

Health Care Decision Making Worksheet

Instructions

Use this worksheet to indicate current treatment preferences (which will be reflected in Maryland MOLST orders) or to clarify wishes for future situations (which will be applied only when the issues become relevant in the future). Only initial those items for which a decision has been made or is needed. The remaining items can be left blank.

Although the choices on this worksheet represent wishes regarding various life-sustaining treatment options, this is not an order sheet or an advance directive. For example, preferences about artificially administered fluids and nutrition would be incorporated into current orders if the individual currently has impaired nutrition or fluid/electrolyte balance that cannot be corrected in another way. On the other hand, if the individual is eating or drinking adequately and related problems are not anticipated in the near future, then orders related to limiting these treatments may not need to be entered on the MOLST form. It may still be appropriate to do so if the individual has definitely decided about these treatments for the future and has been fully informed about the risks and benefits of those treatments in all the various situations that may arise. The individual should be counselled to prepare an advance directive if the potential treatments at issue are not relevant to the individual's current condition.

Make one choice for cardiopulmonary resuscitation, by initialing the appropriate line. If no choice is made, resuscitation will be attempted by default. Choose one option for each of the other categories, as appropriate and desired, by initialing the appropriate line. Clarify specific care instructions, as needed.

Part A, Main goal(s) of care: Specific treatment preferences should reflect the main goal or goals of care. In Part A, the patient or the patient's authorized decision maker may identify goals of care. It allows for the identification of more than one main goal of care. Often, two goals can be pursued at the same time – for example, prolonging life while controlling pain and other distressing symptoms. But if the use of a life-sustaining treatment would be inconsistent with maximum comfort, as sometimes happens, then health care providers should know which goal is more important.

If the patient lacks capacity, the main goal(s) of care should be identified from the patient's perspective, based on the authorized decision maker's understanding of the patient's wishes, if known, or the patient's best interests. The authorized decision maker's personal beliefs and values should not override those of the patient, even if he or she is an appointed health care agent.

If there are multiple surrogate decision makers of equal authority involved in the preparation of the Health Care Decision Making Worksheet, they may not all agree on a life-sustaining treatment. Or, even if they agree, the attending physician may consider that the identified main goal of care is unrealistic or, if pursued, would result in burdens with little or no benefit for the patient. A health care provider should follow its customary procedures for addressing such conflicts, including, as appropriate, referral to the facility's patient care advisory (ethics) committee.

Part B, Advance directive and authorized decision maker contact information: The Health Care Decision Making Worksheet is not an advance directive or an order form. If a patient has already completed an advance directive, this worksheet could be attached to it. If the advance directive names a health care agent, contact information for the health care agent should be inserted. If there is no health care agent, contact information for the guardian or surrogate decision maker should be inserted. Even if the patient still has capacity, the contact information for whoever is to serve as authorized decision maker after loss of capacity should be included.

HEALTH CARE DECISION MAKING WORKSHEET

Patient's name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Part A _____ Initial this line	Most Important Goal(s) of Care: What does the patient or authorized decision maker hope to achieve?
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Part B	<p>If the patient has a written advance directive check this box <input type="checkbox"/> and attach a copy.</p> <p>If the patient currently lacks the capacity to make health care decisions, check this box <input type="checkbox"/>.</p> <p>In case the patient lacks or loses capacity, the following individual will make decisions:</p> <p>_____</p> <p style="display: flex; justify-content: space-between;"> Name Phone Number </p> <p style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate Decision Maker </p>
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Meanings and Implications	
1	CPR Status: What should be done to try to prevent or manage an actual or impending cardiopulmonary arrest?
	<p>_____ Attempt CPR, Comprehensive Cardiopulmonary Resuscitation Efforts</p> <ul style="list-style-type: none"> If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). CPR will include comprehensive medical efforts to try to restore and/or stabilize heart and lung function and prevent arrest, including any form of artificial ventilation.
	<p>_____ No CPR, Option A-1, Intubate, Comprehensive Efforts to Prevent Arrest, Including Intubation</p> <ul style="list-style-type: none"> If cardiac and/or pulmonary arrest occurs, resuscitation should not be attempted (No CPR). Allow death to occur naturally. In order to try to prevent cardiopulmonary arrest, use comprehensive efforts to try to stabilize and/or restore heart and lung function, including intubation where indicated.
	<p>_____ No CPR, Option A-2, Do Not Intubate, Comprehensive Efforts to Prevent Arrest, No Intubation</p> <ul style="list-style-type: none"> In order to try to prevent cardiopulmonary arrest, make a comprehensive effort to try to stabilize and/or restore heart and lung function, except for intubation. It is acceptable to use CPAP or BiPAP to try to prevent respiratory failure. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.
	<p>_____ No CPR, Option B, Palliative and Supportive Care, Palliative and Supportive Care Before and After Cardiopulmonary Arrest</p> <ul style="list-style-type: none"> Do not attempt cardiopulmonary resuscitation (No CPR). Allow death to occur naturally. Give supportive measures only, including 1) passive oxygen for comfort, 2) efforts to control any visible bleeding and 3) medications for pain relief. Do not attempt to prevent cardiopulmonary arrest. Do not intubate or use CPAP or BiPAP.

