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可使用您熟悉的语言填写本表

Maryland Medical Orders for Life-Sustaining Treatment (MOLST)

马里兰州维持生命治疗医疗医嘱（MOLST）

Patient's Last Name, First, Middle Initial *患者姓氏、名字、中间名首字母*	Date of Birth *出生日期*	☐ Male ☐ Female ☐ *男* ☐ *女*

This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician, nurse practitioner (NP), or physician assistant (PA) must accurately and legibly complete the form and then sign and date it. The physician, NP, or PA shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.

本表格包含面向急救医疗服务（EMS）及其他医务人员的医疗医嘱，针对特定患者的心肺复苏以及其他维持生命治疗方案作出规定。本文件在马里兰州全部医疗机构及医疗项目内均具备效力。本医嘱表格应当与其他现行有效医疗医嘱一并存放于患者病历之中。医师、执业护士（NP）或医师助理（PA）必须完整、清晰填写本表格，随后签署姓名并填写日期。医师、执业护士（NP）或医师助理（PA），在第 1 部分仅可选择 1 项；在适用于该患者的其他各部分中，每部分也仅可选择 1 项。如果第 2-9 部分有不适用的项目，请留空。每份填写完毕的 MOLST 表格，其原件或副本必须在表格填写完成后 48 小时内交给患者或授权决策人；如果患者办理出院或转院，则须更早交付。

CERTIFICATION FOR THE BASIS OF THESE ORDERS: Mark any and all that apply.

I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:

_____ the patient; or
_____ the patient's health care agent as named in the patient's advance directive; or
_____ the patient's guardian of the person as per the authority granted by a court order; or
_____ the patient's surrogate as per the authority granted by the Heath Care Decisions Act; or
_____ if the patient is a minor, the patient's legal guardian or another legally authorized adult.

Or, I hereby certify that these orders are based on:

_____ instructions in the patient's advance directive; or
_____ other legal authority in accordance with all provisions of the Health Care Decisions Act. All supporting documentation must be contained in the patient's medical records.
_____ Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. **The patient's or authorized decision maker's participation in the preparation of the MOLST form is always voluntary.** If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.

本医嘱依据的认证声明： *勾选所有适用项。*

本人特此证明：本医嘱系经与以下人员沟通，并取得其知情同意后予以录入：

_____ *患者本人；或*
_____ *患者预立医疗指示文件中指定的医疗代理人；或*
_____ *依据法院判决获得授权的患者人身监护人；或*
_____ *根据《医疗决策法案》获得授权的患者医疗替代决策人；或*
_____ *如果患者为未成年人，则为患者的法定监护人或其他具备法定授权的成年人。*

或者，本人特此证明，本医嘱依据以下文件作出：

_____ *患者预立医疗指示中的嘱托；或*
_____ *符合《医疗决策法案》全部条款规定的其他法定授权。全部佐证文件均须归入患者病历。*
_____ *如患者或经授权医疗决策人拒绝参与讨论，或无法就上述治疗作出决定，请勾选本行。**患者或经授权医疗决策人参与 MOLST 表格的填写全程均为自愿。**如果患者或经授权医疗决策人未作出医疗限制，除法律另有规定外，将实施心肺复苏，并给予其他相应治疗。*

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1

CPR (RESUSCITATION) STATUS: EMS providers must follow the *Maryland Medical Protocols for EMS Providers*.

_____ **Attempt CPR:** If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function.

[If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]

心肺复苏（复苏术）状态：*急救医疗服务人员必须遵守《马里兰州急救医疗服务人员医疗操作规范》。*

_____ ***实施心肺复苏：****如发生心搏骤停和/或呼吸骤停，应立即实施心肺复苏（CPR）。该处置包含骤停发生时所有具备医学指征的医疗措施，包括人工通气，以及为恢复和/或稳定心肺功能开展的救治操作。*

【如果患者或经授权医疗决策人未就心肺复苏状态作出选择，或无法作出选择，请勾选本选项。】例外情形：【如果有效预立医疗指示拒绝心肺复苏、心肺复苏医学上已无效，或存在其他法律依据不实施心肺复苏，请在下方勾选一项"不实施心肺复苏"选项。】

No CPR, Option A, Comprehensive Efforts to Prevent Arrest: Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

