Understanding Your Choices for Medical Treatment

Maryland MOLST Training Task Force

June 2011

Choices for Medical Treatment

For every medical test or treatment, it is important to understand the benefits and risks for you in your specific situation

Considerations for Tests

- Does the test rule out a medical condition?
- Does the test monitor a treatment you are receiving?
- Does the test check for side effects from a treatment?

Considerations for Tests

- Does the test help your doctor decide on treatment options?
- Does the test check the function of an organ?

Considerations for Tests

- Does the test hurt?
- Will I be awake during the test?
- Does the test expose me to radiation?
- Does the test screen for something that can be treated?
- What are my goals for my health care?

Considerations for Treatments

- Does the decision need to be made right away or do you have time to think about it?
- What are your potential benefits?
- What are your potential risks, complications, and side effects?

Considerations for Treatments

- Will a treatment cure a problem or just control a symptom?
- Does it limit my activities?
- Where is the treatment done?

Your Health Care Decisions

- Your health care decisions are based on your preferences, values, and goals
- You may want to talk to close family members or friends
- You may want more information from your doctor or nurse practitioner
- You may want a second opinion from another doctor

Cardiopulmonary Resuscitation (CPR)

- May include the following measures:
  1. Chest compressions
  2. Electric shock
  3. Mechanical ventilation on a breathing machine
  4. IV medicines through a vein

Respiratory Support: Help with Breathing

- Oxygen and help with breathing may be given to you in different ways:
  1. Nasal cannula
  2. Face mask or non-rebreather mask
  3. CPAP or BiPAP
  4. Intubation

Nasal Cannula

- A plastic tube with short tips that fits into your nose
- The plastic tubing wraps around your ears and down under your chin
- The extra oxygen gently blows into your nose

Face Mask or Non-rebreather Mask

- A firm plastic mask that fits over your nose and mouth
- It is held in place with an elastic strap around your head
- It blows oxygen into your nose and mouth

CPAP and BiPAP

- CPAP = continuous positive airway pressure
- BiPAP = bi-level positive airway pressure
- Used for people who still are breathing on their own, but need help to breath
- A firm plastic mask fits tightly over your nose and/or mouth and blows air into your lungs
- It keeps the small air sacs in the lungs (alveoli) open to let oxygen get into your body

Intubation

- A hard plastic tube is put through your mouth and into the top of your lungs
- The tube is connected to a machine called a ventilator that helps you breath
- The tube is taped to your face
- You cannot talk or eat while the tube is in place
- You may be sedated with medications while on a ventilator

Cardiac Support: Help for Your Heart

- Your heart may need different types of help to keep beating:
  1. Chest compressions
  2. Cardioversion
  3. Defibrillation
  4. Pacemaker

Chest Compressions

- Someone presses down on your chest to compress your heart and help pump blood through your body

Cardioversion

- A small electrical shock to try to get your heart beating normally again

Defibrillation

- An electrical shock to try to get your heart beating normally again

Pacemaker

- A pacemaker can be used short-term on the outside of your body and long-term inside your body
- The pacemaker sends small electrical signals to your heart to help it beat normally

Do Not Resuscitate (DNR)

- If you have a DNR order and your heart stops or you stop breathing, you will be allowed to die naturally
- You may still receive treatment for other conditions

Life-Sustaining Treatments

- In addition to supporting your heart and lungs, other treatments to sustain your life may include:

1. Transfusion of blood products
2. Antibiotics and other medications
3. Artificially administered feeding and hydration
4. Dialysis

Transfusion of Blood Products

- Giving whole blood, red blood cells, plasma, or platelets to you through an IV in your vein
- All blood products are carefully screened so that diseases are not passed from one person to another
- You only receive blood types that your body will accept

Parts of Whole Blood

1. Red blood cells: Cells that carry oxygen to your lungs. Given to some people with severe anemia, a low red blood cell count
2. Plasma: Contains clotting factors that help your blood to clot
3. Platelets: A particle that helps your blood to clot

Taking Medicines

- Oral: The tablet, capsule, or liquid is swallowed
- Sublingual: A very small amount of liquid or a small tablet is put in your mouth and gets absorbed through the mucous membranes
- Subcutaneous: A very small needle is placed under your skin, but not in a vein; small doses of some medicines can be given this way

