

Medical Orders for Scope of Treatment

[Key Messages]

What is MOST?

- Medical Orders for Scope of Treatment (MOST) is an order completed by the adult's Most Responsible Practitioner (MRP).
- MOST is an order identifying one of six designations that provides direction on resuscitation status and scope of critical care and medical interventions.
- It is based on Advance Care Planning (ACP) and goals of care conversations with a capable adult or if incapable, their substitute decision maker(s).
- MOST is valid across all Island Health settings and does not expire.
- MOST is honoured by the BC ambulance service.

MOST designations:

M1: Supportive care, symptom management and comfort measures only. Allow a natural death.

M2: Medical treatments within current location of care, excluding critical care interventions.

M3: Medical treatments including transfer to higher level of care, excluding critical care interventions.

C0: Critical Care Interventions, excluding CPR and intubation.

C1: Critical Care Interventions, excluding CPR but including intubation.

C2: Critical Care Interventions, including CPR and intubation.

Why MOST?

- MOST clarifies the intent of treatment and helps health care providers deliver care that aligns with patients' values, goals and health condition, minimizing unnecessary or unwanted treatment.
- MOST standardizes the MRP orders regarding resuscitation status (code status) and scope of health care treatment with the use of a medical order designation and ensure orders can be communicated and followed across care settings.

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KEY POINTS

- Engaging in Advance Care Planning (ACP) and goals of care discussions with the patient or substitute decision maker(s) is the role of all Health Care Providers.
- ACP and goals of care information can be recorded in the ACP Powerform in Cerner (where activated) or on the ACP Notes and Conversations form.
- Patients should always be asked about their preferences for care when they are able to speak for themselves; when incapable their substitute decision makers are asked (they are obliged to provide the patient's preferences, not their own preferences).
- In an emergency situation if the adult is incapable and a substitute decision maker is not able to provide direction, the last valid MOST would be followed.
- A MOST provides direction for providers to follow in any Island Health setting. A MOST requires review when there is a significant change in the adult's condition, and periodic review (e.g. within 24 hours after admission to acute care, at first care conference (about 4-6 weeks after admission) in Long-term Care, and at least every 12 months). Refer to MOST policy for more information.
- Adults should be given a copy of their MOST on discharge.
- At eMOST (electronic MOST) activated sites, the MOST will cross encounters and the most recent MOST will be viewable in the banner bar. At non-activated sites, the most recent MOST should be placed in the "greensleeve" on the patient's chart.