_____ **Option A-1, Intubate:** Comprehensive efforts may include intubation and artificial ventilation.

_____ **Option A-2, Do Not Intubate (DNI):** Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.

不实施心肺复苏，A 选项：全力预防心跳呼吸骤停：*发生骤停之前，给予所有稳定患者病情所需的药物。如果发生心搏和/或呼吸骤停，不开展复苏抢救（不实施心肺复苏）。允许自然死亡。*

_____ ***A-1 选项：气管插管：****全力救治措施可包含气管插管与人工通气。*

_____ ***A-2 选项：不实施气管插管（DNI）：****全力救治措施可采用持续气道正压通气（CPAP）或双水平气道正压通气（BiPAP）进行有限呼吸支持，但不做气管插管。*

_____ **No CPR, Option B, Palliative and Supportive Care:** Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.

不实施心肺复苏，B 选项：姑息支持治疗：*骤停发生前，给予舒适性供氧，对外出血进行止血处理。骤停发生前，按需给予镇痛药物，不使用其他药物。不实施气管插管，不使用 CPAP 或 BiPAP。如果发生心搏和/或呼吸骤停，不开展复苏抢救（不实施心肺复苏）。允许自然死亡。*

Completed form must accompany over Most Each form
完成的表格必须随附在每张 MOST 表格

SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)
医师、执业护士或医师助理签名（本医嘱生效必须签署姓名并填写日期）

Practitioner's Signature *执业人员签名*	Print Practitioner's Name *执业人员打印姓名*	
Maryland License # *马里兰州执业许可证编号*	Phone Number *联系电话*	Date *日期*

Fill out the form in your language

可使用您熟悉的语言填写本表

Patient's Last Name, First, Middle Initial *患者姓氏、名字、中间名首字母*	Date of Birth *出生日期*	**Page 2 of 2** ***第 2 页，共 2 页*** ☐ Male ☐ Female ☐ *男* ☐ *女*

Orders in Sections 2-9 below do not apply to EMS providers and are for situations other than cardiopulmonary arrest. Only complete applicable items in Sections 2 through 8, and only select one choice per applicable Section.

下方第 2-9 部分所列医嘱不适用于急救医疗服务人员，仅适用于非心搏呼吸骤停的情形。仅填写第 2-8 部分中适用项目，且每一个适用章节只能选择一项。

2

ARTIFICIAL VENTILATION

2a. _____ May use intubation and artificial ventilation indefinitely, if medically indicated.

2b. _____ May use intubation and artificial ventilation as a limited therapeutic trial.
Time limit_____

2c. _____ May use only CPAP or BiPAP for artificial ventilation, as medically indicated.
Time limit_____

2d. _____ Do not use any artificial ventilation (no intubation, CPAP or BiPAP).

人工通气

*2a.*_____ *如果具备医学指征，可长期实施气管插管及人工通气。*

*2b.*_____ *可将气管插管及人工通气作为限时治疗性试验。*
*时限*_____

*2c.*_____ *仅可根据医学指征使用 CPAP 或 BiPAP 进行人工通气。*
*时限*_____

*2d.*_____ *不采用任何人工通气（不实施气管插管，不使用 CPAP 或 BiPAP）。*

3

BLOOD TRANSFUSION

3a. _____ May give any blood product (whole blood, packed red blood cells, plasma or platelets) that is medically indicated.

3b. _____ Do not give any blood products

输血

*3a.*_____ *可输注所有具备医学指征的血液制品（全血、浓缩红细胞、血浆或血小板）。*

*3b.*_____ *不予输注任何血液制品*

4

HOSPITAL TRANSFER

4a. _____ Transfer to hospital for any situation requiring hospital-level care.

4b. _____ Transfer to hospital for severe pain or severe symptoms that cannot be controlled otherwise.

4c. _____ Do not transfer to hospital, but treat with options available outside the hospital.

转院

*4a.*_____ *凡需医院级救治的情形，均转运至医院。*

*4b.*_____ *如果出现无法通过其他方式控制的剧烈疼痛或严重症状，转运至医院。*

*4c.*_____ *不转运至医院，采用院外可行方案开展治疗。*

Complete form must be signed by MOLST Physician
完整表格内容必须由医生签署

Fill out the form in your language

可使用您熟悉的语言填写本表

5

MEDICAL WORKUP

5a. _____ May perform any medical tests indicated to diagnose and/or treat a medical condition.

5b. _____ Only perform limited medical tests necessary for symptomatic treatment or comfort.

5c. _____ Do not perform any medical tests for diagnosis or treatment.

