

Maryland MOLST FAQs



Maryland MOLST Training Task Force

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Frequently Asked Questions About Maryland MOLST

What does “MOLST” stand for?

“MOLST” is an acronym that stands for Medical Orders for Life-Sustaining Treatment.” It is the same concept as the “POLST” (Physician’s Orders for Life-Sustaining Treatment) paradigm, except that the word “Physician” is changed to “Medical.”

What is the difference between the Maryland MOLST approach and Maryland’s existing Life-Sustaining Treatment Options (LSTO) process?

The MOLST approach incorporates virtually the same principles and content of the LSTO process and closely follows the “Instructions on Current Life-Sustaining Treatment Options” (LSTO) form. The difference is that treatment options on the MOLST form are valid and enduring medical orders.

Use of the MOLST form adheres to existing steps in health care decision making and advance care planning. These are outlined on the Attorney General’s website <http://www.oag.state.md.us/Healthpol/SAC/index.htm#ethics> (see “Ethics Framework”). The MOLST form changes the document to be used for turning choices into orders, and authorizes implementation of the choices as valid orders in all health care settings across Maryland.

What is the basis for these changes to a MOLST approach?

There are two principal reasons for changing the previous LSTO form and process to the MOLST form and process. First, the MOLST (or POLST) approach has been found to result in a greater degree of compliance with patient wishes across settings in states where it is used, compared to the more optional approach used until October 1, 2011, in Maryland.

The other reason is that the MOLST approach combines existing orders related to CPR for EMS (Emergency Medical Services) personnel into the more global order form, thereby consolidating the necessary documentation into a single form. With the MOLST form, orders related to CPR can be used to guide both EMS crews and members of the health care team in the patient’s current setting.

Is there precedent for this?

In the United States, POLST was first implemented in Oregon in 1995. As of February 2011, 12 states have fully operating and endorsed POLST programs, 24 states were developing POLST programs, and another nine states were trying to develop a program.

How does Maryland's MOLST approach compare to other states?

The proposed MOLST order form is more comprehensive than most states and does not have the same details as several of them. As with the previous LSTO form and process, every effort has been made to present these choices in a clear and concise way, to facilitate understanding and treatment selection. The reason for a more comprehensive approach is to present a standardized array of options from which patients can choose in all relevant settings. Thus, patients can have a consistent approach across the state, regardless of how many of the options they wish to consider at a given time.

The Maryland MOLST form also incorporates what has been a separate process and form for determining and documenting cardiopulmonary resuscitation (CPR) orders to guide EMS providers in caring for patients who have actual or imminent cardiopulmonary arrest. Thus, the MOLST approach consolidates documentation and procedures, and should help improve understanding and selection of life-sustaining treatment options, regardless of who (including EMS providers) initiates or continues to provide CPR.

Why are there numerous treatment choices? Do they all have to be completed?

The MOLST form includes the most common widely recognized life-sustaining treatment options. It contains treatment choices that were already included in the LST form and process.

There is no requirement to make any treatment choices, or to make a certain number of choices. Only treatment options that are selected by the patient (or an authorized decision maker in case of the patient's incapacity) are indicated.

It is desirable to offer a broad range of treatment options to standardize definitions, make the decision making process available and convenient, remind patients and providers of available options, and match the potential range of orders to existing documentation of patient wishes.

Does the MOLST form cover everything that patients and practitioners need to know about the process of making choices and completing the form?

The MOLST form is the means for documenting specific orders related to life-sustaining treatments. The form itself is not the same as the process of making decisions and choosing treatment options that are ultimately ordered on the form. Patients and practitioners should use some of the many available resources and references to help them consider treatment options and discuss, make, and document these decisions. There are more details in the guides for patients and caregivers, authorized decision makers, and health care professionals, similar to the current guides on the Attorney General's website related to using the current LSTO form.

If a patient selects a treatment option on the MOLST form, is adherence to that choice mandatory in all settings?

When an order is written in one setting, it remains in effect in that and subsequent settings. Maryland MOLST is a portable and enduring medical order form. The MOLST orders must be honored by EMS medics and healthcare personnel in all healthcare settings, even if the physician or nurse practitioner who signed the MOLST orders is not on staff at a facility.

