Maryland Medical Orders for Life-Sustaining Treatment (MOLST)								
Patient's	s Last Name, First, Middle Initial	Date of Birth	☐ Male ☐ Female					
This form includes medical orders for Emergency Medical Services (EMS) and other medical personnel regarding cardiopulmonary resuscitation and other life-sustaining treatment options for a specific patient. It is valid in all health care facilities and programs throughout Maryland. This order form shall be kept with other active medical orders in the patient's medical record. The physician or nurse practitioner must accurately and legibly complete the form and then sign and date it. The physician or nurse practitioner shall select only 1 choice in Section 1 and only 1 choice in any of the other Sections that apply to this patient. If any of Sections 2-9 do not apply, leave them blank. A copy or the original of every completed MOLST form must be given to the patient or authorized decision maker within 48 hours of completion of the form or sooner if the patient is discharged or transferred.								
CERTIFICATION FOR THE BASIS OF THESE ORDERS: Mark any and all that apply.								
I hereby certify that these orders are entered as a result of a discussion with and the informed consent of: the patient; or the patient's health care agent as named in the patient's advance directive; or the patient's guardian of the person as per the authority granted by a court order; or the patient's surrogate as per the authority granted by the Heath Care Decisions Act; or if the patient is a minor, the patient's legal guardian or another legally authorized adult. Or, I hereby certify that these orders are based on: instructions in the patient's advance directive; or other legal authority in accordance with all provisions of the Health Care Decisions Act. All supporting documentation must be contained in the patient's medical records.								
Mark this line if the patient or authorized decision maker declines to discuss or is unable to make a decision about these treatments. The patient's or authorized decision maker's participation in the preparation of the MOLST form is always voluntary. If the patient or authorized decision maker has not limited care, except as otherwise provided by law, CPR will be attempted and other treatments will be given.								
	CPR (RESUSCITATION) STATUS: EMS providers must follow the Maryland Medical Protocols for EMS Providers. Attempt CPR: If cardiac and/or pulmonary arrest occurs, attempt cardiopulmonary resuscitation (CPR). This will include any and all medical efforts that are indicated during arrest, including artificial ventilation and efforts to restore and/or stabilize cardiopulmonary function. [If the patient or authorized decision maker does not or cannot make any selection regarding CPR status, mark this option. Exceptions: If a valid advance directive declines CPR, CPR is medically ineffective, or							
1	there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.] No CPR, Option A, Comprehensive Efforts to Prevent Arrest: Prior to arrest, administer all medications needed to stabilize the patient. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally. Option A-1, Intubate: Comprehensive efforts may include intubation and artificial ventilation. Option A-2, Do Not Intubate (DNI): Comprehensive efforts may include limited ventilatory support by CPAP or BiPAP, but do not intubate.							
	No CPR, Option B, Palliative and Supportive Care: Prior to arrest, provide passive oxygen for comfort and control any external bleeding. Prior to arrest, provide medications for pain relief as needed, but no other medications. Do not intubate or use CPAP or BiPAP. If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.							
PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE (Signature and date are required to validate order) Practitioner's Signature Print Practitioner's Name								
			Data					
Maryland License #		Phone Number	Date					

Patient's Last Name, First, Middle Initial			Date of Birth			Page 2 of 2				
					☐ Male [☐ Female				
Orders in Sections 2-9 below do not apply to EMS providers and are for situations other than cardiopulmonary arrest.										
Only complete applicable items in Sections 2 through 8, and only select one choice per applicable Section.										
ARTIFICIAL VENTILATION										
	2a May use intubation and artificial ventilation indefinitely, if medically indicated.									
2	2b May use intubation and artificial ventilation as a limited therapeutic trial. Time limit									
	2c		use only CPAP or BiPAP for artificial ventilation, as medically indicated.							
	Time limit									
	2d Do not use any artificial ventilation (no intubation, CPAP or BiPAP).									
	BLOOD TRANSFUSION									
3	3a	_ May give any blood product (whole	3b.	3b Do not give any blood products.						
		blood, packed red blood cells, plasma o platelets) that is medically indicated.	r		, '					
	HOSPITAL	TRANSFER	4b	Transfer to hos	spital for severe pa	ain or				
					ms that cannot be					
4	4a Transfer to hospital for any situation			controlled otherwise.						
		requiring hospital-level care.	4c		to hospital, but tre					
	MEDICAL \	MODIZID			le outside the hos					
5	WEDICAL	WORKUP	5b	Only perform li						
	5a.	May perform any medical tests		comfort.	symptomatic treatr	nent or				
J		indicated to diagnose and/or treat a	5c		any medical tests	for				
		medical condition.	oo	diagnosis or tre		, 101				
	ANTIBIOTIO	CS .								
6	6a	May use antibiotics (oral, intravenous o	r 60	May use oral a	entihiatiaa anku wh	on indicated				
		intramuscular) as medically indicated.	" 6c	for symptom re	ntibiotics only when indicated					
	6b	•		Do not treat wi						
		indicated, but do not give intravenous of intramuscular antibiotics.	or —							
	ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION									
				May aive fluis	de for ortificial bud	ration				
	1 a	 May give artificially administered fluids and nutrition, even indefinitely, if medica 		, ,	ds for artificial hydration utic trial, but do not give					
7	indicated.		^··· y		y administered nutrition.					
	7b	May give artificially administered fluids a	and	Time limit						
		nutrition, if medically indicated, as a trial	l. 7d		e artificially admin	istered				
	DIAI VOIC	Time limit		fluids or nutrit		oriod				
8	DIALYSIS	May give chronic dialysis for end-stage	8b	T' 1' '1	ysis for a limited p					
•	oa	kidney disease if medically indicated.	8c		e acute or chronic	dialysis.				
	OTHER OR	DERS								
9										
PHYSI	CIAN'S OR N	JRSE PRACTITIONER'S SIGNATURE (Sig	nature and date	e are required to v	alidate order)					
Practitioner's Signature			Print Practitioner's	Name						
Maryland License #			Phone Number		Date					
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