

## Strong Memorial Hospital Facts and Misconceptions about the "New" MOLST Form

### Facts

1. The new MOLST form is now consistent with New York State law and approved by the New York State Department of Health for use at all nursing homes, hospitals and other medical facilities in New York.
2. The new MOLST is recognized and honored by EMT personnel in Monroe and Onondaga counties as an out-of-hospital DNR form as of May 1, 2006. (Patients elsewhere in the state outside of these two counties will still require the current Out-of-Hospital DNR Form.)
3. The DNI section of the new MOLST form is now recorded on page 2; not on page 1. DNI decisions can be made by patients with capacity, by designated health care proxies, or by families if they have clear evidence of the patient's wishes.
4. All patients who lack decision-making capacity must have both the basic MOLST designating the specific limitations (such as DNR or DNI) and either the MOLST Supplemental Form for Adult Patients Without Capacity or the MOLST Supplemental Form for Minors (designating how the surrogate decision maker was selected). These supplemental forms are essentially unchanged from the prior version.
5. The original pink MOLST form(s) should travel with the patient who is going home, to a nursing home, or other facility from the hospital. A photocopy of the MOLST form should be left in the patient's medical record.
6. For patients admitted with an existing MOLST form, the admitting team should confirm that it still reflects the patient's preferences, and then sign and date the "Review of the MOLST" section of the form on page 3. A new form does not need to be filled out unless there are substantive changes, in which case the form must be voided and a new one completed.

### Misconceptions

1. *A MOLST form must be filled out even if the patient wants full CPR and no limitations – False!* The MOLST generally designates limitations on treatment, though it is unclear what the limitations are without carefully reading the form. Full CPR is the default position if no form is present, or if there is uncertainty about the patient's preferences.
2. *The presence of a pink MOLST form means that the patient is DNR or DNI – False!* The MOLST form is to designate the patient's current preferences about life-sustaining therapies. For example, some patients might want full CPR if they experience an arrhythmia, but not want a feeding tube if they lose the ability to eat. In the event of a cardiac or pulmonary arrest, page 1 must be carefully reviewed for current DNR preference and page 2 for DNI preference.
3. *A patient who has the DNR or DNI sections of the MOLST completed needs no other orders written to ensure these orders are activated at Strong Memorial Hospital (SMH) – False!* Although the MOLST can serve as an actionable medical order at the patient's home or in a nursing home, at SMH, specific orders must be entered into the CIS to designate DNR or DNI after the MOLST is completed. If a patient arrives in the emergency department with a MOLST that designates DNR or DNI, and there is no reason to doubt that the form accurately expresses the patient's preferences, these preferences should be followed even if no formal order has yet to be entered into the CIS. An order should then be entered into the CIS as soon as possible.
4. *Any provider may issue a DNR order at SMH – False!* A DNR order can only be entered by the attending physician, personally or through a verbal order entered by a resident or a mid-level provider and cosigned by the attending physician within 24 hours.
5. *All patients who are DNR should also be DNI – False!* DNR applies to patients who experience acute cardiopulmonary arrest. DNI applies only to intubation for patients who experience respiratory failure, but are not in full cardiac arrest. Some patients choose to be DNR, but not DNI. For example, a patient with chronic pulmonary disease might not want cardiopulmonary resuscitation (and therefore be DNR), but might desire a trial of ventilatory support if they experience an acute respiratory problem (and therefore might not be DNI). On the other hand, all patients who are DNI should generally also be DNR (since intubation is required for cardiopulmonary resuscitation).

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6. *The new MOLST can serve as a Healthcare Proxy or Living Will document – False!* The MOLST form documents the preferences of the patient (or their surrogate if the patient is incapable of decision-making) about potentially life-sustaining therapies. The MOLST form has a section on page 1 to designate the presence or absence of Healthcare Proxy or Living Will documents, but these are separate documents that, if completed, should also be placed in the patient's chart. A Healthcare Proxy documents the person(s) the patient would like to represent them in medical decision making should they lose capacity to make their own decisions in the future. A Living Will documents the patient's preferences about treatment, but unlike the MOLST it is only activated when and if patients lose capacity to make decisions for themselves in the future.
7. *Only the supplemental MOLST forms are needed for a patient who lacks decision-making capacity – False!* The main MOLST form is needed on all patients when a limitation of life-sustaining therapy is being designated. It suffices by itself when a patient has full capacity, but must be backed up with the appropriate supplemental form if the patient lacks capacity or is a minor. The supplemental forms document lack of capacity, and how the surrogate decision-maker was selected as required by New York law.

Please call the Palliative Care Program at 273-1154 or the Clinical Ethics Program at 275-5800 with any questions. For further information, see SMH policies 9.3 (Advance Directives), 9.3.1 (Health Care Proxies), 9.3.2 (DNR & DNI) and 9.3.3 (Withholding or Withdrawing Unwanted Life-Sustaining Medical Treatment).