

Common Terms:

Artificially administered fluids and nutrition (also referred to as artificial hydration and nutrition): When a person can no longer eat or drink, liquid food or fluids can be given by a tube inserted in the stomach, or fluids can be given by a plastic tube (catheter) inserted directly into the vein. If a patient chooses not to have either a feeding tube or IV fluids, food and fluids are offered as tolerated using careful hand feeding.

Cardiopulmonary resuscitation (CPR): CPR involves artificial breathing and forceful pressure on the chest to try to restart the heart. It usually involves electric shock (defibrillation) and a plastic tube down the throat into the windpipe to assist breathing (intubation). It means that all medical treatments will be done to prolong life when the heart stops or breathing stops, including being placed on a breathing machine and being transferred to the hospital.

Comfort measures: Medical care and treatment provided with the primary goal of relieving pain and other symptoms and reducing suffering.

Intubation and mechanical ventilation: If a person is unable to breathe, a tube is placed down the throat and connected to a machine that pumps air into and out of the lungs.

As part of the Community-wide End-of-life/Palliative Care Initiative, we are pleased to produce this brochure.



For additional copies of this brochure or the MOLST form, please contact CompassionAndSupport.org.

At NYU Langone Health, for any questions regarding MOLST and Advance Care Planning, you can contact the Advance Care Planning Program at: 212-263-0416 or you can email: Christine Wilkins at christine.wilkins@nyulangone.org

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What is the MOLST form?

MOLST (Medical Orders for Life-Sustaining Treatment) is a medical order form approved by the New York State Department of Health. MOLST tells others your wishes for life-sustaining treatment. The form is on bright pink paper so it can be easily identified in case of an emergency. You use MOLST when you have a serious health condition.

Who should have a MOLST?

You should ask your doctor if the MOLST is right for you. You should consider it if you:

- Reside in a long-term care facility.
- Reside in the community and need long-term care services.
- Might die within the next year.
- Want to avoid or receive some or all life-sustaining treatment.



How is MOLST completed?

1. A health care professional must complete or change the MOLST form, based on the patient's current medical condition, values, wishes and MOLST instructions.
2. A physician must sign the MOLST form.
3. You can make decisions on the MOLST if you have the ability to decide. If you do not have the ability to decide and have a health care proxy, your health care agent makes the decision. If there is no health care proxy, another person can decide, chosen from a list based on New York State Public Health Law.

Examples of Life-Sustaining Treatment:

- Cardiopulmonary resuscitation (CPR)
- Intubation and mechanical ventilation
- Future hospitalization
- Feeding tubes
- Antibiotics

Who keeps my MOLST?

You keep the original MOLST form as you travel to different care settings. At home, keep the MOLST form on the refrigerator door, by the phone in the kitchen or by your bedside. A copy of the MOLST form should be kept by your doctors in all settings at which you receive care.



How is MOLST different than a Health Care Proxy or Living Will?

MOLST

- For those who have a serious health condition or are nearing the end of life
- Applies right now
- If you lose your ability to make decisions, the form is valid and used
- Contains medical orders that reflect your wishes about life-sustaining treatment

Health Care Proxy or Living Will

- For all adults
- Completed ahead of time
- Applies only when you cannot speak for yourself