The MOLST form in the patient's current setting should accompany any transfers of the patient to another health care facility or program. The receiving setting has a responsibility to inquire about the existence of a MOLST order form, either from the patient or the setting from which they receive the patient. The MOLST orders should be reviewed on admission to the new facility or program to ensure that the orders reflect the patient's current wishes. If the patient does not have a MOLST order form, one shall be completed on admission to a nursing home, assisted living facility, home health agency, hospice program, kidney dialysis center, and hospitals (for certain patients).

Who should complete the MOLST order form?

The physician or nurse practitioner who signs the MOLST order form is responsible for ensuring the accuracy and basis for the MOLST orders. The orders are based on several factors, though primarily on determinations made by the patient or an authorized decision maker.

Patients and authorized decision makers should not complete the MOLST order form directly. Instead, they may use the Health Care Decision Making Worksheet to make treatment decisions. A physician or nurse practitioner will then complete a MOLST order sheet to reflect the patient's wishes.

Who can sign the MOLST order form?

Either a physician or a nurse practitioner can sign MOLST orders. Whoever signs the order form should be aware of the basis for the orders and ensure that they reflect the patient's wishes, as much as it is possible to know them at that time, or that are based on other relevant factors, such as a determination of medical ineffectiveness. Physicians and nurse practitioners shall not pre-sign blank order forms and leave them for someone else to complete.

What should be done if a MOLST form is completed and then another, previous version turns up?

If there are disparities between the versions, it is important to reconcile them to determine the person's wishes. If that is not feasible, for example, because the person's decision-making capacity has become impaired and the authorized decision maker is not available, then the choices on the most recent MOLST form take precedence.

Do MOLST orders mandate the administration or withholding of specific treatments?

Orders on the MOLST form to limit a treatment (that is, to not give a treatment or to only use it to a limited extent) are to be honored as specified. While orders for unlimited or unrestricted treatment authorize their use if medically indicated, they do not mandate giving treatment regardless of its relevance to the patient's situation.

Does completion of the MOLST order form at a given time limit subsequent updates or revisions?

The orders on the MOLST form can be updated, or otherwise revised or rescinded at any future time, as long as the decision making behind such changes is consistent with the rights granted to patients under applicable laws and regulations such as the federal Patient Self-Determination Act (1991) and the Maryland Health Care Decisions Act (1993). For example, another individual cannot simply rescind or contradict orders based on decisions by a capable patient who subsequently loses their decision-making capacity, unless that patient specifically authorized them to do so in a legally valid document (e.g., an advance directive or a durable power of attorney).

If the situation changes significantly for a patient who made choices that were turned into MOLST orders, then it may be appropriate to reconsider the relevance of previous choices in light of the current situation, unless the patient's previous valid care instructions restrict doing so, or there are other determinations, such as medical ineffectiveness of a specific treatment.

What if the patient or authorized decision maker declines to make any choice of treatment options on the MOLST form?

If the patient or authorized decision maker declines to consider the MOLST form options, for whatever reason, the facility should document this and explain the consequences of making no decision to the patient or authorized decision maker. If there are no limitations on care, except as otherwise provided by law, cardiopulmonary resuscitation will be attempted and other treatments will be given. If a choice regarding cardiopulmonary resuscitation (CPR) is not made, cardiopulmonary resuscitation will be attempted using all available treatment options (i.e., Option 1a on the MOLST form).

Several factors influence whether and to what extent treatment will be given. For example, under the Health Care Decisions Act, a health care practitioner is not obliged to recommend or render treatments that he or she considers medically ineffective, but the practitioner must follow a specific process to implement such decisions.

How is the MOLST order form to be revised?

Once a MOLST order form is completed and signed, a new form should be completed and signed whenever there are any changes to any of the orders. To void the MOLST order form, a physician or nurse practitioner shall draw a diagonal line through the sheet, write "VOID" in large letters across the page and sign and date below the line. Keep the voided order form in the patient's active or archived medical record, as appropriate.

All of the previous orders on the MOLST form should be transferred to the updated form, and the updated form should be signed and dated by the current responsible practitioner, even if that practitioner was not involved in signing the previous version of the MOLST form.

Is the MOLST form an advance directive?

Maryland MOLST is a medical order form, not an advance directive. MOLST orders are effective immediately when signed, whereas treatment choices in an advance directive may not apply until some future time. The idea behind providing these treatment options in an advance directive is to allow patients to make choices that they want to apply in the future, while they have the capacity to do so and in case they subsequently lose the capacity to do so.

