

INSTRUCTOR GUIDE

TOPIC: Maryland EMS DNR/MOLST Form Versus Advance Directive

TIME REQUIRED: 2 hours

MATERIALS: Current copy of MOLST form

Advance Directive example from the Maryland State Attorney Generals Office

Copy of the MIEMMS EMS protocols concerning MOLST forms

MOTIVATION: Class participants will discuss scenarios concerning legal and ethical considerations concerning DNR forms and Advance Directives.

OBJECTIVE: Given information from the lecture, participants will be able to differentiate between the Maryland MOLST form and an advance directive and be able to make decisions based on the protocols set forth by the Maryland. They will also be able to understand the different types of do-not-resuscitate options concerning CPR.

ENABLING OBJECTIVE:

EO-1 Demonstrate an understanding of Maryland MOLST forms

EO-2 Demonstrate an understanding of the different types of DNR categories

EO-3 Demonstrate an understanding of an Advance Directive.

Overview and Purpose:

1. It is important for Maryland EMS crews to understand the Maryland MOLST/DNR form
2. Understanding the different DNR categories will enable EMS crews to make quick decisions concerning patient care
3. EMS crews will have an understanding of the legality of Advance Directives

Instructor Notes:

1. Abbreviations
 - a. MOLST-Maryland Medical Orders for Life-Sustaining Treatment
 - b. DNR-Do Not Resuscitate
2. Definitions
 - a. MOLST-A form used by Emergency Medical Services and other medical personnel regarding CPR and other medical treatment for a specific patient
 - b. Advanced Directive-An optional form that can be used to plan for future health care decisions

3. MOLST Form

- a. Used to make EMS & medical staff aware of a patient or authorized decision makers (if incapable of making own decision) wishes concerning CPR
- b. Must be signed by a Physician, Nurse Practitioner or Physician Assistant
- c. Standard form although older forms are still valid
- d. Patient can decline to make a decision at which time they are considered a "Full Code" which means maximum effort will be used to save their life
- e. Sections

- i. Section 1-Resuscitation Status

- 1. Attempt CPR (Full Code)

- a. If a patient goes into cardiac arrest and or respiratory arrest, attempt CPR. Do everything possible to restore cardiopulmonary function
 - b. This included artificial ventilation if necessary

- 2. No CPR, Option A, Comprehensive Efforts to Prevent Arrest

- a. Medications can be used to stabilize the patient
 - b. If cardiac arrest does occur, allow death to occur
 - i. Option A-1, Intubate: Efforts to save the patient may include intubation and artificial ventilation
 - ii. Option A-2, Do Not Intubate (DNI): Efforts can include CPAP or BIPAP but not intubation

- 3. No CPR, Option B, Palliative and Supportive Care

- a. Before arrest, passive oxygen may be given for comfort and external bleeding may be controlled
 - b. Before arrest, pain relieving medication may be given
 - c. No other medications may be given
 - d. No CPAP, BIPAP or intubation is allowed
 - e. If cardiac or pulmonary arrest occur, death should be allowed to happen naturally

- ii. Sections 2-9

- 1. Do not apply to EMS providers

- 2. Are for situations other than cardiopulmonary arrest

- a. Section 2-Artificial Ventilation
 - b. Section 3-Blood Transfusion

- c. Section 4-Hospital Transfer
- d. Section 5-Medical Workup
- e. Section 6-Antibiotics
- f. Section 7-Artificially Administered Fluids & Nutrition
- g. Section 8-Dialysis
- h. Section 9-Other Order

f. MOLST Form

- i. The MOLST form must be presented to the EMS crew. If no form is presented, maximum lifesaving efforts must be taken
- ii. The patient may also be wearing a DNR bracelet or necklace
- iii. The patient may change their wished concerning their code status at any time if they are competent to do so
- iv. The form remains in effect until such a time that it is voided or updated

