

Colorado Medical Orders for Scope of Treatment (*MOST*)

- **FIRST** follow these orders, **THEN** contact Physician, Advanced Practice Nurse (APN), or Physician Assistant (PA), for further orders if indicated.
- These Medical Orders are based on the person's medical condition & wishes.
- Any section not completed implies full treatment for that section.
- May only be completed by, or on behalf of, a person 18 years of age or older.
- **Everyone shall be treated with dignity and respect.**

Last Name		
First Name/Middle Name		
Date of Birth	Sex	
Hair Color	Eye Color	Race/Ethnicity

A Check One Box Only	CARDIOPULMONARY RESUSCITATION (CPR) <u>Person has no pulse and is not breathing.</u> <input type="checkbox"/> No CPR Do Not Resuscitate/DNR/Allow Natural Death <input type="checkbox"/> Yes CPR Attempt Resuscitation/ CPR When <u>not</u> in Cardiopulmonary arrest, follow orders B, C, and D
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B Check One Box Only	MEDICAL INTERVENTIONS <u>Person has pulse and/or is breathing.</u> <input type="checkbox"/> Comfort Measures Only: Use medication by any route, positioning, and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Do not transfer</i> to hospital for life-sustaining treatment. <i>Transfer only</i> if comfort needs cannot be met in current location; EMS-Contact medical control. <input type="checkbox"/> Limited Additional Interventions: Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. <i>Transfer to hospital if indicated. Avoid intensive care; EMS-Contact medical control.</i> <input type="checkbox"/> Full Treatment: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care. EMS-Contact medical control.</i> Additional Orders: _____ (EMS=Emergency Medical Services)
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C Check One Box Only	ANTIBIOTICS <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Use antibiotics when comfort is the goal. <input type="checkbox"/> Use antibiotics. Additional Orders: _____
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D Check One Box Only	ARTIFICIALLY ADMINISTERED NUTRITION AND HYDRATION ****Always offer food & water by mouth if feasible**** <input type="checkbox"/> No artificial nutrition/hydration by tube. (NOTE: Special rules for proxy by statute on page 2) <input type="checkbox"/> Patient has executed a "Living Will" <input type="checkbox"/> Patient has not executed a "Living Will" <input type="checkbox"/> Defined trial period of artificial nutrition/hydration by tube. (Length of trial: _____ Goal: _____) <input type="checkbox"/> Long-term artificial nutrition/hydration by tube. Additional Orders: _____
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E Check All That Apply	DISCUSSED WITH: <input type="checkbox"/> Patient <input type="checkbox"/> Agent under Medical Durable Power of Attorney <input type="checkbox"/> Proxy (per statute C.R.S. 15-18.5-103(6)) <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____	SUMMARY OF MEDICAL CONDITION(S):
	(SECTION RESERVED FOR FUTURE USE)	

Physician/APN /PA Signature (mandatory)	Print Physician/APN/PA Name, Address and Phone Number	Date
Colorado License #:		