



Department  
of Health

# Revisions to the Medical Orders for Life-Sustaining Treatment (MOLST) Form (DOH-5003)

Center for Hospice & Palliative Care

2025

# REVISIONS TO THE MOLST FORM (DOH- 5003)

- