

***Medical Orders for Scope of Treatment (MOST)***  
**Frequently Asked Questions**  
**Public Resource**

**What is MOST?**

Medical Orders for Scope of Treatment (MOST) is a medical order that indicates a designation that identifies your specific level of care. It is a way for your doctor or nurse practitioner (NP), often referred to as the Most Responsible Practitioner (MRP), to communicate treatment decisions to other health care providers involved in your care. It lets health care providers know that you and your MRP have discussed and determined your health care wishes. Please see the [IH MOST Brochure](#) for a further overview.

**What is a Most Responsible Practitioner (MRP)**

A Most Responsible Practitioner is your doctor or nurse practitioner. However, if you are admitted into a hospital, the MRP could be the hospitalist or a specialist who is overseeing your care.

**When is a MOST Form completed?**

The [MOST Form](#) is for adults over 19 years of age who have a chronic or declining health condition. Ask your MRP if this would be appropriate for you. Once you have a MOST Form it will be reviewed with you as your health changes. A MOST Form may also be completed if you are admitted into a hospital for any reason.

**What is the MOST Form?**

The form completed by your MRP following a conversation with you that identifies your MOST designation. It becomes part of your permanent health record and will be available electronically when needed across all care settings within Interior Health.

### Who signs the MOST Form?

Your MRP will complete the MOST Form to clarify the level of health care treatment and interventions to be provided. Similar to a prescription, only your MRP will sign the MOST Form and it will become part of your permanent health record. You can ask for a copy to keep in your home, so that in an emergency situation it is available for first responders, such as BC Ambulance.

### What are MOST designations?

Six standardized medical orders that prescribe the level of your care to reflect your current health condition, goals of care, values, wishes and preferences. Only one designation is ordered at a time. If you have concerns about your MOST designation, talk with your MRP.

Designations range from attempts to extend or preserve life (Critical Care – C0, C1, C2), to designations that manage your condition and provide comfort care (Medical – M1, M2, M3).

### What do the “M” designations (Medical: M1, M2, M3) mean?

“M” designations allow for a natural death. Life support measures will not be used if your heart stops or if you stop breathing. If you have an “M” designation **you will not receive intensive or mechanical interventions intended to prolong or sustain life**. You would not be transferred to an Intensive Care Unit (ICU) for any procedures.

<b>M1</b>	<b>Supportive care, symptom management and comfort measures only:</b> Allow a natural death. Care is for physical, psychological and spiritual preparation for an expected or imminent death. Do not transfer to higher level of care unless to address comfort measures that cannot be met in current location.
<b>M2</b>	<b>Medical treatments within current location of care excluding critical care interventions, cardiopulmonary resuscitation (CPR), intubation, and/or defibrillation. Current location: _____</b> Allow a natural death. Transfer to higher level of care only if adult’s medical treatment needs cannot be met in current location. Goals of care and interventions are for cure or control of symptoms of illness that do not require critical care interventions, CPR, defibrillation and/or intubation.
<b>M3</b>	<b>Medical treatments including transfer to a higher level of care but excluding critical care interventions, CPR, defibrillation and/or intubation:</b> Allow a natural death. Medical treatments are for cure or control of symptoms of illness. Transfer to a higher level of care may occur if required for diagnostics and treatment.

### What do the “C” designations (Critical Care: C0, C1, C2) mean?

“C” designations **attempt to extend or preserve life through the use of CPR, defibrillation, intubation and other critical care treatments** (see definitions below). These designations are typically not used if you are at the natural end of life.

<b>C0</b>	<b>Critical care interventions excluding CPR, defibrillation and intubation:</b> Adult is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered <b>except CPR, defibrillation and intubation.</b>
<b>C1</b>	<b>Critical care interventions including intubation, but excluding CPR and defibrillation:</b> Adult is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered <b>except CPR and/or defibrillation.</b>
<b>C2</b>	<b>Critical care interventions including CPR, defibrillation and/or intubation:</b> Adult is expected to benefit from and is accepting of any medically appropriate investigations and interventions that are offered.

### How are MOST designations chosen?

Your physician or nurse practitioner (MRP) will talk with you about which MOST designation best reflects your situation.

Your MRP will only offer health care tests and treatments that she/he believes will benefit you. No matter what your MOST designation, your health care team will always provide comfort care and health care treatments to best manage your pain and symptoms. Your MOST designation may change as your health condition or situation changes.

### If a medical emergency happens to me in my home, how will the BC Emergency Health Services (Ambulance) know what my MOST designation is?

It is advisable to keep a copy of your MOST Form on, in or near your fridge in case of an emergency. The Ambulance Service will automatically look there for any important documents that may help guide them in providing appropriate care that is consistent with your wishes.

If you have additional forms such as BC Cancer Agency “Goals of Care” or the BCEHS (Ambulance) “No-CPR” form, they should be kept with your MOST form as they will be referenced. If you have more than one form, the form with the most recent date will be honoured.

There is one exception to this: an [Advance Directive](#) is always considered the current and accurate direction for care, even if there is a provincial No CPR or MOST also in the home. An advance directive is written instructions completed by a capable adult addressed directly to health care providers. It outlines specific consent decisions in advance of when that particular care may be offered. Once known, any consent refusal must be followed, even if it means withdrawing treatment already started.

If any changes are made to your Advance Directive, ensure that you have communicated them to your MRP and that the MOST Form reflects your wishes.

### **Is MOST part of advance care planning?**

Yes, MOST is one component of advance care planning. Through discussions, you and your doctor or nurse practitioner will explore your values and beliefs, and review the range of treatments available to complete your medical orders and level of treatment. For more information on advance care planning please [visit Interior Health's web page](#).

### **ADDITIONAL RESOURCES:**

[MOST Brochure \(#828424\)](#)

[MOST Definitions](#)

VIDEO: [Patient Centered Care: An Approach to Support MOST](#) (9:07)

[MOST Form](#)

[Overview of the MOST Designation Form](#)

VIDEO: [Having a MOST Discussion: A 3 Step Process](#) (13:40)

[MOST Goals of Care](#)

[Interior Health MOST Public Website](#)

VIDEO: [Advance Care Planning \(ACP\) and MOST – Information for Patients](#)