Receiving Medicines

- Intravenous: A small needle and a catheter are put into your vein; the catheter is left in place to give medicines or fluids
- Rectally: Medicine is put into your rectum and gets absorbed into your body

Types of Intravenous Methods

- There are several intravenous methods to get medicine and fluids into your body through veins

1. IV
2. PICC line
3. Central line
4. Indwelling port

IV (Intravenous Catheter)

- A small needle and catheter are put into your vein
- The needle is removed and the catheter is left in place for several days
- It can be used for medicines or fluids

PICC Line

- PICC = peripherally inserted central catheter
- It is a long, slender, small, flexible tube that is inserted into a vein in the upper arm
- The catheter is then advanced until the tip is in a large vein in the chest near the heart
- You may be able to go home with a PICC line with nurses monitoring it periodically
- It can stay in for several weeks or months

Central Line

- A central line is a larger catheter that goes into the femoral, subclavian, or jugular vein
- It is a large IV that is used in the hospital
- It can stay in for about a week

Indwelling Port

- An indwelling port is a special reservoir that is placed inside your body during a surgical procedure
- It is usually used to give chemotherapy or other special drugs
- It can stay in your body for many months

Artificially Administered Feeding and Hydration

- Sometimes a person cannot take in enough fluids and food through their mouth, so other ways are used to get nutrition into their body
- It is called “artificial” because the food is not swallowed by the person naturally

Common Routes

- Subcutaneous
- Intravenous
- Nasogastric tube
- G tube, PEG tube, or J tube
- TPN

Subcutaneous

- A small needle is put into your upper arm or thigh, but not in a vein
- Fluids and some medicines can be given this way
- Hypodermoclysis: This means that fluids are given to you subcutaneously
- This can sometimes be done in your home

Intravenous

- A small needle and catheter are put into your vein; then the needle is removed and the catheter is left in place for several days
- If you are dehydrated or elderly, it is harder to place an IV

Nasogastric Tube

- This plastic tube about the diameter of a woman's smallest finger goes through your nose and into your stomach
- It is used for food, fluids, and medicines
- It is very uncomfortable to get it placed, but once it is in you get more used to it

Nasogastric Tube

- It is held in place by taping it to your nose and face
- It is a short-term way to get nutrition while in the hospital

G Tube or PEG Tube

- G tube = gastric tube
- PEG tube = percutaneous endoscopic gastric tube
- Both are a flexible plastic tube smaller than the diameter of a woman's smallest finger

G Tube or PEG Tube

- The tube goes through the side of your abdomen directly into your stomach
- You are sedated when it is placed during an endoscopy
- It is used for food, fluids, and medicines
- It stays in place for many months and can be changed in a doctor’s office or facility

TPN

- TPN = total parenteral nutrition
- TPN is liquid nutrition given through a PICC line or central line
- It is generally only for short-term use and is not a substitute for nutrition long-term
- It requires regular blood tests for adjustment

Dialysis

- Dialysis is done when your kidneys cannot filter waste products out of your blood. There are two ways it is done:

1. Hemodialysis
2. Peritoneal dialysis

Hemodialysis

- A dialysis machine is used to filter waste products from your body and to add normal products into your body
- It usually requires that a surgeon make an AV fistula (arteriovenous), a special connection between a large artery and vein in your lower arm

Hemodialysis

- Three times a week, you are connected to a dialysis machine for a few hours
- It is usually performed in a dialysis center

Peritoneal Dialysis

- A dialysis machine is used to put fluid through a flexible catheter into your belly for a short time and then the fluid is removed
- It removes waste products and adds in normal products
- It requires a flexible catheter to be surgically placed in your belly

Peritoneal Dialysis

- It is done every day
- It may be done at home

Now What?

