



What is MOLST?

EDWARD MARTIN, MD, MPH; JAMES V. MCDONALD, MD, MPH

A Medical Order for Life Sustaining Treatment (MOLST) is used by terminally patients and clinicians to document end-of-life wishes, regardless of who provides the patient's medical care or where the patient's medical care is given. MOLST became a reality in Rhode Island in 2013.¹ MOLST, POLST (Physician Order for Life Sustaining Treatment) or COLST (Clinician Order for Life Sustaining Treatment) is currently used in 42 states in the U.S.

MOLST is a medical order, similar to a prescription, and as such, is transportable and enduring, regardless of clinical setting. It is appropriate only for a patient with a terminal condition, defined in Rhode Island as "an incurable or irreversible condition that, without the administration of life sustaining procedures, will, in the opinion of the attending physician, result in death."² MOLST is strictly voluntary. Decisions are made by the patient and a MOLST-qualified health care provider – physician, physician's assistant, or advanced practice registered nurse. When a patient is not competent, a health care decision maker may make MOLST decisions.

Rhode Island's MOLST form³ may be found at the Rhode Island Department of Health website,⁴ and is easily downloadable. The form should be printed on cardstock and completed with the patient. It is signed by the patient (or the patient's health care decision maker) and a MOLST-qualified health care provider. It has five discrete sections, A through F.

- **Section A** addresses the issue of cardio-pulmonary resuscitation.
- **Section B** delineates allowable medical interventions, from comfort measures to full medical treatment.
- **Section C** controls transfer to a hospital setting and requires a "Yes" or "No."
- **Section D** contains four nutrition choices, from no artificial nutrition to long-term artificial nutrition.
- **Section E** contains four hydration choices, from no artificial hydration to long-term artificial hydration.
- **Section F** indicates if one of several advanced care directives – e.g., durable power of health care; health care proxy; living will, etc. – exists.

See sample MOLST form on the following pages.

[Download MOLST form.](#)

The form also contains spaces for signatures.

On January 1, 2014, it became mandatory⁵ for several types of health care facilities to offer MOLST to terminally ill patients: nursing facilities, assisted living residences, hospices, kidney dialysis centers, home health agencies, and hospitals (in the case of hospitals, only if a patient is to be discharged or transferred to another health care facility).

The MOLST form is of no value if it is not discussed. Even though a patient does not bring up the topic does not mean that he or she does not wish to discuss the matter. Introducing a patient to the concept of MOLST is one way to begin a dialogue about end-of-life issues.

References

1. Medical Orders for Life-Sustaining Treatment: Rhode Island Department of Health
2. Medical Orders for Life-Sustaining Treatment: Rhode Island Department of Health (Page 2, Section 1.25)
3. <http://www.health.ri.gov/forms/medical/OrdersForLifeSustainingTreatment.pdf>
4. <http://www.health.ri.gov>
5. <http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7387.pdf> (Page 3)

Authors

- Dr. Edward Martin is Chief Medical Officer of Home & Hospice Care of Rhode Island.
- Dr. James McDonald is Chief Administrative Officer of the Board of Medical Licensure and Discipline for the State of Rhode Island.

**HIPAA PERMITS DISCLOSURE OF MOLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY.
MOLST IS VOLUNTARY. NO PATIENT IS REQUIRED TO COMPLETE A MOLST FORM.**



Medical Orders for Life Sustaining Treatment (MOLST)

Follow these orders, then contact a MOLST-Qualified Health Care Provider. This is a **Medical Order Sheet** based upon the person's wishes in his/her current medical condition. Any section not completed implies full treatment. **This MOLST remains in effect unless revised.**

Patient's Last Name _____ Patient's First Name _____

Gender: M F Patient's Date of Birth / / Date/Time Form Prepared _____

A
CHECK
ONE

CARDIOPULMONARY RESUSCITATION (CPR): *Person has no pulse and is not breathing.*

Attempt Resuscitation/CPR **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

- No defibrillator (including automated external defibrillators) should be used on a person who has chosen "Do Not Attempt Resuscitation."
- When not in cardiopulmonary arrest, follow orders in sections B and C.

B*
CHECK
ONE

MEDICAL INTERVENTION: *Patient has a pulse and/or is breathing.*

- Comfort Measures Only:** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort.
- Limited Additional Interventions:** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
- Full Treatment:** Includes care described above in Comfort Measures Only and Limited Additional Interventions, as well as additional treatment, such as intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated.

C
CHECK
ONE

TRANSFER TO HOSPITAL

- Do not transfer to hospital for medical interventions. Transfer to hospital if comfort measures cannot be met in current location.