医学检查评估

5a._____ 可开展所有用于诊断和/或治疗疾病所需的医学检查。

5b._____ 仅开展对症治疗或舒缓照护所必需的有限医学检查。

5c._____ 不实施任何用于诊断或治疗的医学检查。

6

ANTIBIOTICS

6a. _____ May use antibiotics (oral, intravenous or intramuscular) as medically indicated.

6b. _____ May use oral antibiotics when medically indicated, but do not give intravenous or intramuscular antibiotics.

6c. _____ May use oral antibiotics only when indicated for symptom relief or comfort.

6d. _____ Do not treat with antibiotics.

抗生素

6a._____ 可根据医学指征使用抗生素（口服、静脉输注或肌内注射）。

6b._____ 具备医学指征时可使用口服抗生素，但不予静脉输注或肌内注射抗生素。

6c._____ 仅在用于缓解症状或舒适照护时，方可使用口服抗生素。

6d._____ 不使用抗生素治疗。

7

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION

7a. _____ May give artificially administered fluids and nutrition, even indefinitely, if medically indicated.

7b. _____ May give artificially administered fluids and nutrition, if medically indicated, as a trial
Time limit_____

7c. _____ May give fluids for artificial hydration as a therapeutic trial, but do not give artificially administered nutrition.
Time limit_____

7d. _____ Do not provide artificially administered fluids or nutrition.

人工补液与人工营养

7a._____ 如果具备医学指征，可实施人工补液与人工营养，且不限时长。

7b._____ 如果具备医学指征，可试行人工补液与人工营养。
时限_____

7c. _____ 可试行人工补液，但不实施人工营养。
时限_____

7d. _____ 不实施人工补液及人工营养供给。

Complete form must be copied over Molst English form
完整表格内容必须复制于英文原版 MOLST 表格

Fill out the form in your language

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8	**DIALYSIS** 8a._____ 如果具备医学指征，可为终末期肾病患者提供长期透析治疗。 8b. _____May give dialysis for a limited period. Time limit_____ 8c. _____Do not provide acute or chronic dialysis. ***透析*** *8a._____ 如果具备医学指征，可为终末期肾病患者提供长期透析治疗。* *8b._____ 可实施短期透析治疗。* *时限_____* *8c._____不实施急性透析或维持性透析。*
9	**OTHER ORDERS** _____ _____ _____ _____ ***其他医嘱*** _____ _____ _____ _____

SIGNATURE OF PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN ASSISTANT (Signature and date are required to validate order)
医师、执业护士或医师助理签名（本医嘱生效必须签署姓名并填写日期）

Practitioner's Signature *执业人员签名*	Print Practitioner's Name *执业人员打印姓名*	
Maryland License # *马里兰州执业许可证编号*	Phone Number *联系电话*	Date *日期*

Complete form must be copied over Molst English form
完整表格内容必须复制至英文原版 MOLST 表格

Fill out the form in your language

可使用您熟悉的语言填写本表

INSTRUCTIONS

填写说明

Completing the Form: The physician, NP, or PA shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. Use Section 9 to document any other orders related to life-sustaining treatments. The order form is not valid until a physician, NP, or PA signs and dates it. Each page that contains orders must be signed and dated. A copy or the original of every completed MOLST form must be given to a competent patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.

表格填写规则：*医师、执业护士（NP）或医师助理（PA），在第 1 部分仅可选择 1 项；在适用于该患者的其他各部分中，每部分也仅可选择 1 项。如果第 2-9 部分有不适用的项目，请留空。第 9 部分用于记录与生命支持治疗相关的其他医嘱。本医嘱单须经医师、执业护士（NP）或医师助理（PA）签署并注明日期后方可生效。载有医嘱的每一页均须签署姓名并注明日期。每份填写完成的 MOLST 表格，其原件或副本均须在填写完毕后 48 小时内交付具备自主决策能力的患者或授权决策人；如果患者提前出院或转院，则须更早交付。*

Selecting CPR (Resuscitation) Status: EMS Option A-1 – Intubate, Option A-2 – Do Not Intubate, and Option B include a set of medical interventions. You cannot alter the set of interventions associated with any of these options and cannot override or alter the interventions with orders in Section 9.

