

How will my health care provider decide on the MOST order?

Choosing an order that is right for you is a shared process between you and your doctor or nurse practitioner.

Together, you will begin with Advance Care Planning (ACP) conversations that explore each of the following:

- What's important to you, including your values, beliefs, and goals
- Your health and what it might look like in the future
- Current and future treatment options available to you

Can my MOST order be changed?

Yes, it can be changed at any time.

Your doctor or nurse practitioner reviews your MOST order with you at least once a year and if either of these happen:

- Your health changes
- You go to hospital

▶ You do not have to have a MOST to receive health care services.

▶ Your health care team will always provide good medical care, including treating pain and other symptoms.

▶ Tell those involved in your care you have a MOST order and where it is.

Who keeps my MOST order?

You keep it. Put it on your fridge at home in a greensleeve.

You should bring it with you at these times:

- When you go to the Emergency Department
- When you are admitted to hospital
- When you go to any medical appointment

Your MOST order is also part of your electronic health record within Fraser Health.



A greensleeve with a MOST order inside

Thinking ahead...

It is good to think ahead about future care but there may come a time when the care you want is not right for you. Changes in your health could mean that a treatment, which could have made you better before, no longer helps you or could harm you.

Talk to your health care providers and find out what would be right for you.

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www.fraserhealth.ca/ACP

This information does not replace the advice given to you by your health care provider.

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Medical Order for Scope of Treatment

Preparing for your future care

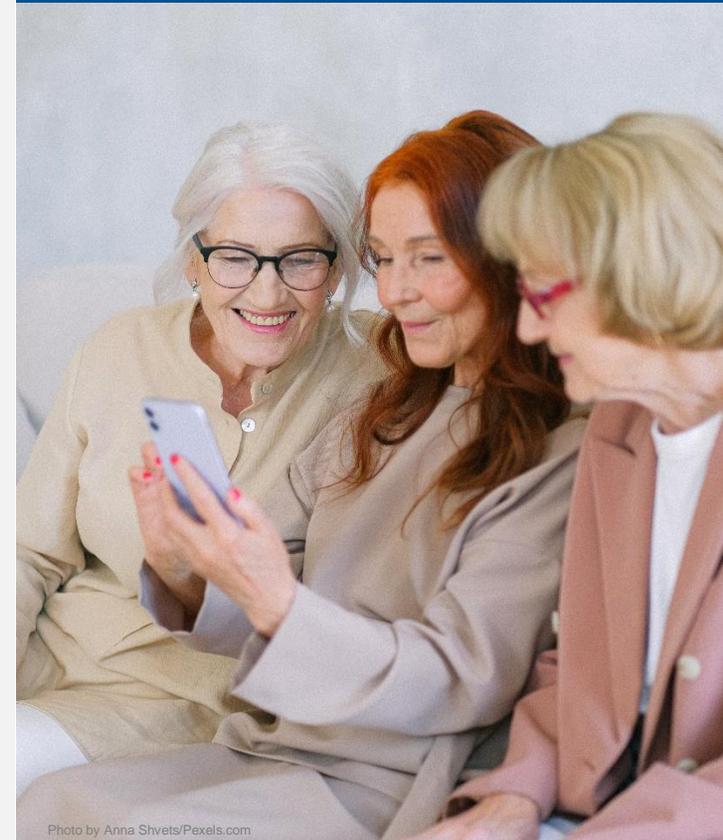


Photo by Anna Shvets/Pexels.com

Cardiopulmonary resuscitation and other medical directions



Better health. Best in health care.

What is Medical Order for Scope of Treatment (MOST)?

It is a medical order that gives directions for both of these:

- cardiopulmonary resuscitation (CPR) should your heart and breathing stop
- other medical treatments that could focus on treating illnesses, managing pain, or consulting with critical care

A MOST order is completed by your doctor or nurse practitioner.



Why would I need a MOST?

If you are not able to make health care decisions, the MOST order can guide your care. We suggest having a MOST order if you live with illnesses that usually get worse over time and do not have a cure. This can include:

- diabetes
- heart or kidney failure
- lung disease (COPD)
- cancer
- brain disease (dementia)

If you do not have a MOST order, in an emergency, you will likely receive CPR and be put on life support machines – even if you don't want it.



What is CPR?

CPR is given when someone has a cardiac arrest to resuscitate them back to life. A cardiac arrest is when a person's heart stops beating and their lungs stop breathing. This is different from a heart attack. A cardiac arrest can happen for many reasons and most often at home.

CPR can include these actions by someone:

- pressing on your chest to pump blood through your heart to your body
- pushing air into your lungs to get oxygen to your brain

Other treatments to resuscitate might include:

- giving medicines to try and restart your heart
- using electric shock from a machine to try and restart the heart

If your heart is restarted, you will be put on life support machines.

CPR pumps less than half your heart's normal amount of blood to your brain and body. If your heart stops for more than 5 minutes, there is a good chance you will die or have brain damage. Brain damage affects your ability to talk, recognize people, and take care of yourself.

Why is CPR not right for everyone?

CPR works well for adults who are fairly healthy, **and** if others are there when it happens, **and** when someone starts CPR right away.

Of the adults who get CPR right away, only 3 out of 20 (15%) are likely to survive. Only 1 out of 20 (5%) of those who survive will recover well enough to return home.

BC EHS. (2016/2017). Cardiac Arrest Annual Report

Even if the heart is restarted, CPR will not improve any medical condition that caused the heart to stop.

Therefore, CPR is not recommended for:

- adults with illnesses that have already caused damage to their heart, lungs, kidneys, or brain
- adults who are at the natural end of their life

Your MOST is part of Advance Care Planning.

Your MOST is a way to share your personal values and preferences for medical care – now and in the future.