D
CHECK
ONE

ARTIFICIAL NUTRITION (For example a feeding tube): *Offer food by mouth if feasible and desired.*

- No artificial nutrition Defined trial period of artificial nutrition
- Long-term artificial nutrition, if needed Artificial nutrition until not beneficial or burden to patient

E
CHECK
ONE

ARTIFICIAL HYDRATION: *Offer fluid/nutrients by mouth if feasible and desired.*

- No artificial hydration Defined trial period of artificial hydration
- Long-term artificial hydration, if needed Artificial hydration until not beneficial or burden to patient

F

ADVANCE DIRECTIVE (if any): *Check all advance directives known to be completed.*

- Durable Power of Health Care Health Care Proxy Living Will Documentation of Oral Advance Directive

Discussed with:

- Patient Health Care Decision Maker Parent/Guardian of Minor Court-Appointed Guardian Other: _____

G

SIGNATURE OF MOLST-QUALIFIED HEALTHCARE PROVIDER (Physician, RNP, APRN, or PA)

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Signature (required) _____ Phone Number _____ Date/Time / /

Print Name _____ Rhode Island License # _____

SIGNATURE OF PATIENT, DECISION MAKER, PARENT/GUARDIAN OF MINOR, OR GUARDIAN

By signing this form, the patient or legally-recognized decision maker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (Required) _____ Phone Number _____ Relationship (if patient, write self) _____

Print Name and Address _____

SEND MOLST FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED.

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MOLST IS VOLUNTARY. NO PATIENT IS REQUIRED TO COMPLETE A MOLST FORM.**

Review and Renewal of MOLST Orders on This MOLST Form (this MOLST form remains in effect unless another MOLST form is executed.)

The MOLST-Qualified Health Care Provider may review the form from time to time as the law requires, and also:

- If the patient moves from one location to another to receive care; or
- If the patient has a major change in health status (positive or negative); or
- If the patient or other decision-maker changes his/her mind about treatment.

Date/Time	Reviewer's Name and Signature	Location of Review (e.g., Hospital, Nursing Home, Provider's Office, Patient's Residence)	Outcome of Review
			<input type="checkbox"/> No change <input type="checkbox"/> Form voided, new form completed <input type="checkbox"/> Form voided, <i>no</i> new form
			<input type="checkbox"/> No change <input type="checkbox"/> Form voided, new form completed <input type="checkbox"/> Form voided, <i>no</i> new form
			<input type="checkbox"/> No change <input type="checkbox"/> Form voided, new form completed <input type="checkbox"/> Form voided, <i>no</i> new form

Directions for MOLST-Qualified Health Care Providers Completing MOLST

- Must be completed by a MOLST-Qualified Health Care Provider based on patient preferences and medical indications. A MOLST-Qualified Health Care Provider is defined as a physician, nurse practitioner, advanced practice registered nurse, or a physician assistant.
- MOLST must be signed by a MOLST-Qualified Healthcare Provider (physician, nurse practitioner, advanced practice registered nurse, or physician assistant) and the patient/decision maker to be valid. Verbal orders are acceptable with follow-up signature by provider in accordance with facility/community policy and documentation that there was discussion with the patient or the patient's advocate about discontinuing the MOLST order.)
- This is the ONLY MOLST FORM that is acceptable for completion in Rhode Island. Do not make your own MOLST form. Photocopies and faxes of signed MOLST forms are legal and valid.
- Any incomplete section of the MOLST form implies full treatment for that section.

***Section B:**

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture)
- IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only".
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- Treatment of dehydration prolongs life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."

Modifying and Voiding MOLST

- A patient with capacity can, at any time, void the MOLST form or change his/her mind about his/her treatment preferences by executing a verbal or written advance directive or a new MOLST form.
- To void MOLST draw a line through Sections A through E and write "VOID" in large letters. Sign and date the line.
- A health care decision maker may request to modify the orders based on the known desires of the individual or, if unknown, the individual's best interests.

DEFINITIONS

"Medical orders for life sustaining treatment" or "MOLST" means a voluntary request that directs a health care provider regarding resuscitative and life-sustaining measures. Rhode Island General Laws §23-4.11-2 (10).

"Qualified patient" means a patient who has executed a declaration in accordance with this chapter and who has been determined by the attending physician to be in a terminal condition. Rhode Island General Laws §23-4.11-2 (16).

"Terminal condition" means an incurable or irreversible condition that, without the administration of life sustaining procedures, will, in the opinion of the attending physician, result in death." Rhode Island General Laws §23-4.11-3.1 (20).

This form is approved by the Rhode Island Department of Health. For more information or a copy of the form, visit www.health.gov

SEND MOLST FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED.

Rhode Island General Laws §23-4.11-3.1 authorizes this MOLST form.

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