

Chart Documentation Form

Aligns with Legal Requirements Checklist #1

Adult patients with medical decision-making capacity

(For use in any setting)

Complete each step, check the appropriate lines and complete required documentation, as indicated. Completion of this form serves as documentation of both the conversation and the legal requirements and should remain in the medical record. Use of this form is optional.

LAST NAME / FIRST NAME / MIDDLE INITIAL OF PATIENT

ADDRESS

CITY / STATE / ZIP

DATE OF BIRTH (MM/DD/YYYY)

GENDER: MALE FEMALE

Step 1: Assess health status and prognosis.

a. Current Health Status, using the Clinical Frailty Scale[®] Check one:

-  **Category 1: Very Fit;** people who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
-  **Category 2: Well;** people who have no active disease symptoms but are less fit than Category 1.
-  **Category 3: Managing Well;** people whose medical problems are well controlled, but are not regularly active beyond routine walking.
-  **Category 4: Vulnerable;** while not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up," and/or being tired during the day.
-  **Category 5: Mildly Frail;** these people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
-  **Category 6: Moderately Frail;** people need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
-  **Category 7: Severely Frail;** completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).
-  **Category 8: Very Severely Frail;** completely dependent, approaching the end of life. Typically they could not recover even from a minor illness.
-  **Category 9: Terminally Ill;** approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

b. Estimated Prognosis Check one:

- Days to weeks Weeks to 3 months 3 Months to 6 months 6 Months to < 1 year > 1 year

Step 2: Check all advance directives known to have been completed.

Health Care Proxy Living Will Organ Donation Documentation of Oral Advance Directive

Step 3: If there is no health care proxy, assess capacity to complete a health care proxy.*Any patient should be counseled to complete a health care proxy, if he/she has not already completed one.*Document the result of patient counseling, if applicable. **Check one:**

- Patient retains the capacity to choose a health care agent and completes a health care proxy.
- Patient retains the capacity to choose a health care agent, but chooses not to complete a health care proxy.

Step 4: Determine the patient's medical decision-making capacity. Check one:

- Patient has the ability to understand and appreciate the nature and consequences of *DNR and Life-Sustaining Treatment* orders, including the benefits and burdens of, and alternatives to, such orders, and to reach an informed decision regarding the orders.
(If the patient lacks medical decision-making capacity, go to Step 7 and select the appropriate checklist)

Step 5: Identify the decision-maker.

- Patient is the decision-maker.

Step 6: Document where the MOLST form is being completed. Check one:

- Hospital (see Glossary for definition)
- Nursing Home (see Glossary for definition)
- Community (see Glossary for definition)

Step 7: Be sure you have selected the appropriate MOLST chart documentation form that aligns with the correct legal requirements checklist, based on who makes the decision and the setting.**Check one:**

This is the MOLST chart documentation form that aligns with Checklist # 1 (for patients who have medical decision-making capacity). If this is the appropriate MOLST chart documentation form, proceed to Step 8 below. If this is the wrong form, find and complete the correct form. All checklists can be found on the Department of Health's website at http://www.nyhealth.gov/professionals/patients/patient_rights/molst/.

All MOLST chart documentation forms and checklists can be found on the Compassion and Support website at http://www.compassionandsupport.org/index.php/for_professionals/molst/checklists_for_adult_patients.

- Checklist #1** - Adult patients with medical decision-making capacity (any setting)
- Checklist #2** - Adult patients without medical decision-making capacity who have a health care proxy (any setting)
- Checklist #3** - Adult hospital or nursing home patients without medical decision-making capacity who do not have a health care proxy, and decision-maker is Public Health Law Surrogate (surrogate selected from the surrogate list)
- Checklist #4** - Adult hospital or nursing home patients without medical decision-making capacity who do not have a health care proxy and for whom no surrogate from the surrogate list is available
- Checklist #5** - Adult patients without medical decision-making capacity who do not have a health care proxy, and MOLST form is being completed in the community

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Step 8: Discuss goals for care with the patient.

Review what the patient/family knows and wants to know about the patient’s condition/prognosis. Provide new information about patient’s condition/prognosis. Explore common understanding and differences. Determine next steps needed to resolve any differences.

Briefly summarize content of discussion with the patient and the patient’s goals for care.

Step 9: Patient has given informed consent.

_____ Patient has been fully informed about his or her medical condition and the risks, benefits and burdens of, and alternatives to, possible life-sustaining treatment. Patient has consented to the withholding, withdrawal or delivery of certain life-sustaining treatment, for which medical orders are written.

Step 10: Witness requirements are met. Check one:

Two witnesses are always recommended. The physician who signs the orders may be a witness. To document that the attending physician witnessed the consent, the attending physician just needs to sign the order and print his/her name as a witness. Witness signatures are not required -- printing the witnesses' names is sufficient.

- _____ Patient has consented in writing.
- _____ Patient is in a hospital or nursing home, the patient consented verbally, and two witnesses 18 years of age or older (at least one of whom is a health or social services practitioner affiliated with the hospital or nursing home) witnessed the consent.
- _____ Patient is in the community, patient consented verbally, and the attending physician witnessed the consent.

Last Name/First Name/Initial of Patient

Date of Birth (MM/DD/YYYY)

Step I1: Physician Signature

____ The attending physician signed the MOLST form.

Step I2: Notify director of correctional facility.

____ For adult patients who are inmates in, or are transferred from, a correctional facility, the attending physician has notified the director of the correctional facility of the determination that the inmate has medical decision-making capacity and the inmate has MOLST orders.

Total time spent in counseling and in meeting clinical and legal requirements: _____ minutes

Start time(s) / Stop time(s): _____

Attending Physician Signature: _____

Print Name of Physician Signature: _____

Physician NPI: _____ Date/Time: _____