP
- Time limited trial of intubation
- Time limited trial of CPAP and BiPAP, but no intubation
- No artificial ventilation: No intubation, CPAP, or BiPAP

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Section 3: Blood Transfusion

- Accept transfusion of blood products, including whole blood, packed red blood cells, plasma, or platelets
- No blood transfusions



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Section 4: Hospital Transfers

- Accept hospital transfer
- Hospital transfer only for limited situations, including severe pain or severe symptoms that cannot be controlled otherwise
- No hospital transfer, but treat with options available outside of the hospital

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Section 5: Medical Workup

- Accept any medical tests
- Limited medical tests are acceptable when necessary for symptomatic treatment or comfort
- No medical testing for diagnosis or treatment

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Section 6: Antibiotics

- Accept antibiotics
- Oral antibiotics only (not IV or IM)
- Oral antibiotics for relief of symptoms only
- No antibiotics



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Section 7: Artificially Administered Fluids and Nutrition

- Accept artificial fluids and nutrition, even indefinitely
- Accept time-limited trial of artificial fluids and nutrition
- Accept a time-limited trial of artificial hydration only
- No artificial fluids or nutrition

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Section 8: Dialysis

- Accept dialysis, including hemodialysis and peritoneal dialysis
- Accept time-limited trial of dialysis
- No dialysis

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Section 9: Other Orders

- This section may be used to indicate preferences for other life-sustaining treatments, such as chemotherapy and radiation
- It should not be used for ambiguous phrases such as “comfort care”

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Does a choice have to be made in each section?

- Section 1, CPR status, must be completed for everyone
- Sections 2 - 9 are only completed if the patient or authorized decision maker makes a selection regarding that specific life-sustaining treatment and/or if specific treatments are determined to be medically ineffective

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What if a patient changes his or her mind?

- Patients who have the *capacity* to make health care decisions may change their advance directive and ask their physician or nurse practitioner to revise their Maryland MOLST order form at any time



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Is a copy of MOLST a valid order?

- The original, a copy, and a faxed MOLST form are all valid orders
- You should make a copy of the MOLST form in case you lose the form you are given by the health care provider



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When does the law require a Maryland MOLST?

- The Maryland MOLST form *must be completed or an existing form reviewed* when a patient is admitted to:
 - 1) Nursing home
 - 2) Assisted living facility
 - 3) Home health agency
 - 4) Hospice
 - 5) Kidney dialysis center
 - 6) Hospitals (for certain patients)

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Does the patient get a copy of a completed MOLST order form?

- Yes, within 48 hours of its completion, the patient or authorized decision maker shall receive a copy or the original of a completed Maryland MOLST form
- If the patient leaves a facility or program in less than 48 hours, the patient shall have a copy or the original of MOLST when they are discharged or transferred

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Where is a MOLST form kept at home?

- At the bedside
- Above the bed
- Behind the bedroom door
- On the refrigerator door



Is there a MOLST DNR Bracelet?

- Yes, you may wear an EMS DNR bracelet on your wrist or neck or pinned to your clothes
- Contact Medic Alert at 1-800-432-5378
- They will need a copy of your MOLST form and a completed application
- Plastic bracelets may be ordered through MIEMSS at 410-706-4367.



For More Information

marylandmolst.org

maryland.molst@maryland.gov

Paul Ballard, Assistant Attorney General
410-767-6918

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