心肺复苏（复苏）状态选择：*急救服务选项 A-1 - 实施气管插管、选项 A-2 - 不实施气管插管，以及选项 B 均包含一套固定医疗干预措施。不得修改上述任一选项配套的干预措施，亦不可通过第 9 部分中的医嘱推翻或变更该套干预措施。*

No-CPR Option A: Comprehensive Efforts to Prevent Cardiac and/or Respiratory Arrest / DNR if Arrest – No CPR. This choice may be made either with or without intubation as a treatment option. Prior to arrest, all interventions allowed under *The Maryland Medical Protocols for EMS Providers.* Depending on the choice, intubation may or may not be utilized to try to prevent arrest. Otherwise, CPAP or BiPAP will be the only devices used for ventilatory assistance. In all cases, comfort measures will also be provided. No CPR if arrest occurs.

不实施心肺复苏 选项 A：全力预防心搏骤停和/或呼吸骤停/发生骤停时遵循不予复苏指令 - 不实施心肺复苏。这一选择可作为治疗方案，无论是否进行插管均可实施。*骤停发生前，可采用《马里兰州急救服务从业人员医疗规程》许可的全部干预手段。根据具体情况，可采用或不采用气管插管以尝试预防骤停。除此之外，仅可使用 CPAP 或 BiPAP 设备实施辅助通气。所有情形下，均需提供舒适照护措施。如果发生骤停，不予实施心肺复苏。*

No-CPR Option B: Supportive Care Prior to Cardiac and/or Respiratory Arrest. DNR if Arrest Occurs – No CPR. Prior to arrest, interventions may include opening the airway by non-invasive means, providing passive oxygen, controlling external bleeding, positioning and other comfort measures, splinting, pain medications by orders obtained from a physician (e.g., by phone or electronically), and transport as appropriate. No CPR if arrest occurs.

不实施心肺复苏 选项 B：心搏骤停和/或呼吸骤停发生前予以支持性照护。如果发生骤停，遵循不予复苏指令 - 不实施心肺复苏。骤停发生前，干预措施可包括：无创方式开放气道、给予被动供氧、控制外出血、体位摆放及其他舒适照护措施、夹板固定，凭医师下达的医嘱（例如通过电话或电子方式）使用镇痛药物，并酌情安排转运。如果发生骤停，不予实施心肺复苏。

The DNR A-1, DNR A-2 (DNI) and DNR B options will be authorized by this original order form, a copy or a fax of this form, or a bracelet or necklace with the DNR emblem. EMS providers or medical personnel who see these orders are to provide care in accordance with these orders and the applicable *Maryland Medical Protocols for EMS Providers*. Unless a subsequent order relating to resuscitation has been issued or unless the health care provider reasonably believes a DNR order has been revoked, every health care provider, facility, and program shall provide, withhold, or withdraw treatment according to these orders in case of a patient's impending cardiac or respiratory arrest.

DNR A-1、DNR A-2（DNI）及 DNR B 选项，可凭本原始医嘱单、本表副本、本表传真件，或是带有不予复苏标识的手环或项链予以生效确认。急救服务人员或医护人员在查阅本医嘱后，须遵照本医嘱以及适用的《马里兰州急救服务从业人员医疗规程》开展救治。除非已另行出具后续复苏相关医嘱，或医护人员有合理依据认定该不予复苏医嘱已被撤销，否则，当患者即将发生心搏或呼吸骤停时，所有医护人员、医疗机构及相关项目均须依照本医嘱实施、暂缓或撤除治疗。

Do not modify or copy Maryland Order Molst Endorsement
此表格内容不得修改或复制 MOLST 表格

Fill out the form in your language

可使用您熟悉的语言填写本表

Location of Form: The original or a copy of this form shall accompany patients when transferred or discharged from a facility or program. Health care facilities and programs shall maintain this order form (or a copy of it) with other active medical orders or in a section designated for MOLST and related documents in the patient's active medical record. At the patient's home, this form should be kept in a safe and readily available place and retrieved for responding EMS and health care providers before their arrival. The original, a copy, and a faxed MOLST form are all valid orders. There is no expiration date for the MOLST or EMS DNR orders in Maryland.

