Maryland Medical Orders for Life-Sustaining Treatment (MOLST)							
Patient'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. Blank order forms shall not be signed. 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. Otherwise, leave this section blank.  I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:							
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 there is some other legal basis for not attempting CPR, mark one of the "No CPR" options below.]						
1	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-1, intubate: Comprehensive enors 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							
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.									
	2b May use intubation and artificial ventilation as a limited therapeutic trial.									
2		Time limit								
	2c	ated.								
	2d Do not use any artificial ventilation (no intubation, CPAP or BiPAP).									
	BLOOD TRANSFUSION									
3	3a	May give any blood product (whole	3h	Do not give an	y blood products.					
		blood, packed red blood cells, plasma o	r <sup>05.</sup>	_ bo not give an	y blood producto.					
		platelets) that is medically indicated.								
	HOSPITAL T	TRANSFER	4b		spital for severe pain or					
4	4a Transfer to hospital for any situation requiring hospital-level care.				e symptoms that cannot be olled otherwise.					
4			4c		ransfer to hospital, but treat with					
			40		ole outside the hospital.					
	MEDICAL V	VORKUP	5b		mited medical tests					
			oo		symptomatic treatment or					
5	5a.	May perform any medical tests		comfort.	.,					
		indicated to diagnose and/or treat a	5c	_ Do not perform	any medical tests for					
		medical condition.		diagnosis or tre						
	ANTIBIOTICS									
	6a	May use antibiotics (oral, intravenous o	r 6c	May use oral a	antibiotics only when indicated					
6		intramuscular) as medically indicated.			elief or comfort.					
	6b	May use oral antibiotics when medically		Do not treat w						
		indicated, but do not give intravenous o	or ———							
	ADTICIAL	intramuscular antibiotics.	DITION							
	ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION									
	7a	May give artificially administered fluids	7c	May give flui	ds for artificial hydration					
7		and nutrition, even indefinitely, if medica	ally	as a therapeutic trial, but do not give						
7	indicated.				Iministered nutrition.					
	7b May give artificially administered fluids			Time limit						
		nutrition, if medically indicated, as a trial	l. 7d		le artificially administered					
	DIAL VOIC	Time limit		fluids or nutrit						
8	DIALYSIS	May give obropic dictycic for and store	8b		ysis for a limited period.					
0	8a	May give chronic dialysis for end-stage kidney disease if medically indicated.	8c	Time limit	le acute or chronic dialysis.					
	OTHER ODI	DERS			ie acute di cilionic dialysis.					
9	OTTIER ORI									
		JRSE PRACTITIONER'S SIGNATURE (Sign		•	ralidate order)					
Practitioner's Signature Print Practitioner's Name										
Maryland License #			Phone Number		Date					
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