- You now better understand choices you may face now or in the future when you get sick
- Discuss your options with your physician or nurse practitioner
- Decide what medical treatments you want or do not want
- Discuss your wishes with family members and close friends

Resources

Your physician or nurse practitioner

Physician assistants

Social workers

Local hospitals

Local hospices

Maryland Attorney General's Office

Your lawyer

Health Care Decision Making Worksheet

- This is a worksheet for you to use during conversations about health care decisions
- It is not an advance directive or an order sheet
- You may take this form with you when you talk to your doctor or nurse practitioner
- The worksheet is available at: dhmh.maryland.gov/marylandmolst

After You Make Health Care Decisions

1. Make an advance directive to talk about medical treatments you want or do not want currently or in the future
2. Have your physician or nurse practitioner complete a Maryland MOLST order form

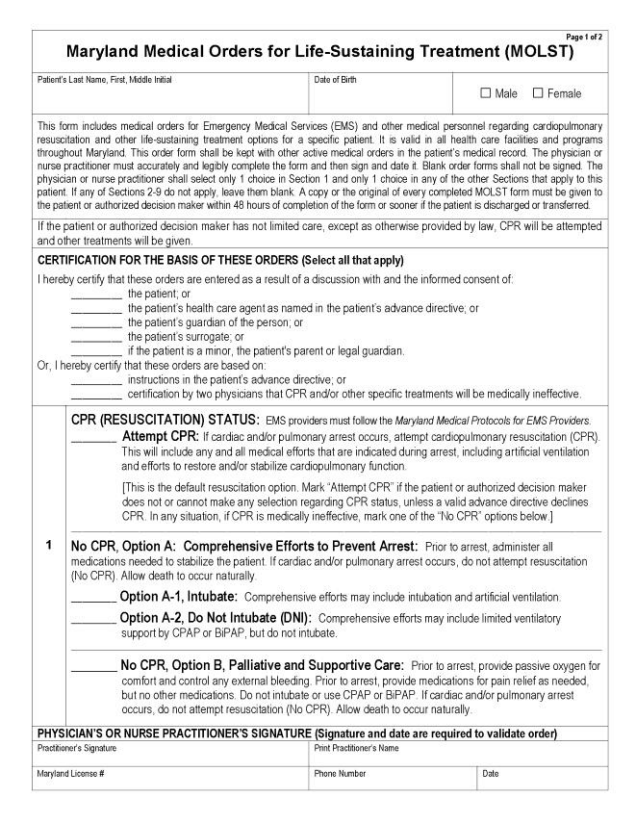
Advance Directive

- An advance directive may have both or just one of the following sections:

1. Living Will: Written instructions about medical treatments you want or do not want in the future
2. Health Care Agent: Appoint someone else to make decisions about your medical care if you are unable to make your own decisions in the future

Maryland MOLST

- MOLST = Medical Orders for Life-Sustaining Treatment
- It is an order form that is valid in all health care facilities and programs in Maryland



Page 1 of 2

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.

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.

CERTIFICATION FOR THE BASIS OF THESE ORDERS (Select all that apply)

I hereby certify that these orders are entered as a result of a discussion with and the informed consent of:

_____ the patient; or
_____ the patient's health care agent as named in the patient's advance directive; or
_____ the patient's guardian of the person; or
_____ the patient's surrogate; or
_____ if the patient is a minor, the patient's parent or legal guardian.

Or, I hereby certify that these orders are based on:

_____ instructions in the patient's advance directive; or
_____ certification by two physicians that CPR and/or other specific treatments will be medically ineffective.

1

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.

[This is the default resuscitation option. Mark "Attempt CPR" if the patient or authorized decision maker does not or cannot make any selection regarding CPR status, unless a valid advance directive declines CPR. In any situation, if CPR is medically ineffective, mark one of the "No CPR" options below.]

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-2, Do Not Intubate (DNI):** Comprehensive efforts 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

Maryland MOLST

- This order form includes your wishes on:
  1. Cardiopulmonary resuscitation
  2. Artificial ventilation
  3. Blood transfusions
  4. Antibiotics
  5. Artificial feeding and hydration
  6. Dialysis

Maryland MOLST

- It includes orders about when you want to be transferred to a hospital or remain in your home or facility where you live
- It includes orders for how much and when you want more medical tests if you get sick

Maryland MOLST

- Every time a physician or nurse practitioner completes a MOLST order form, you will receive a copy of it within 48 hours for your records or sooner if you are discharged or transferred

In the Event of an Emergency

- Take your Advance Directive and Maryland MOLST order form with you every time you go to a new physician, the Emergency Room, a hospital, or any other health care facility

For More Information

dhmh.maryland.gov/marylandmolst

MarylandMOLST@dhmh.state.md.us

Paul Ballard, Assistant Attorney General
410-767-6918