Can my ‘Scope of Treatment’ order be changed?

Yes, your doctor will keep your MOST updated based on your condition. It is good to review and update your ‘Scope of Treatment’ orders with your doctor at least once a year and if:

• your health changes or
• you change care settings between hospital, residential care facility or hospice

Where is my ‘Scope of Treatment’ order form kept?

The hospital retains your MOST orders and will communicate the MOST from one setting to another if you are transferred. Your care team at the next setting will review your MOST with you, and ensure that it is current given your condition.

When you leave the hospital, you may be given a copy of your form to keep. Keep it on your fridge at home and consider speaking about it with your family and your family physician.

It is good to ask questions and talk about future health care decisions

Talk with your family about your wishes now and in the future. Think about inviting members of your family to medical appointments. It is important to talk about this before a crisis so your family and your Substitute Decision Maker(s) are prepared and know how you would want decisions to be made.

What is a Substitute Decision Maker?

In BC, a Substitute Decision Maker is a family member or close friend who has the legal right to make health care decisions on your behalf if you cannot speak for yourself. It is important that your Substitute Decision Maker knows about the care you want.

For more information about Advance Care Planning and decision making at the end of life, visit:

www.vch.ca/acp

Medical Order for Scope of Treatment or ‘MOST’

What is it?
Why would I have one?
What is a ‘Medical Order for Scope of Treatment’?

It is a doctor’s order based on conversations between you and your doctor about CPR and other interventions. These conversations explore your values and goals in light of what is medically appropriate for your current condition. Once decisions are made, your doctor can record this on the Medical Order for Scope of Treatment or ‘MOST’ form. This helps care teams understand the type of interventions that are medically relevant for your care.

The Medical Order for Scope of Treatment form provides orders for:

- Cardiopulmonary Resuscitation (CPR) should your heart and breathing stop. CPR is when we try to restart your heart and your breathing with machines and chest compressions. It may not be right for you as it cannot change the effects of chronic illness.
- Talk to your doctor about what is right for you.

Why would I have a Scope of Treatment order?

We ask that providers document a Scope of Treatment order for all adult patients in acute, rehabilitation, residential, and hospice settings of Vancouver Coastal Health.

### Code status and MOST designations:

<table>
<thead>
<tr>
<th>Symptom Control</th>
<th>CPR</th>
<th>Intubation</th>
<th>ICU</th>
<th>Site Transfer</th>
<th>Treat Reversible Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
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<td>Option 2</td>
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<td>Option 4</td>
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<td>Attempt CPR</td>
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</tbody>
</table>

Option 1 (M1)
No CPR. Supportive care such as nursing care, relief of pain, control of fever, provision of fluids and continued management of standing chronic conditions.

Option 2 (M2)
No CPR. Option 1 plus therapeutic measure and medications to manage acute conditions within the limits of residential or other facility or program to which the patient/resident is admitted.

Option 3 (M3)
No CPR. Option 2 plus admission to an acute care hospital (if not already admitted) for medical/surgical treatment as indicated. No referral to critical care.

Option 4 (C1)
No CPR. Maximum therapeutic effort as Option 3 (M3) including referral to critical care but not including intubation and ventilation.

Option 5 (C2)
No CPR. Maximum therapeutic effort as Option 4 (C1) including referral to critical care and including intubation and ventilation.

Attempt CPR
In the event of acute medical event, maximum therapeutic effort including referral to Critical Care and Intubation.

What will my doctor and I talk about?

- What is important to you
- Your health and what it might look like in the future and the types of treatments that might be effective
- Options for care at end of life
- Who will speak for you if you cannot speak for yourself (Substitute Decision Maker)

Talking with your doctor can help you understand your choices and plan for what is best for you. It is best to include your family so they are able to support you.

Why would I need this Scope of Treatment order?

Many people lose the ability to decide about their own health care when they become very ill. If you cannot speak for yourself or make health care decisions, the MOST order can direct your care.