4. Advanced Directives in Maryland

- a. No standardized form is needed
- b. Makes a persons wishes known concerning various health care decisions
- c. Allows you to select a health care agent
- d. Copies should be given to your physician and placed in your medical record file
- e. Person may state how much flexibility you would like your healthcare agent to have concerning decisions if you are unable to do so
- f. If a person has an advanced directive, they also need to have a MOLST form
- g. Wishes concerning organ donation can also be incorporated
- h. A doctor can almost never override the advanced directive
- i. Information about Advanced Directive in Maryland can be found on the website of the Office of the Attorney General
 - i. www.marylandattorneygeneral.gov

5. EMS Provider Protocols Concerning DNR/MOLST

- a. A valid EMS/DNR or MOLST bracelet or authorized metal emblem have the same effect as the form
- b. Out-of-State orders may be honored to the full extent that is permissible by the protocols. If any questions or misunderstandings happen, online medical direction should be obtained

- c. A physician or nurse practitioner who is present may give oral DNR orders. No orders can be taken by telephone
- d. A DNR order may also be given for a Maryland-licensed physician on-line via the EMS Communication System
- e. A DNR order may be revoked at any time by physically cancelling or destroying all forms and devices
- f. The patient may also revoke the DNR order in which case the form does not need to be destroyed. However, it is only a one-time revoke a DNR order, they must destroy or cancel prior to the EMS crew arriving
- g. EMS providers cannot be charged criminally or civilly of withholding or withdrawing health care if they do so under authorization

6. Questions

- a. Who needs to sign the DNR/MOLST form in the state of Maryland?
- b. If the EMS crew is not presented with a DNR/MOLST, what is the patient considered?
- c. Can an advanced directive be used in place of a MOLST form?
- d. Are MOLST bracelets and metal emblems (i.e. necklaces) the same as the paper form?
- e. What should you do if you have any questions about what to do in a particular situation?

7. Discussion

- a. You are part of a crew called out to a home where CPR is in progress. You arrive on scene to find an elderly gentleman lying on the floor. Family members have started CPR. You begin asking questions about the events that led up to the cardiac arrest. A family member hands you a signed DNR/MOLST form that has Option B selected. What would you do at this point and why? How would you approach your decision to the patients family?
- b. You are part of a crew that has been called to a local gas station/convenience store for an elderly female complaining of chest pain. You arrive on scene and find the female sitting in the back seat of the car. Her family states they are from another state and present you a DNR form from that state. The form is easy to read and understand but the options are different from your protocols. What would you do?

- i. What if the options were not easy to understand or the family was trying to go against the patients wishes?
- c. You are part of a crew that has been called to a private residence for a male with chest pain. You arrive on scene to find his sitting in his living room clutching his chest. His wife states that he is a DNR and presents you with a valid MOLST form. At this point, the patient states that he wants you to do everything to save his life if he goes into cardiac arrest. What would you do and why?
 - i. What would you do if the patient did not tell you that but the wife states that although she has the form in hand, she does not want to lose her husband?
- d. You are called to the local nursing home for a patient having difficulty breathing. You arrive on scene and find the patient sitting in his wheelchair working hard to get his breath. His wife has been visiting him and is there with him now. The nursing home staff state that he is a DNR patient. In between breaths, the patient states that he doesn't want to die. The wife states she is his authorized healthcare decision maker and that the patient has severe dementia. What is your legal obligation here?

Overview

1. A Maryland MOLST form/bracelet/necklace is a legal item
2. Maryland State EMS protocols are very specific on how to treat patient with a DNR/MOLST
3. Advanced Directives are good for letting wishes be known concerning healthcare but are not a legal DNR document without a MOLST form
4. Anytime there is a question or concern during an emergency medical call, medical direction should be sought

References

1. Maryland Advance Directive: Planning for Future Health Care Decision (Oct 2017) Retrieved from <http://www.marylandattorneygeneral.com>
2. The Maryland Medical Protocols for EMS Providers (July 2017) Retrieved from <http://www.miemms.org>