

## Health Care Decision Making Worksheet

### Instructions

Use this worksheet either to indicate current treatment preferences (which will be reflected in Maryland MOLST orders) or to clarify wishes for future situations (which will be applied only when the issues become relevant in the future). Only initial those items for which a decision has been made or is needed. The remaining items can be left blank and may be completed later.

Although the choices on this worksheet represent wishes regarding various life-sustaining treatment options, this is not an order sheet or an advance directive.

For example, preferences about artificially administered fluids and nutrition would be incorporated into current orders if the individual currently has impaired nutrition or fluid/electrolyte balance that cannot be corrected by some other means. On the other hand, if the individual is eating or drinking adequately and related problems are not anticipated in the near future, then orders related to limiting these treatments may not need to be entered on the MOLST form. It may still be appropriate to do so if the individual has definitely decided about these treatments for the future.

Make one choice for cardiopulmonary resuscitation, by initialing the appropriate line. If no choice is made, resuscitation will be attempted by default. Choose one option for each of the other categories, as appropriate and desired, by initialing the appropriate line. Clarify specific care instructions, as needed.

Part A, Main goal(s) of care: Specific treatment preferences should reflect the main goal or goals of care. Part A invites the patient or the patient's authorized decision maker to identify goals. It allows for the identification of more than one main goal of care. Often, two goals can be pursued at the same time – for example, prolonging life while controlling pain and other distressing symptoms. But if the use of a life-sustaining treatment would be inconsistent with maximum comfort, as sometimes happens, then health care providers ought to know which goal is more important.

If the patient lacks capacity, the main goal(s) of care should be identified from the patient's perspective, based on the authorized decision maker's understanding of the patient's wishes, if known, or the patient's best interests. The authorized decision maker's personal beliefs and values should not override those of the patient, even if he or she is an appointed health care agent.

If there are multiple surrogate decision makers of equal authority involved in the preparation of the Health Care Decision Making Worksheet, they may not all agree on a life-sustaining treatment. Or, even if they agree, the attending physician may consider that the identified main goal of care is unrealistic or, if pursued, would result in burdens with little or no benefit for the patient. A health care provider should follow its customary procedures for addressing such conflicts, including, as appropriate, referral to the facility's patient care advisory (ethics) committee.

Part B, Advance directive and authorized decision maker contact information: The Health Care Decision Making Worksheet is not an advance directive or an order form. If a patient has already completed an advance directive, this worksheet could be attached to it. If the advance directive names a health care agent, contact information for the health care agent should be inserted. If there is no health care agent, contact information for the guardian or surrogate decision maker should be inserted. Even if the patient still has capacity, the contact information for whoever is to serve as health care proxy after loss of capacity should be included.

## HEALTH CARE DECISION MAKING WORKSHEET

Patient's name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Part A	Most Important Goal(s) of Care (What does the patient or proxy hope to achieve?)
Fill in briefly, then initial on the line	_____

