

Information and Signatures

Patient Name: Last, First, Middle

Hair Color

Eye Color

Race/Ethnicity

Patient/Legal Decision Maker Name (Print)

Relationship/Decision Maker Status (write "self" if patient)

Patient/Legal Decision Maker Signature

Date

Physician/APN/PA Name (Print)

Address, Phone Number, Colorado License Number

Physician/APN/PA Signature (Mandatory)

Date

MOST
Colorado Medical Orders
for Scope of Treatment



HopeWest

1. Cardiopulmonary Resuscitation (CPR)

- Yes CPR:** Attempt resuscitation
(Requires choosing “Full Treatment” in Section 2)
- No CPR:** Do not attempt resuscitation

2. Medical Interventions

- Full Treatment:** Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital and ICU if indicated.
- Limited Treatment:** Includes care described in *Comfort Measures*. Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation, advanced airway intervention, mechanical ventilation. Do not transfer to hospital for life-threatening treatment.
- Comfort Measures:** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Use oral fluids and nutrition as tolerated. Do not transfer to hospital for life-threatening treatment. Transfer only if comfort needs cannot be met in current location.

- Additional Orders:** _____

3. Artificial Administered Nutrition

- Artificial nutrition by tube long term/permanent if indicated
- Artificial nutrition by tube short term/temporary only
(may state term and goal in *Additional Orders*)
- Additional Orders: _____

4. Discussed With

- Patient Legal Guardian Proxy (per statute C.R.S. 15-18.5-103(6))
- Agent under Medical Durable Power of Attorney
- Other _____