

## CURRENT ADVANCE DIRECTIVES

### General Statement:

### Individuals present for discussion:

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Advance directives were discussed with the patient on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, and at this time, the patient does not indicate any limitations on care options.

OR

I updated and reviewed the patient's advance directives on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, and the specific preferences of the patient in the following categories were discussed.

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### Resuscitation Instructions

- Do not resuscitate (DNR)
- Full code, no DNR

### Treatment Guidelines

- Comfort measures only
- Limited medical interventions (specific preferences, using patient's language where relevant)
- No limitations on medical intervention

### Instructions for Intubation and Mechanical Ventilation

- Do not intubate (DNI)
- A trial period. Check one or both.
  - Intubation and mechanical ventilation
  - Non invasive ventilation (e.g. BIPAP), if health care professional agrees that it is appropriate
- Intubation and long-term mechanical ventilation if needed (no DNI)

### Future Hospitalization/Transfer

- Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled
- Send to the hospital, if necessary, for certain MOLST-specified treatments
- No stated restrictions on hospitalization

### Artificially Administered Fluids and Nutrition

- No feeding tube
- A trial period of feeding tube
- Long-term feeding tube, if needed
- No IV fluids
- A trial period of IV fluids
- No restrictions on IV fluids

**Antibiotics**

- Do not use antibiotics
- Determine or use limitation of antibiotics when infection occurs
- No restrictions or limitations on use of antibiotics

**Blood Products**

- No blood or blood products
- No stated restrictions on blood or blood products

**Surgery**

- No surgery of any kind
- Only emergency surgery that is life saving and certain elective surgeries that would be important for comfort
- No preferences expressed with respect to surgery

**Diagnostics**

- No invasive diagnostic tests (such as biopsies, angiography, and lumbar puncture)
- No specific restrictions on diagnostics

**Therapeutics**

- No hemodialysis
  - No restrictions on hemodialysis
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**Current health care proxy(s):**

- Health care proxy in chart
  - MOLST form in chart
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**Update****Individuals present for update:**

Discussed and reviewed with the patient on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ the above previously stated preferences.

- Patient indicated exactly the same preferences and choices as identified above.
- Advanced Directives changed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and new form created.**