



# Checklist For Clinician Signers of MOLST



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## What is MOLST?

**MOLST** - **M**edical **O**rders for **L**ife-**S**ustaining **T**reatment, is an acronym for a process and document that is an actual medical order that records a patient's treatment preferences in writing on a bright green form that is completed by a MD/DO, APRN or PA and accompanies the patient across settings.

## Who is responsible for filling out MOLST forms with patients?

All Physicians (MD/DO), Advanced Practice Nurses (APRN) and Physician Assistants (PA). The MD, APRN or PA and the patient **MUST** both sign the MOSLT form. **Filling out a MOLST form is entirely voluntary on the patient's part.**

## How is a clinician defined by the MOLST?

Any Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Practice Nurse (APRN) or Physician Assistant (PA).

## BEFORE talking about MOLST:

- Talk to all patients, healthy or sick, aged 18 and older about the importance of designating a health care representative and preferences for organ donation. The form to appoint a health care representative is available on the Connecticut Attorney General's website.
- When medically indicated, initiate advance care planning conversations with the patient.
- Determine if a patient may be suitable for MOLST based on his or her current medical status and prognosis. According to the statue for MOLST this is a patient who is "approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty."

## To introduce the option of using MOLST:

- Engage in discussions with the patient and his or her loved ones and/or representatives about the patient's health condition, prognosis, values and goals of care
- Discuss the benefits and risks of CPR, ventilation, hospitalization and other life-sustaining treatments; explain the potential outcome of each treatment based on the patient's current medical condition
- Explore the patient's expectations and hopes for treatment; especially what the patient would consider to be a successful or acceptable outcome of treatment, and discuss the patient's treatment preferences
- Clarify that MOLST is a voluntary way to express preferences about life-sustaining treatment.

## **Filling Out the MOLST Form with a Patient or Health Care Representative**

### **PAGE 1 – Sections A and B**

- Fill in the demographic section or attach a facility sticker with this information on it
- Fill in Sections A & B to reflect the patient's preferences

### **PAGE 2 – Section C**

- Check off the patient's preferences as you discuss the outlined medical interventions with the patient.
  - If you did not discuss a specific treatment with the patient, check "Did not discuss"
  - If you did discuss a specific treatment, but the patient was unable to decide then check "undecided"

### **PAGE 3 – Section D and E**

In order for this document to be legal, the following must be completed:

- The physician, APRN or PA must complete Section D
- The patient or patient representative must sign Section D
- The physician, APRN or PA must complete Section E if there is a change in the patient's condition or facility location or the patient's legally authorized representative chose to void the form

### **When the form is filled out:**

- Make a copy of the form to place in the patient's chart
- The original goes with the patient
- Instruct the patient to keep the form at home in an easily accessible place
- The form is not actionable unless it is the original green form, all sections are filled out and the form is signed by the patient and the MD, DO, APRN or PA