	Meanings and Implications
2	Artificial Ventilation: What should be done for respiratory failure where cardiopulmonary arrest is not involved?
2a	_____ If the patient cannot breathe adequately, the patient may be intubated and put on a ventilator for as long as necessary, even indefinitely.
2b	_____ If the patient cannot breathe adequately, the patient may be intubated and put on a ventilator (time limit up to _____ days) to see if the ventilator is effective for a patient's overall condition. If not, stop using the ventilator.
2c	_____ If the patient cannot breathe adequately, use only CPAP or BiPAP for a limited time (time limit up to _____ days), to see if it is effective for a patient's overall condition. If not, stop using CPAP or BiPAP . Do not intubate or place on a ventilator other than CPAP or BiPAP .
2d	_____ Do not use a ventilator (no intubation, CPAP or BiPAP) under any circumstances.
3	Blood Transfusion: Should blood transfusions or infusion of blood products be given?
3a	_____ Blood and blood products (whole blood, packed red blood cells, plasma, or platelets) may be given to replace blood products if it is medically indicated.
3b	_____ Do not give any blood products.
4	Hospital Transfers: Should hospital transfers occur and under what circumstances?
4a	_____ Transfer to the hospital is okay for any situation requiring medical care that cannot be given outside of a hospital to diagnose, treat, or monitor the individual.
4b	_____ Hospital transfer may occur if necessary for comfort or to relieve severe medical symptoms that cannot be managed elsewhere. Hospitalization should not be used to try to identify, diagnose, and treat or cure underlying causes of symptoms.
4c	_____ Do not transfer to a hospital under any circumstances. Assess, treat, and monitor the patient with options available outside of the hospital, as needed and consistent with patient goals.

	Meanings and Implications
5	Medical Tests: To what extent should medical tests be performed for diagnosis, treatment, and monitoring?
5a	_____ Any medical tests that are indicated to diagnose, treat, or monitor a patient may be done.
5b	_____ Only perform limited medical tests necessary for symptomatic relief or comfort. Base any needed assessment, diagnosis, treatment, and monitoring on clinical findings rather than tests.
5c	_____ Do not do any medical tests. Base assessment, diagnosis, treatment, and monitoring on clinical findings rather than tests.
6	Antibiotics: When should antibiotics be given and to what extent?
6a	_____ Any antibiotics (oral, intravenous, or intramuscular injection) that are medically indicated may be used, by any route of administration, to try to treat an infection.
6b	_____ Oral antibiotics may be used, if medically indicated, to treat an infection. Do not use intravenous or intramuscular antibiotics.
6c	_____ Oral antibiotics may be used if needed to try to relieve symptoms or for comfort, but not with the main goal of trying to cure an infection. Do not use intravenous or intramuscular antibiotics.
6d	_____ Do not give antibiotics. In case of an infection, treat the symptoms, such as giving medicines for fever or pain relief.
7	Artificially administered fluids and nutrition: Under what circumstances and to what extent should artificially administered fluids and nutrition be given?
7a	_____ Artificially administered fluids and nutrition may be given if medically indicated, even indefinitely, by any available means. For example, such medical interventions may address treatable causes of weight loss and fluid imbalances.
7b	_____ Artificially administered fluids and nutrition may be given, if indicated, on a trial basis for a limited time (time limit: up to _____ days) to determine if the underlying causes of weight loss can be corrected. Artificially administered fluids and nutrition may also be given for comfort, if consistent with the patient's goals and wishes.
7c	_____ Artificially administered hydration (intravenous or subcutaneous fluids or fluids through a PEG tube) may be given, but not artificial nutrition.
7d	_____ No artificially administered fluids and nutrition will be given. Offer food and fluids by mouth as desired and tolerated.

Meanings and Implications	
8	Dialysis: When should dialysis be used if the kidneys do not function adequately?
8a	_____ Dialysis (either hemodialysis or peritoneal) may be given, even indefinitely, if the kidneys are not functioning adequately. Dialysis may be used for an acute or chronic kidney problem.
8b	_____ Dialysis (either hemodialysis or peritoneal) that is medically indicated may be given for a limited period (time limit: up to _____ days) to determine if it is effective and warranted based on the patient's condition.
8c	_____ No dialysis should be provided.
9	Other Treatments: Are there any other instructions related to life-sustaining treatments not otherwise covered in Sections 1-8 above? _____ Initial this line

_____ Print patient's name	
_____ Signature of patient	_____ Date
_____ Print name of authorized decision maker <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate Decision Maker	_____ Phone
_____ Signature of authorized decision maker	_____ Date
_____ Print name of health care professional assisting with form	_____ Phone
_____ Signature of health care professional assisting with form	_____ Date
_____ Print name of patient's physician, nurse practitioner, or physician assistant	_____ Phone
_____ Signature of patient's physician, nurse practitioner, or physician assistant	_____ Date