表格存放位置：*患者自医疗机构或相关项目转院或出院时，须随附本表原件或副本。医疗机构及相关项目须将本医嘱单（或副本）与其他有效医疗医嘱一并留存，或存放于患者现行病历中指定用于保管 MOLST 及相关文件的专区。*如果患者居家，本表格应存放于安全且便于取用的位置，并在急救服务人员及医护人员抵达前备好以供查阅。*MOLST 表格的原件、副本及传真件均为有效医嘱。马里兰州的 MOLST 医嘱与急救服务不予复苏医嘱无失效日期。*

Reviewing the Form: These medical orders are based on this individual's current medical condition and wishes. Patients, their authorized decision makers and attending physicians, NPs, or PAs shall review and update, if appropriate, the MOLST orders **annually and whenever the patient is transferred between health care facilities or programs, is discharged, has a substantial change in health status, loses capacity to make health care decisions, or changes his or her wishes.**

表格审核说明：*本医疗医嘱依据当事人当前病情及本人意愿制定。患者、其授权决策人以及主管医师、执业护士（NP）或医师助理（PA），**须每年复核 MOLST 医嘱，并视情况予以更新；发生以下情形时亦应复核更新：患者在医疗机构或相关项目之间转院、出院、健康状况出现重大变化、丧失医疗自主决策能力，或是本人意愿发生改变。***

Updating the Form: The MOLST form shall be voided and a new MOLST form prepared when there is a change to any of the orders. If modified, the physician, NP, or PA shall void the old form and complete, sign, and date a new MOLST form.

表格更新说明：*如果任一医嘱内容发生变更，本 MOLST 表格即宣告作废，并须填制全新 MOLST 表格。如需修改，医师、执业护士（NP）或医师助理（PA）应将旧表格作废，填写、签署新 MOLST 表格并标注日期。*

Voiding the Form: To void this medical order form, the physician, NP, or PA shall draw a diagonal line through the sheet, write "VOID" in large letters across the page, and sign and date below the line. A nurse may take a verbal order from a physician, NP, or PA to void the MOLST order form. Keep the voided order form in the patient's active or archived medical record.

表格作废说明：*如需作废本医疗医嘱单，医师、执业护士（NP）或医师助理（PA）须在整张单据上划对角线，横跨页面以大写字体书写"作废（VOID）"，并在划线下方签名及标注日期。护士可依据医师、执业护士（NP）或医师助理（PA）下达的口头医嘱，执行 MOLST 医嘱单作废操作。已作废的医嘱单须留存于患者现行病历或归档病历中。*

Revoking the Form's DNR Order: In an emergency situation involving EMS providers, the DNR order in Section 1 may be revoked at any time by a competent patient's request for resuscitation made directly to responding EMS providers.

撤销本表不予复苏（DNR）医嘱说明：*在急救服务人员处置的紧急场景下，具备自主决策能力的患者可直接向到场急救人员提出复苏请求，随时撤销第 1 部分中的不予复苏医嘱。*

Bracelets and Necklaces: If desired, complete the paper form at the bottom of this page, cut out the bracelet portion below, and place it in a protective cover to wear around the wrist or neck or pinned to clothing. If a metal bracelet or necklace is desired, contact Medic Alert at 1-800-432-5378. Medic Alert requires a copy of this order along with an application to process the request.

手环与颈牌说明：*如有需要，请填写本页底部纸质单据，裁取下方手环部分，装入保护套内，佩戴于手腕、颈部，或别在衣物上。如需金属手环或颈牌，可致电 Medic Alert：1-800-432-5378。Medic Alert 受理申请时，须提供本医嘱副本及申请表。*

How to Obtain This Form: Call 410-706-4367 or go to marylandmolst.org

本表获取方式：*致电 410-706-4367，或访问网站 marylandmolst.org*

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Fill out the form in your language

可使用您熟悉的语言填写本表

Use of an EMS DNR bracelet is OPTIONAL and at the discretion of the patient or authorized decision maker. Print legibly, have physician, NP, or PA sign, cut off strip, fold, and insert in bracelet or necklace. *使用急救不予复苏（EMS DNR）手环为可选项目，由患者或授权决策人自行决定。清晰打印内容，经医师、执业护士（NP）或医师助理（PA）签名后，裁下本条，折叠并装入手环或颈牌内。*	☐ DNR A-1 Intubate ☐ DNR A-2 Do Not Intubate ☐ DNR B Pt Name _____ DOB. _____ Practitioner Name _____ Date _____ Practitioner Signature _____ Phone _____ ☐ *不予复苏A-1 可气管插管* ☐ *不予复苏A-2 禁止气管插管* ☐ *不予复苏B* *患者姓名* _____ *出生日期* _____ *执业医师姓名* _____ *日期* _____ *执业医师签名* _____ 电话 _____

Complete form must be copied over MOLST English form
完整表格内容必须复制至英文原版 MOLST 表格