Emergency Medical Services
MOLST

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What is EMS?
- Emergency Medical Services (EMS) are the licensed pre-hospital care providers that are dispatched by the public safety personnel and the commercial ambulance services.
- The EMS providers deliver time-critical out-of-hospital emergency medical care when you call 911 and they arrive on ambulances or fire apparatus.

Need for Immediate Care
- EMS providers as well as Emergency Department staff often only have minutes to determine a patient’s status and implement life saving interventions.
- This is not the time for discussions or long conversations.
- EMS providers are required to follow page one of the MOLST form. Page 2 does not apply to EMS providers.

What is the Maryland MOLST?
- The MOLST form is essentially a DNR form that is applicable and enforceable by all components of the health care system, not just EMS.
- It contains the EMS/DNR information on page one.
- It contains patient care orders that are valid in all Maryland health care facilities and specialty care transport services.

Do Maryland Medical Protocols for EMS Providers Still Apply?
- YES - Current protocols still apply
- MOLST form will be honored by EMS providers beginning October 1, 2011, per the Maryland Medical Protocols for EMS Providers
- Page 1 of the MOLST form matches up with EMS/DNR care, per Maryland Medical Protocols for EMS Providers

Recognition of Old EMS/DNR and New MOLST Orders
- All historic Maryland EMS/DNR forms are still valid forms and require compliance with the EMS/DNR protocol.
- MOLST form becomes an additional valid form of DNR documentation to be recognized by Maryland EMS providers.
Recognition of Old EMS/DNR and New MOLST Orders

- There is an EMS/DNR bracelet included as part of the MOLST form that will be valid as a stand-alone document provided that it is signed and dated by a physician or nurse practitioner.

Choices on Page One, Section 1

Select only one of the following:

- Attempt CPR
- No CPR
  - Option A-1 Intubation
  - Option A-2 Do Not Intubate (DNI)
  - Option B

What is “Attempt CPR”?

- All standard medical measures to prevent respiratory or cardiac arrest and upon arrest resuscitative measures including cardiopulmonary resuscitation (CPR), intubation, establishment of intravenous access, and medication administration.

What is “Attempt 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.”

What is “No CPR”?

- In the event that you have stopped breathing or have lost a pulse, health care providers will NOT initiate rescue breathing, nor start chest compressions.
- There are three options about the care you would receive BEFORE the loss of respirations or pulse.

Option B: Palliative Care

- This is the most limited set of EMS interventions:
  - Passive oxygen administration
  - External bleeding control
  - Positioning for comfort
  - Splinting of deformities and fractures
  - Morphine administration for uncontrolled pain
  - May be transported to Emergency Department or hospice facility
Both Option A Choices

- All medical interventions will be provided to maintain respirations and a pulse. Once there is a loss of pulse or respirations, no further resuscitation will occur.

- The distinguishing difference between A-1 (Intubation) and A-2 (Do Not Intubate) is the inclusion or exclusion of the placement of a breathing tube in your airway (intubation).

Both Option A Choices

- Ideal selection for individuals who have reversible or treatable underlying illness.
  - Diabetics who have episodes of low blood sugar needing medications or IV glucose.
  - Patients with congestive heart failure occasionally requiring emergency medications to reverse their condition.

Option A-2
Do Not Intubation (DNI)

- EMS providers may:
  - Administer oxygen (allows use of CPAP or BiPAP),
  - Start an intravenous access,
  - Administer medications,
  - Perform electrocardiograph,
  - Cardioversion (shock for pulse present fast heart rate),
  - External pacemaker for pulse present slow heart rate,
  - Will NOT insert a breathing tube and assist patient's active breathing (intubation).

Option A-1: Intubation

- EMS providers may:
  - Administer oxygen (allows use of CPAP or BiPAP),
  - Start an intravenous access,
  - Administer medications,
  - Perform electrocardiograph,
  - Cardioversion (shock for pulse present fast heart rate),
  - External pacemaker for pulse present slow heart rate,
  - Insert a breathing tube and assist patient's active breathing (intubation).

Can NOT Customize Page 1, Section 1

- The care defined under this section is not modifiable as the EMS providers have specific requirements to follow the *Maryland Medical Protocols for EMS providers*.

- Section 9, "Other Orders," cannot be used to modify Section 1.
Health Care Facility’s Responsibility

- If the client has selected 4C, “Do not transfer to hospital, but treat with options available outside the hospital,” on their MOLST form and the nursing home calls EMS to transport the patient, EMS will report this to OHCQ for review.

Issues with MOLST Form

- EMS providers cannot accept an unsigned page 1 of the MOLST form.
- Copy or xerox of the MOLST form is acceptable for all health care providers.
- MOLST form does not expire.
- The MOLST bracelet, if signed, has the power of the MOLST form for Section 1 issues (CPR/DNR status).

Timeline

- Any resident of a nursing home or assisted living facility who was admitted prior to the effective date of the Maryland MOLST regulations must have a MOLST form created by six months after the effective date of the regulations.
No MOLST Form with Patient

- After EMS personnel politely request a MOLST form, the nursing home or assisted living staff state the patient does not have one. The patient will be transported and receive appropriate medical interventions, including resuscitation.
- EMS personnel may report this occurrence to OHCQ.

Questions?