



POLICY STATEMENT

Medical Orders for Life Sustaining Treatment (MOLST)

PURPOSE

The purpose of this policy is to advise all Emergency Medical Services (EMS) clinicians on interpreting the Medical Orders for Life-Sustaining Treatment (MOLST) form and define the role of a health care agent or surrogate in the out-of-hospital environment.

AUTHORITY

[PHL Articles 29-C](#) and [29-CC](#)
[SCPA § 1750-b](#)
[10 NYCRR Section 800.15\(c\)](#)

SCOPE

This policy applies to all New York State certified emergency medical practitioners.

DEFINITIONS

A “health care agent” is a medical decision-maker designated in a Health Care Proxy form for a patient who lacks capacity and has a Health Care Proxy form that was filled out and signed by the patient when the patient was competent to do so.

A “surrogate” refers to a medical decision-maker, under the Family Health Care Decisions Act (FHCDA) for a patient other than a patient with intellectual or developmental disabilities, who lacks capacity to make Medical Order for Life-sustaining Treatment (MOLST) decisions and does not have a Health Care Proxy; or under the Surrogate’s Court Procedure Act (SCPA) § 1750-b, for a patient with intellectual or developmental disabilities, who lacks capacity and does not have a Health Care Proxy.

POLICY

MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)

Medical Orders for Life-Sustaining Treatment (MOLST) are a set of medical orders that must be honored by all health care professionals, including EMS, in all settings. The goal of MOLST is to safeguard patient wishes regarding resuscitation, respiratory support, transport, and end-of-life care across the spectrum of the health care delivery system. A completed and signed MOLST

form is the result of a process of focused discussion between the patient and their physician, nurse practitioner or physician assistant. If the patient does not have decision-making capacity, their preferences are elicited from their health care agent or designated surrogate. Safeguarding patient wishes across the care continuum requires that MOLST be honored by EMS agencies, hospitals, nursing homes, adult homes, hospices, and other health care facilities and their health care staff.

The MOLST form is an approved NYS Department of Health (NYSDOH) form. See: [DOH 5003 Medical Orders for Life-Sustaining Treatment \(MOLST\)](#)

While this policy discusses the NYS MOLST form specifically, [Physician Orders for Life-Sustaining Treatment \(POLST\)](#) exist in other states. In accordance with applicable, approved New York State EMS Protocols, this policy acknowledges out-of-state POLST forms which, though they may vary slightly in format, are to be honored by EMS clinicians as a set of medical orders equivalent to the MOLST. [National POLST Form & Guidance](#)

Relevant Public Health Law and New York State EMS regulations:

[Article 29-C, Health Care Agents and Proxies](#)
[Article 29-CC, Family Health Care Decisions Act](#)
[Section 800.15, EMS Personnel Required Conduct](#)

MOLST FORM LAYOUT & INTERPRETATION

The first page of the (2025) MOLST Form contains a brief description of MOLST, patient information (Section A), urgent orders (Section B-C) and consent (Section D) for the most applicable medical orders for the prehospital phase of care, and signatures of the authorized provider (Section E). These medical orders include resuscitation instructions and respiratory support.

Consent can be provided both in writing and verbally. This page is valid when the consent section has been signed by the patient or their health care agent or surrogate OR verbal consent is provided with two witnesses AND it has been signed and dated by the authorized health care provider [Physician, Nurse Practitioner (NP) or Physician Assistant (PA)] who issued the medical orders.

Photocopies of the New York State MOLST form are legally valid and must be honored as equivalent to the original.

A blank MOLST form may be found at the following link:

[DOH 5003 Medical Orders for Life-Sustaining Treatment \(MOLST\)](#)

PAGE 1 OF MOLST FORM

Section A

Section A provides patient demographic information, the MOLST number, if applicable, and a notation of all advance directives known to be completed.

Section B

Section B is on the first page of the MOLST form. It is titled Resuscitation Orders When the Patient Has No Pulse and/or Is Not Breathing (ONLY for Patients in Cardiopulmonary Arrest). It then provides two boxes, one of which will be checked. The first box indicates the patient wants full Cardiopulmonary Resuscitation (CPR) resuscitative efforts with no limitations, including no limit on CPR, defibrillation, medical therapy, intubation, or respiratory support. The second box indicates the patient does not want resuscitation efforts to be made if they are found in cardiopulmonary arrest.

Section C

Section C of the MOLST form provides Urgent Orders for Life-Sustaining Treatment When the Patient Has a Pulse and is Breathing but is experiencing respiratory insufficiency. Section C specifies a patient's wishes regarding respiratory support and transport orders *in the absence of cardiopulmonary arrest*.

The first half of Section C covers respiratory support orders in the event of respiratory distress or failure. There are four options, only *one* of which should be checked:

- **Intubation and long-term mechanical ventilation may include tracheostomy:** From an EMS perspective, this means that the patient wishes full respiratory support under emergent circumstances, including intubation.
- **A trial period of intubation and/or mechanical ventilation:** From an EMS perspective, this means that the patient wishes full respiratory support under emergent circumstances, including use of a supraglottic airway or intubation. The difference between this and the first option primarily applies to the in-hospital phase of care when it is determined whether the need for mechanical ventilation is imminently reversible.
- **Do Not Intubate (DNI); Use of non-invasive ventilation only:** From an EMS perspective, this would allow for the use of Bag-Mask Ventilation, Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BiPAP) use as a bridge to hospital non-invasive positive pressure ventilation.
- **Do Not Intubate (DNI) and Do Not Use Non-Invasive Ventilation or Mechanical Ventilation:** If this is checked, Bag-Mask ventilation, Continuous Positive Airway Pressure, or Bilevel Positive Airway Pressure use and intubation are not consistent with patient wishes. In many circumstances, supplemental

oxygen as needed for patient comfort is acceptable if acting in accordance with other sections of the MOLST form and/or patient comfort.

Section D

This section contains Consent for Sections B and C, including who made the decision, their name and signature. The signature line will be blank if verbal consent was given by the patient in the presence of two witnesses. Witness names are printed. The physician, Nurse Practitioner (NP), or Physician Assistant (PA) who conducts the MOLST discussion and issues the MOLST orders may serve as a witness to the consent.

Section E

This section contains signatures for Section B and C, including the name, signature, license number of the physician, nurse practitioner, or physician assistant who issued the MOLST orders and the date/time the MOLST was signed.

If the individual making the decision is a § 1750-b Surrogate, the physician must issue the MOLST orders after completing and attaching the Office for People with Developmental Disabilities (OPWDD) Checklist. A nurse practitioner or physician assistant does not have authority to issue MOLST orders for individuals with intellectual or developmental disabilities who lack capacity.

PAGE 2 OF MOLST FORM:

SECTION F

The second page of the MOLST form provides additional orders regarding patient preferences for life- sustaining treatment. While primarily geared towards hospital or long-term phases of care, these sections offer useful guidance to EMS clinicians regarding general treatment guidelines. These guidelines can be helpful, especially during discussion with online medical direction during the inevitably unpredictable clinical situations encountered in EMS. In addition, medical orders such as intravenous fluids, antibiotics, and other medical orders and instructions provide guidance for community paramedics for patients who have been assessed but do not wish to go to the hospital, or would go only if pain or symptoms could not be controlled.

The first subsection outlines General Treatment Guidelines. There are three options, only one of which should be checked:

- **No limitation on medical interventions:** This is essentially standard care and interventions within EMS scope of practice may be performed. if clinically indicated.
- **Limited medical interventions, only as described below:** This is usually checked

when a patient wishes to avoid aggressive and/or painful interventions. This does not specify which interventions the patient wishes to avoid but presents a general treatment preference. In most cases, intravenous access and fluids are considered warranted unless otherwise specified by the MOLST. In patients with significant clinical instability and need for aggressive interventions, we recommend following the MOLST orders and, if needed, seek consultation with the patient's physician, nurse practitioner, physician assistant, hospice provider (if enrolled), or online medical direction for guidance.

- **Comfort measures only. Provide medical care and treatment with the primary goal of relieving pain and other symptoms:** In this circumstance, patients have expressed that their primary goal is comfort. As such, interventions such as pain management, anti-emetics and oxygen may be indicated. When unsure whether a particular intervention is reasonable, we encourage checking the patient's palliative care plan (if available) and/or consultation with online medical direction.

The second subsection covers orders regarding Future Hospitalization and/or Transfer. There are two possible options, only *one* of which should be checked:

- **Send to the hospital, when medically necessary:** This is essentially the default in EMS, which means transport to the hospital.
- **Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled:** This indicates that patient preference is to not be transported to the hospital, except for the inability to manage pain or other symptoms adequately at their current location. If pain or symptoms cannot be controlled, we recommend consultation with the patient's physician, nurse practitioner, physician assistant, hospice provider (if enrolled), or online medical control for guidance.

The remaining parts of section F pertain to artificially administered fluids and nutrition, dialysis, and use of antibiotics. These are geared towards hospital and long-term care decisions. In general, unless expressed elsewhere on the MOLST form, not wanting intravenous fluids for long-term sustenance of life does not preclude intravenous placement for other medications (such as analgesia or anti-emetics) if the need arises. The final part of section F allows free text of specifically expressed preferences for treatment not included on the MOLST.

SECTION G

This section contains Consent for Section F including who made the decision, their name and signature. The signature line will be blank if verbal consent was given in the presence of two witnesses. Witness names are printed. The physician, nurse practitioner, or physician assistant who conducts the MOLST discussion and issues the MOLST orders may serve as a witness to the consent.

SECTION H

This section contains signatures for Section F, including the name, signature, license number of the physician, nurse practitioner, or physician assistant who issued the MOLST orders and the date/time the MOLST was signed.

If the individual making the decision is a § 1750-b Surrogate, the physician must issue the MOLST orders after completing and attaching the Office for People with Developmental Disabilities Checklist. A nurse practitioner or physician assistant does not have authority to issue the MOLST orders for individuals with intellectual or developmental disabilities who lack capacity.

HEALTH CARE AGENTS

A Health Care Proxy is a legal form that designates a health care agent. When the patient lacks capacity to make decisions, a health care agent has the authority to make all health care decisions, including the decision to remove life-sustaining treatment.

EMS clinicians can honor the designation of a health care agent identified in a Health Care Proxy form. If the patient has a Health Care Proxy form and the patient clearly lacks capacity to make their own health care decisions (for example, the patient cannot communicate at all), and the designee (health care agent) is confirmed, EMS may follow the health care agent's communications of the patient's wishes. The health care agent is required to make health care decisions in accordance with the patient's wishes, or if the patient's wishes are not known, in accordance with the patient's best interests.

If the patient has already made decisions to withhold certain life-sustaining treatment [e.g. Do Not Resuscitate (DNR) and Do Not Intubate (DNI)] and signed the MOLST form themselves before losing their ability to make MOLST decisions, the health care agent **cannot undo** the patient's decision. In cases where EMS is unable to confirm the health care agent, contact online medical direction wfor orders and/or to provide further guidance.

The Health Care Proxy form may be found at the following link: [Health Care Proxy Form](#)

MEDICAL AID IN DYING

New York State law permits eligible, terminally ill patients with decision-making capacity to self-administer prescribed medication for Medical Aid in Dying.

Medication used for Medical Aid in Dying must be self-administered by the patient. EMS clinicians may not administer or assist the patient in administering medication for Medical Aid in Dying (MAID). Protocols permitting EMS assistance with a patient's prescribed medications do not apply to medications prescribed for Medical Aid in Dying medications.

When EMS is called to a patient who has self-administered medication for Medical Aid in Dying, clinicians should determine the reason EMS was requested and review available documentation. A valid MOLST (DOH-5003) may be used to establish the patient's wishes regarding resuscitation.

As with a MOLST, a patient with decision-making capacity may change their decision at any time. If the patient requests treatment or resuscitation, EMS should provide care consistent with the patient's current wishes. Pain, dyspnea, nausea, vomiting, or other distressing symptoms should be treated for patient comfort, consistent with applicable protocols and the patient's goals of care.

If the patient's participation in Medical Aid in Dying cannot be established, documentation is unavailable or conflicting, or there is uncertainty regarding the patient's wishes, contact online medical direction for guidance and/or orders.

Additional information about Medical Aid in Dying for EMS clinicians can be found on the Division of State EMS Policy Statement page under "Medical Aid in Dying" EMS Response Guidance".

<https://www.health.ny.gov/professionals/ems/policy/policy.htm>

Table 1: Treatment decisions when a patient lacks capacity to make health care decisions.

MOLST Form or copy	Health Care Agent	Treatment Decision
Not Available	Not Present	Standard Care
Not Available	Available and patient clearly lacks capacity	As designated by health care agent
Available – Signed by Patient	Available	Honor MOLST. The health care agent cannot undo the patient's decision for DNR and/or DNI.
Available – Signed by health care agent for the Patient who lacks capacity	Available	The health care agent can request and consent to changes on the MOLST, after discussion with EMS and/or online medical direction.
Available – Signed by health care agent	Not Present	Follow MOLST orders. Only the health care agent can request a change to the medical orders.

