



LIVING WITH SERIOUS ILLNESS

YOUR GOALS • YOUR CHOICES • YOUR CARE

As you settle into our care facility, we want you to know that your goals and your choices for your care are very important to us.

When you are living with serious illness, things can change fast. **We want to be prepared for any sudden change in your condition**, especially one that might make it hard for you to let us know what you want us to do. It's also critical for the person you've picked to be your "healthcare agent,"* as well as other family members and healthcare professionals, to know what your goals and choices are.

The **Medical Orders for Scope of Treatment**, or "**MOST**," is a tool we use with our residents to talk over **your goals for your care** and some particular choices of treatments, including whether you want to go to the hospital if your condition is serious.

We'll sit down with you to go over the details. Once we've completed the MOST, we'll ask you or your agent and your doctor, nurse practitioner, or physician assistant to sign it.

Once it's signed it becomes a "medical order"—like a prescription—that clearly tells everyone including our staff, emergency personnel, and hospital staff what **you do and don't want**.

The MOST is valid in any healthcare facility in Colorado. **By law, healthcare professionals must follow the instructions on the form**, or talk with you or your agent to get permission to change the orders. It can be updated as needed if you change your mind or your illness progresses.

The MOST doesn't replace or revoke any other advance directives you've completed, such as a Living Will. It's important, though, that your other advance directives and the MOST show the same choices for the same items. Let us know if you have other documents we should review.

If you leave our facility, we'll give you the MOST to take with you. **At home, post the MOST in a handy place**—like on your fridge or by the front door—so if you have an emergency, the medical responders will know what your choices are. **If you go to another care facility, let them know about your MOST** so they can update it, if needed, and get a copy for their files.

On the back of this page is a brief summary of the choices you'll be asked to make on the MOST. Our staff members or your doctor can give you more detail and answer your questions.

*A "healthcare agent" is the person you have appointed to make healthcare decisions for you when you can't. This person is appointed by completing a Medical Durable Power of Attorney form. Ask any member of our staff to help if you have not yet appointed an agent or completed this form.

Section A: Cardio–Pulmonary Resuscitation (CPR): Yes or No

CPR is an emergency procedure to restart your heart if it has stopped, and to keep blood and oxygen flowing to your brain. To give you CPR, someone must force air into your lungs by pressing down hard on your chest. They might also give you electric shocks or drugs to restart your heart, put a tube put down your throat, and hook it to a machine to help you breathe. If your heart can be restarted, you will be taken to the hospital for further treatment. CPR looks like magic on television, but it actually doesn't work very often, especially for people who are very ill or frail. Only about 2 or 3 in 100 persons in nursing facilities or hospitals who receive CPR are successfully revived. Even if CPR is successful, it can have very painful and lasting effects, including broken ribs and brain damage. If you choose "Yes CPR: Attempt Resuscitation" or leave this section blank, we'll start CPR if it's needed. If you choose "No CPR: Do Not Attempt Resuscitation," we won't try CPR if your heart stops; we'll allow you to die naturally. It's up to you.



Section B: Medical Interventions: Full, Selective, or Comfort–focused Treatment

This section is really about your goals for your care. If you wish to receive all available and effective treatments that your doctors believe will keep you alive, your best choice is Full Treatment. If you leave this section blank, we will assume you want Full Treatment (and if you choose "Yes CPR" in Section A, you must choose "Full Treatment" in this section). If you wish to prolong your life, but want to avoid treatment that is likely to be painful or have major side effects or high risks of death or disability, you can choose Selective Treatment. If you wish to focus on comfort and quality of life instead of receiving life–prolonging treatment, you can pick Comfort–focused Treatment. This choice might involve receiving "palliative care" or being admitted to hospice care for expert pain and symptom control, but it doesn't have to. By picking



Comfort–focused Treatment, you also indicate that you don't want to go back to the hospital unless it is absolutely necessary for your comfort. Before you complete this section, you'll want to talk to your doctor, nurse practitioner, physician's assistant about the kind of treatments that might be offered for your particular illness, the side effects and risks of the treatments, and how likely they are to be helpful. Then you can decide about what level of treatment you want.

Section C: Artificially Administered Nutrition: Long–Term, Short–Term, or None

Artificially administered nutrition, or "tube feeding," can be very helpful when you are extremely ill, unconscious, or can't swallow or digest real food. In these circumstances, it can be a literal "life saver"! The goal is to keep you alive and nourished while you heal or recover, even if that takes a while. Tube feeding can also prolong your life during the final stages of a terminal illness or keep your body alive during a long or permanent coma or unconsciousness. Tube feeding, like any medical treatment, though, can have bad side effects. It may require surgery, and sometimes it can actually increase suffering even while prolonging life. The choices in this section let you say when and for how long you would like to have tube feeding. You may have strong opinions about this, or you may wish to wait until the choice actually has to be made. Unlike the other sections, if you leave this section blank, we won't assume anything—we'll ask you or your healthcare agent for a choice when it's needed.