

New Mexico Medical Orders for Scope of Treatment “NM MOST”

Providing clarity to healthcare wishes for patients who are seriously ill or have a life-limiting illness.

The New Mexico Medical Orders for Scope of Treatment “NM MOST” is part of the National POLST Paradigm (POLST.org). It is an approach to end of life planning based on conversations between patients, their loved ones, and healthcare professionals designed to ensure that seriously ill or frail patients can choose the treatments they want or do not want, and that their wishes are documented and honored.

It encourages a detailed conversation between you, the healthcare provider, and your patients who are seriously ill. This conversation is then converted into an actionable medical order that represents the patient’s wishes regarding their healthcare.

The NM MOST is based on a patient’s current state of health and is transferable between care settings.

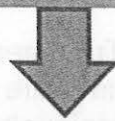
The image shows a scan of the New Mexico Medical Orders for Scope of Treatment (NM MOST) form. The form is divided into several sections: A. EMERGENCY RESPONSE SECTION, B. MEDICAL INTERVENTIONS, C. ARTIFICIALLY ADMINISTERED HYDRATION/NUTRITION, and D. SIGNATURES. It includes checkboxes for 'I want to receive all medical treatments' and 'I do not want to receive all medical treatments'. There are also fields for patient name, address, and physician information.

- ✓ When a patient has a serious or life-limiting illness the NM MOST has proven to be very effective at ensuring that their healthcare wishes are honored. It translates care preferences into a set of medical orders that can be understood and honored across all care settings.
- ✓ The NM MOST is not for everyone. It is for those patients that are seriously ill, very frail, or have a limited life expectancy.
- ✓ The document is completed during the course of a conversation with a healthcare professional and is signed by a physician.
- ✓ The NM MOST is printed on a bright green form and travels with the patient to any setting where they receive healthcare.
- ✓ The NM MOST is an advance directive. If there is a conflict between an earlier directive and the NM MOST, the latest choices made by the patient shall control. A patient may change their directive at any time.
- ✓ The back of the NM MOST can be used to assign a healthcare decision maker.

New Mexico Medical Orders for Scope of Treatment "NM MOST"

General Information and Tip Sheet

The NM MOST is an advance directive that is based on conversations between patients, loved ones, and health care professionals. It is designed to ensure that seriously ill or frail patients can choose treatments they want or do not want and that their wishes are documented and honored.



Indicate a patient's resuscitation preference in section "A".

Remember that a patient should be counseled on all options; including the ability to revoke a DNR status at any time.

If a patient elects a time limited trial for hydration and/or nutrition, be sure to quantify and qualify the goal.

Patient demographics must be completed to allow for proper identification.

Section "B" allows a patient to define the level of care that is consistent with their care preferences.

There are three options

Space is provided for *Additional Orders* when necessary.

Print on "Wyamine Astmright Term Green" 68 lb paper. However, plain white photocopied, faxed and electronic scans are valid.

This pre-hospital physician order is consistent with the patient's wishes and should be considered in the same manner as a DNR order. The New Mexico MOST is an advance healthcare directive or healthcare decision and must be honored in accordance with state law. NMCA. If there is a conflict between this directive and an earlier directive, the most current choices made by the patient or the Healthcare Decision Maker shall prevail.

New Mexico Medical Orders For Scope of Treatment (MOST)

First follow these orders, then contact the physician, APN, or PA. These medical orders are based on the person's current medical condition and preferences. Any section not completed does not invalidate the form.

Last Name/First/Initial Initial

Address

City/State/Zip

Date of Birth (mm/dd/yyyy)

A **EMERGENCY RESPONSE SECTION:** Person has no pulse or is not breathing.
 Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNR
 When not in Cardiopulmonary arrest, follow orders in B, C and D.

B **MEDICAL INTERVENTIONS:** Patient has a pulse
 Comfort Measures: Do not transfer to hospital unless comfort needs cannot be met in current location. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort.
 Limited Additional Interventions: May include care as described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid Intensive Care.
 All indicated interventions: May include care as described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes Intensive Care.
 Additional Orders:

C **ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION:**
 (Always offer food and liquids by mouth if feasible and desired.)
 No artificial nutrition. No artificial hydration.
 Time-limited trial of artificial nutrition. Time-limited trial of artificial hydration.
 Goal of the trial: _____
 Long-term artificial nutrition/hydration.

D Discussed with: Patient Healthcare Decision Maker Parent of Minor Court Appointed Guardian Other
 Interpreter used

Signature of Physician: My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Physician Name (required, please print) Physician Phone Number Date

Physician Signature (required) Physician License #

Signature of Patient or Healthcare Decision Maker: By signing this form, I declare I have had a conversation with a healthcare provider. I direct the healthcare provider and others involved in care to provide healthcare as described below.

Name (print) Date

Phone Relationship to the Patient

HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

© 2014 www.nmmost.org

The back of the NM MOST can be used to assign a healthcare decision maker

The NM MOST must be signed by the patient (or if they are not able, their legally recognized healthcare decision maker) AND a physician.

- ✓ Ensure that all choices are clinically aligned.
- ✓ The NM MOST must be based on a patient's current health status and must be completed during the course of a conversation with a health care professional.
- ✓ The form does not need to be witnessed or notarized.
- ✓ The original stays with the patient / copies can be made and are valid.
- ✓ *The NM MOST is not for every patient – for some patients a traditional advance directive may be best.*