KENTUCKY MOST : MEDICAL ORDERS FOR SCOPE OF TREATMENT

The MOST form is voluntary. A patient is not required to complete a MOST form. A patient with capacity or their legal representative may void a MOST form any time by communicating that intent to the health care provider. Any section not completed does not invalidate the form and implies full treatment for that section. HIPAA permits disclosure of MOST to health care professionals as necessary for treatment. The original form is the personal property of the patient. A facsimile, paper or electronic copy is a legally valid form.

PATIENT IDENTIFIER	Patient's Last Name:	First Name, Middle Initial:	Date of Birth:

SECTION A — CARDIOPULMONARY RESUCITATION (CPR): PERSON HAS NO PULSE AND IS NOT BREATHING

Check One Box Only

◯ Attempt Resuscitation (CPR) ◯ Do Not Attempt Resuscitation

When not in cardiopulmonary arrest, follow orders in B, C, and D.

SECTION B — MEDICAL INTERVENTIONS: PERSON HAS PULSE OR IS BREATHING

Check One Box Only

◯ **Full Treatment** (required if choose CPR in Section A). Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

◯ **Limited Additional Interventions:** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location.

◯ **Comfort Measures:** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed above in Full Treatment or Limited Additional Interventions. Transfer to hospital only if comfort cannot be achieved in current setting.

SECTION C — ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION:

Check One Box Only

(Always offer food/fluids by mouth as tolerated)

Medically assisted nutrition and hydration is optional when it: • cannot reasonably be expected to prolong life • would be more burdensome than beneficial • would cause significant physical discomfort

◯ **No artificial nutrition and hydration by tube.**

◯ **Trial period of artificial nutrition and hydration by tube.** (Goal:_____)

◯ **Long-term artificial nutrition and hydration by tube.**

Section D — ANTIBIOTICS

Check One Box Only

◯ **Use antibiotics as medically indicated** ◯ **No antibiotics**

ADDITIONAL ORDERS (OPTIONAL):

ATTESTATION BY A LICENSED HEALTH CARE PROFESSIONAL

I attest that I, (Name)_____, in completing this form have reviewed the patient's pre-existing advance directive and have found it in accordance with the selections on this MOST form OR I attest that the patient does not have a pre-existing advance directive.

Signature: _____ Date of completion: _____

SIGNATURE: PATIENT OR PATIENT REPRESENTATIVE (E-SIGNED DOCUMENTS ARE VALID)

I am: ◯ Adult patient with decisional capacity ◯ Surrogate decision maker per advance directive

or ◯ Responsible party in accordance with KRS 311.631 (see back of form)

I agree that adequate information has been provided and significant thought has been given to decisions outlined in this form. Treatment preferences have been expressed to the physician. This document reflects those treatment preferences and indicates informed consent. If signed by a surrogate or responsible party, the preferences expressed reflect the patient's wishes as best understood by that surrogate or responsible party. You are not required to sign this form to receive treatment.

Patient, Surrogate, or Responsible Party (print):	Signature:	Relationship: Contact #:

PHYSICIAN SIGNATURE (E-SIGNED DOCUMENTS ARE VALID)

My signature below indicates that I or my designee have discussed with the patient, the patient's surrogate, or the responsible party, the patient's goals and available treatment options based on the patient's medical conditions. My signature below indicates to the best of my knowledge, that these orders indicated on this form are consistent with the patient's current medical condition and preferences.

Physician (print):	Physician Signature:	Contact #:	Effective Date:

INFORMATION FOR PATIENT, SURROGATE, OR RESPONSIBLE PARTY OF PATIENT NAMED ON THIS FORM

The MOST form is always voluntary and is usually for persons with advanced illness. MOST records your wishes for medical treatment in your current state of health. The provision of nutrition and fluids, even if medically administered, is a basic human right and authorization to deny or withdraw shall be limited to the patient, the surrogate in accordance with KRS 311.629, or the responsible party in accordance with KRS 311.631. KRS 311.631: *Responsible parties authorized to make health care decisions: (1) The judicially-appointed guardian of the patient; (2) The health care power of attorney; (3) The spouse of the patient; (4) An adult child of the patient, or if the patient has more than one child, the majority of the adult children who are reasonably available for consultation; (5) The parents of the patient; (6) The nearest living relative of the patient, or if more than one relative of the same relation is reasonably available for consultation, a majority of the nearest living relatives.*

Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. An advance directive, such as the Kentucky Health Care Power of Attorney, is recommended for all capable adults, regardless of their health status. An advance directive allows you to document in detail your future health care instructions or name a surrogate to speak for you if you are unable to speak for yourself, or both. If there are conflicting directions between an enforceable living will and a MOST form, the provisions of the living will shall prevail.

DIRECTIONS FOR COMPLETING AND IMPLEMENTING FORM

COMPLETING MOST

- MOST must be reviewed and signed by the patient's physician.
- MOST must be reviewed and contain the original signature of the patient's physician to be valid. Be sure to document the basis in the progress notes of the medical record. Mode of communication (e.g., in person, by telephone, etc.) should also be documented.
- The signature of the patient, surrogate or a responsible party is required; however, if the patient's surrogate or a responsible party is not reasonably available to sign the original form, a copy of the completed form with the signature or electronic signature of the patient's surrogate or a responsible party must be signed by the patient's physician and placed in the medical record.
- Copies of the original form are equally as valid as the original form.
- There is no requirement that a patient have a MOST.

IMPLEMENTING MOST

- If a health care provider or facility cannot comply with the orders due to policy or personal ethics, the provider or facility must arrange for transfer of the patient to another provider or facility.

REVIEWING MOST

This MOST must be reviewed at least annually, at any time the patient or patient's representative requests and when:

- The patient is admitted or discharged from a health care facility;
- There is a substantial change in the patient's health status; or
- The patient's treatment preferences change.

If MOST is revised or becomes invalid, draw a line through sections A – D and write "VOID" in large letters.

REVOCATION OF MOST

This MOST may be revoked by the patient or the responsible party.

REVIEW OF MOST

Review Date:	Reviewer (print):	Physician Signature:	Signature of Patient, Surrogate, or Responsible Party:	Outcome of Review, describing the outcome in each row by selecting one (1) of the following:
				◯ No Change ◯ FORM VOIDED
				◯ No Change ◯ FORM VOIDED

SEND FORM WITH PATIENT WHEN TRANSFERRED OR DISCHARGED

Form Updated July 2024