How does a patient know when a MOLST form has been completed?

The patient or authorized decision maker will receive a copy of the MOLST order form within 48 hours after its completion. A patient who is discharged or transferred from the facility or program in less than 48 hours from the time it is signed will receive a copy or the original of the MOLST order form upon discharge or transfer.

Is the order form two pages or double sided?

The Maryland MOLST form can be a double-sided or two-paged order form. It is printed on white paper. The original, a copy, or a fax copy are all valid order forms.

What happens if I don't have a MOLST form or an EMS/DNR form and emergency medical services providers arrive?

In the absence of a valid MOLST form or EMS DNR Order, patients who are unable to communicate their health care wishes will receive the full scope of restorative interventions permissible under the Maryland EMS Medical Protocols, including, if necessary, aggressive, life-saving cardiopulmonary resuscitation.

Where can I get a Maryland MOLST form?

The MOLST form may be downloaded from dhmh.state.maryland/marylandmolst. If you do not have access to the internet, order forms may be requested from MIEMSS at 410-706-4367.

I have an Emergency Medical Services DNR order. Do I need a MOLST form?

No. Existing forms will continue to be valid and need not be redone unless the patient wants to take advantage of the additional care options available on the MOLST form. EMS providers will continue to honor old EMS DNR forms indefinitely.

Can I make copies of a MOLST form?

Yes. A copy of the MOLST order form is a valid order. You are encouraged to make copies of your MOLST form so that one is always available and you have replacements if the form is lost.

What is a valid Do Not Resuscitate (DNR) order for Maryland emergency medical services?

Any of the following are a valid DNR order:

- Maryland MOLST form, original, copy, or fax
- Maryland MOLST vinyl bracelet insert
- Maryland EMS DNR order form, original, copy, or fax
- Maryland EMS DNR vinyl bracelet insert
- Medic Alert bracelet or necklace specifying DNR
- Out-of-state form via reciprocity, original, copy, or fax
- Oral order from a Maryland-licensed physician or nurse practitioner who is at the scene
- Oral order from Medical Command Physician.

What is NOT a valid DNR Order for Maryland emergency medical services?

None of the following are valid DNR orders:

- Advance directive
- Notes in the medical record
- A facility-specific DNR order
- Colored bracelets that are not part of the MOLST order form or from Medic Alert
- Orders written on a practitioner's prescription pad
- DNR stickers
- Oral requests from family or caregivers
- Oral request for DNR by a physician or nurse practitioner who is not at the scene with the patient.

Where should I keep the signed MOLST form?

The MOLST form should be kept in a readily accessible and visible location:

- Health care facility or program: The MOLST form is kept with the patient's other active medical orders in his or her medical record.
- Patient's home: The MOLST form is kept at the bedside, above the bed, behind the bedroom door, or on the refrigerator door.

Is a bracelet available for DNR orders?

Plastic bracelets for DNR orders may be ordered through MIEMSS at 410-706-4367. Metal bracelets or necklaces are available through Medic Alert at 1-800-432-5378. Medic Alert will require a copy of the MOLST form to process your request.

Where will EMS look for a bracelet?

EMS providers will accept a bracelet instead of an order form for a DNR order. The bracelet does not have to be worn, but it must be presented to an EMS provider or worn in a conspicuous place such as on the wrist, as a necklace, or pinned to the patient's clothing.

Is a completed but unsigned MOLST form valid for EMS providers?

No. The form is a medical order and must be signed and dated by a Maryland-licensed physician or nurse practitioner to be valid.

If my physician is not licensed in Maryland, can he or she sign my MOLST?

No. The Maryland MOLST form must be signed by a Maryland-licensed physician or nurse practitioner. However, a valid POLST form or DNR order from another state may be honored and should be presented to EMS providers or at a facility.

I have an EMS DNR order from another state. Do I need a MOLST from Maryland?

EMS providers are authorized to follow out of state EMS/DNR orders. You may wish to get a MOLST order to take advantage of the additional care options it provides.

Where can I get more information on Maryland MOLST?

Website

<http://dhmh.maryland.gov/marylandmolst>

Email

MarylandMOLST@dhmh.state.md.us

Call

Attorney General's Office
Paul Ballard, Assistant Attorney General
410-767-6918