Part B	<p>If the patient has a written advance directive check this box <input type="checkbox"/> and attach a copy.</p> <p>If the patient does not have the capacity to make health care decisions, check this box <input type="checkbox"/>.</p> <p>In case the patient lacks or loses capacity, the following individual will make decisions:</p> <p>_____</p> <p>Name <span style="margin-left: 150px;">Phone Number</span></p> <p><input type="checkbox"/> Health Care Proxy,   <input type="checkbox"/> Guardian, or   <input type="checkbox"/> Surrogate Decision Maker</p>
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	Meaning and Implications
1	<p><b>CPR Status: What should be done to try to prevent or manage an actual or impending cardiopulmonary arrest?</b></p>
	<p>_____ Attempt CPR, Comprehensive Cardiopulmonary Resuscitation Efforts</p> <ul style="list-style-type: none"> <li>• If cardiac and/or pulmonary arrest occurs, initiate cardiopulmonary resuscitation (CPR).</li> <li>• CPR should include comprehensive medical efforts to try to restore and/or stabilize heart and lung function and prevent arrest, including any form of artificial ventilation.</li> </ul>
	<p>_____ No CPR, Option A-1, Intubate, Comprehensive Efforts to Prevent Arrest, Including Intubation</p> <ul style="list-style-type: none"> <li>• If cardiac and/or pulmonary arrest occurs, resuscitation should not be attempted (No CPR). Allow death to occur naturally.</li> <li>• In order to try to prevent cardiopulmonary arrest, use comprehensive efforts to try to stabilize and/or restore heart and lung function, including intubation where indicated.</li> </ul>
	<p>_____ No CPR, Option A-2, Do Not Intubate, Comprehensive Efforts to Prevent Arrest, No Intubation</p> <ul style="list-style-type: none"> <li>• In order to try to prevent cardiopulmonary arrest, make a comprehensive effort to try to stabilize and/or restore heart and lung function, except for intubation. It is acceptable to use CPAP or BiPAP to try to prevent respiratory failure.</li> <li>• If cardiac and/or pulmonary arrest occurs, do not attempt resuscitation (No CPR). Allow death to occur naturally.</li> </ul>
	<p>_____ No CPR, Option B, Palliative and Supportive Care, Palliative and Supportive Care Before and After Cardiopulmonary Arrest</p> <ul style="list-style-type: none"> <li>• Do not initiate cardiopulmonary resuscitation (No CPR). Allow death to occur naturally.</li> <li>• Give supportive measures only, including 1) passive oxygen for comfort, 2) efforts to control any external bleeding (i.e., bleeding that is visible to an observer), 3) only medications indicated for symptom relief (e.g., pain management).</li> <li>• Do not attempt to prevent cardiopulmonary arrest. Do not intubate or use CPAP or BiPAP.</li> </ul>

	Meaning and Implications
2	<b>Artificial Ventilation:</b> What should be done for respiratory failure where cardiopulmonary arrest is not involved?
2a	_____ In case of respiratory failure (the individual cannot breathe adequately unaided), intubation and artificial ventilation may be initiated and continued for as long as breathing needs mechanical assistance, even indefinitely.
2b	_____ In case of respiratory failure, intubation and artificial ventilation may be initiated and continued for a limited time (time limit up to _____ days) to see if artificial ventilation is effective in light of a patient's overall condition and underlying causes of respiratory failure. During that trial period, reassess the situation to determine if continued use of artificial ventilation is warranted or if it should be discontinued.
2c	_____ In case of respiratory failure, only CPAP or BiPAP may be used for artificial ventilation, as indicated, and continued for a limited time (time limit up to _____ days), to see if any of these interventions are effective and their continued use is pertinent in light of the patient's overall condition and underlying causes of respiratory failure. However, do not intubate or place on a ventilator.
2d	_____ Do not use artificial ventilation (i.e., no intubation, CPAP or BiPAP) under any circumstances.
3	<b>Blood Transfusion:</b> Should blood transfusions or infusion of blood products be given in case of bleeding?
3a	_____ Blood and blood products (plasma, whole blood, and platelets) may be administered if indicated to replace or try to stop blood loss or to treat life-threatening anemia. This does not mandate transfusion for anemia or acute blood loss, regardless of medical indication, but authorizes it if it is medically indicated.
3b	_____ Do not give any blood transfusions or blood products.
4	<b>Hospital Transfers:</b> Should hospital transfers occur to assess or treat medical conditions, and under what circumstances?
4a	_____ Transfer to the hospital is OK for any situation requiring medical care (i.e., if hospitalization is needed to diagnose, treat, or monitor the individual) that cannot be given outside of a hospital (This does not mandate automatic hospital transfer for any acute illness or change of condition, but only authorizes it if the situation cannot be addressed adequately outside of a hospital).
4b	_____ Hospital transfer may be used if necessary for comfort; to relieve distressing medical symptoms that cannot be managed elsewhere. Hospitalization should not be used primarily to try to identify, diagnose, and treat or cure underlying causes of symptoms.
4c	_____ Do not transfer to a hospital under any circumstances. Assess, treat, and monitor the patient with options available outside the hospital, as needed and consistent with patient goals.

