Provider Guide to
Medical Orders for Life Sustaining Treatment (MOLST)

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What is MOLST?
MOLST is a discussion and medical order that gives patients more control over their end-of-life care. The document specifies the types of treatments that a patient wishes to receive toward the end of life. Completing a MOLST document requires communication between healthcare providers and patients, which enables patients to make more informed decisions about their medical treatment. The MOLST order documents patient's decisions in a clear manner and can be quickly understood by all providers, including first responders and emergency medical services (EMS) personnel. As a result, the patient's wishes can be honored across all settings of care.

Is a MOLST form required for all patients?
No. Completion of the MOLST form is voluntary.

Who should complete a MOLST?
(1) Patients approaching the end stage of a serious life limiting illness; or,
(2) Patients with a condition of advanced chronic progressive frailty.

Completion of MOLST forms is recommended for hospitalized patients who meet one of these criteria who are being discharged to nursing homes or home with hospice. Completion of a MOLST form is also recommended for nursing home residents who meet one of these criteria either at the time of admission or during quarterly care planning.

What if a patient has an advance health care directive (AHCD) such as a living will?
The MOLST document reinforces the wishes that a patient expresses in an advance health care directive. The MOLST document remains with the patient and is a medical order that should be immediately used to direct the care for the patient. Often the advance health care directive (AHCD) is not readily available or questions exist about the decision-making capacity of a patient and whether the AHCD is in effect. It is recommended that patients who are approaching the end stage of a serious life limiting illness or who are in a condition of advanced chronic progressive frailty have both an AHCD and a MOLST.

What is a Legally Authorized Representative (LAR)?
A Legally Authorized representative is someone who is legally authorized to decide whether a patient can participate in the MOLST pilot program when the patient is no longer able to make decisions for him/herself. A legally authorized representative can be a parent, guardian or health care representative. A health care representative is a person appointed in writing under CT General Statutes §§19a-576 and 19a-577 to make any and all health care decisions on a person's behalf when the person is unable to communicate his or her decisions about medical care.

Is MOLST the same as an Advance Health Care Directive?
No, MOLST does not replace an Advance Health Care Directive. The AHCD can provide significantly more detail about an individual's wishes and preferences for treatment. In addition, the AHCD is the most common mechanism for designating a LAR decision maker for the patient.

Is the MOLST simply a DNR order?
No, MOLST is a document that empowers a patient or their legally authorized representative (LAR) to make decisions along the whole continuum of care, from very aggressive life sustaining care to comfort care only, including choices about full resuscitation or do not attempt resuscitation.

Will the DNR Bracelet still be honored by EMS?
Yes, the DNR Bracelet is still a valid method to communicate a patient's intent about attempts to resuscitate. There are many of these bracelets in use, and EMS personnel will continue to honor this directive.

Why is the MOLST form lime green?
The MOLST form is usually completed on a distinctive bright lime-green form. The bright color is to make the form quickly visible to families and emergency medical services personnel.

Does the MOLST form travel with the patient between settings of care?
Yes, the MOLST form is designed to be a standard form that may be accepted by all providers across the state. As a legal medical order, it can be honored by EMS, Hospitals, long-term care facilities, home care and hospice providers.

How do providers get more copies of the MOLST form?
The form is available from the CT Department of Public Health.

Where is the family encouraged to keep the form?
For the patient at home, the MOLST form should be kept where it can easily be seen by emergency services personnel. (refrigerator door, the back of the patient's bedroom door, etc.)

Who can explain the MOLST form and fill it out?
The patient's physician, APRN or physician assistant or other health care provider that has taken the Department approved training can explain to the patient or LAR the nature and content of the form, including any medical interventions or procedures. The physician, APRN, physician assistant or other healthcare provider may prepare (or fill in) the document, but it MUST be signed by the patient or their LAR and the Physician or APRN. In those instances when a physician assistant completes and signs the form, a physician must co-sign the order. During the pilot program a witness will also have to sign the form

Which Physician, Advanced Practice Registered Nurse (APRN) or Physician Assistant should be signing the MOLST form?
The physician, APRN or Physician Assistant who is co-signing the MOLST document with the patient or their LAR must be licensed in the state of Connecticut and have received Department approved training on the use of MOLST.

When should the MOLST form be reviewed?
The MD/DO, APRN or PA should review the MOLST form with the patient or their LAR whenever there are substantial changes in the health status, when there is a transfer from one setting to another or when the goals for treatment change.

Can the MOLST form be completed or voided without a conversation with the patient or his/her Legally authorized representative?
No. The MOLST form cannot be completed, changed, or voided unless there is a conversation with either the patient or, if the patient lacks capacity, the patient's LAR. **The purpose of the form is to ensure that the patient's treatment preferences for care at the end of life are followed so a conversation must take place**. A patient or their LAR may revoke or void the MOLST form in any manner that communicates that intent. The form may also be voided by drawing a line through the front of the page (sections A – E) writing "VOID" in large letters on the original and copies, and signing and dating that action.