Frequently Asked Questions

What do I do if the patient has two MOLST forms? Which do I honor?

You should follow the MOLST form that has the most recently dated authorization.

What is the difference between Advance Directives and MOLST?

Advance Directives

A Health Care Proxy is a legal form that gives the person chosen as the health care agent the authority to make all health care decisions, including the decision to remove or provide life-sustaining treatment. The health care agent will get the authority to make health care decisions if the patient loses medical decision-making capacity in the future.

A Living Will is an advance directive that states an individual's wishes about medical care if the patient loses medical decision-making capacity in the future. A Living Will documents future care preference and can guide health care decision-makers trying to ascertain what health care decisions are in accordance with the patient's wishes.

MOLST

MOLST is not an advance directive for future care. Rather, MOLST is a set of medical orders that should be honored today based on current health status and prognosis.

eMOLST

eMOLST stands for Electronic Medical Orders for Life Sustaining Treatment. It is a digital version of the MOLST.

Can EMS honor a living will?

No, in the absence of an order from online medical direction, EMS cannot honor a living will.

Under what circumstances may an EMS clinician disregard a MOLST form?

- If the patient is conscious and states that they want resuscitative measures, the MOLST form should be ignored.
- A MOLST form may also be overridden in a hostile situation where EMS clinicians could be physically endangered by family or bystanders if resuscitation was not attempted.

If the patient is unconscious and/or lacks decision-making capacity and the MOLST form was signed by the health care agent rather than the patient, the health care agent may request resuscitative measures. Such situations may arise when the health care agent does not understand the implications of the decisions or is emotional when the patient is dying.

If the patient has elected the Hospice benefit, does it change the way EMS responds if the patient has, or doesn't have, a MOLST or eMOLST form?

- The protocol for Hospice patients, in general, is that EMS or the patient's family would contact the Hospice provider prior to transporting the patient to the hospital or a higher level of care. Family members often panic and call 9-1-1, despite education from the Hospice team to the contrary.
- Hospice patients are not required to have a DNR order, although some Hospice providers prefer a DNR order be in place if the patient is seeking admission to a Hospice residence or inpatient unit. It is often misunderstood that Hospice patients **MUST** have a DNR order.
- Most Hospices review the MOLST form with patients and families if one isn't already in place at the time of admission and continue to review the MOLST form when there is a change in condition or patient wishes. That said, EMS should follow the MOLST if a Hospice patient has one but should also remember the general protocol of contacting the Hospice prior to transport.
- If a Hospice patient experiences an injury or medical emergency unrelated to their terminal diagnosis and related conditions, EMS would follow the MOLST if there is one and treat the injury or medical emergency as they would for any other patient, with the exception of notifying the Hospice as soon as possible about the situation. Hospice providers typically require that a member of their clinical staff meet the patient/family at the emergency room if they are being transported for an emergency.

What happens if a patient with a MOLST or eMOLST form indicating DNR expires during transport?

If the patient is a resident of a nursing home or is being transported between health care facilities and expires enroute, EMS should contact the receiving facility to determine if they are willing to accept the patient. If the receiving facility is unable to do so, the patient should be returned to the sending facility. EMS must ensure pre-notifications are appropriately made to the receiving destination.

If the patient is being transported from a private residence, EMS should return the patient home if the family or Health Care Proxy clearly requests it. If there is no clear guidance on the patient's wishes, EMS should continue to the receiving facility, which is expected to accept the patient for disposition. EMS must ensure pre-notifications are appropriately made to the receiving destination.

MOLST Training

EMS providers and agencies who are interested in more specific training regarding MOLST may go to www.VitalSignsAcademy.com. Go to the course catalog and search for MOLST. This site has a specific training program for EMS providers.

If you have other questions about this policy guidance, please contact your DOH Regional EMS office <https://www.health.ny.gov/professionals/ems/chart.htm>

Additional information: [New York State Department of Health - Medical Orders for Life-Sustaining Treatment](#)

The following are accepted with applicable laws in New York State:

- **MOLST or eMOLST** [doh-5003.pdf](#)
- **Heath Care Proxy** [1430.pdf](#)
- **Out of Hospital DNR** [DOH-3474 080520](#)

Allowable under approved New York State EMS protocols: [Adult and Pediatric Protocols](#)

- **POLST** [National POLST Form & Guidance | National POLST](#)

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