	Meaning and Implications
5	<b>Medical Tests:</b> To what extent should medical tests be performed for diagnosis, treatment, and monitoring?
5a	_____ Any medical tests that are indicated to diagnose, treat, or monitor a patient may be obtained. This does not mandate medical tests, but authorizes testing if medically indicated.
5b	_____ Only perform limited medical tests necessary for symptomatic relief or comfort. Beyond that, it is acceptable to base any needed assessment, diagnosis, treatment, and monitoring on clinical findings instead of on diagnostic testing.
5c	_____ Do not do any medical tests. It is acceptable to base assessment, diagnosis, treatment, and monitoring on clinical findings instead of on diagnostic testing.
6	<b>Antibiotics:</b> When should antibiotics be given, and how extensively?
6a	_____ Any antibiotics (oral, intravenous or intramuscular injection) that are medically indicated may be used, by any route of administration, to try to treat an infection. This does not mandate antibiotics, but authorizes their use if medically indicated.
6b	_____ Oral antibiotics may be used, if medically indicated, on a limited basis and not indefinitely, to treat an infection. Intravenous or intramuscular antibiotics should not be used.
6c	_____ Antibiotics should only be used if needed to try to relieve symptoms for comfort, and should only be given orally, and not with the primary goal of trying to cure an infection.
6d	_____ Do not give antibiotics. In case of an infection, give only symptomatic treatment, such as medicines for fever or pain relief.
7	<b>Artificially administered fluids and nutrition:</b> Under what circumstances, and to what extent, should artificially administered fluids and nutrition be given?
7a	_____ Artificially administered fluids and nutrition may be given, even indefinitely, if indicated, by any available means. This does not mandate giving these interventions regardless of lack of a medical indication. It recognizes that medical treatment may address treatable causes of weight loss and fluid imbalances.
7b	_____ Artificially administered fluids and nutrition may be administered, if indicated, as a therapeutic trial for a limited time (time limit: up to _____ days). During that trial period, reassessment will be done to determine if continued use of these interventions is indicated and desired or if it should be discontinued. For example, because underlying causes of weight loss cannot be corrected. Artificially administered fluids and nutrition may also be administered for palliation, if consistent with the patient's goals and wishes.
7c	_____ Artificially administered hydration (intravenous or subcutaneous fluids or PEG tube) may be given, but not artificial nutrition.
7d	_____ No artificially administered fluids and nutrition will be give. Offer food and fluids by mouth as desired and tolerated.

8	<b>Kidney Dialysis:</b> Should dialysis be used if the kidneys do not function adequately, and under what circumstances?
8a	_____ Dialysis (either hemodialysis or peritoneal) may be given, even indefinitely, for any medical indication related to inadequate kidney function including end-stage kidney disease.
8b	_____ Dialysis (either hemodialysis or peritoneal) may be administered, but only for a limited period (time limit: up to _____ days), until prognosis is determined, etc.), to see if dialysis is effective and pertinent in light of the overall situation. This does not mandate giving dialysis regardless of lack of a medical indication, but authorizes its use if medically appropriate.
8c	_____ No dialysis of any type or duration should be provided.
9	<b>Other Treatments:</b> Are there any other instructions related to life-sustaining treatments not otherwise covered in Sections 1-8 above?  _____

_____	
Print patient's name	
_____	
Signature of patient	_____
	Date
_____	
Print name of authorized decision maker	
<input type="checkbox"/> Health Care Proxy, <input type="checkbox"/> Guardian, or <input type="checkbox"/> Surrogate Decision Maker	_____
	Phone
_____	
Signature of authorized decision maker	_____
	Date
_____	
Print name of health care provider assisting with form	_____
	Phone
_____	
Signature of health care provider assisting with form	_____
	Date
_____	
Print name of patient's physician or nurse practitioner	_____
	Phone
_____	
Signature of patient's physician or nurse practitioner	_____
	Date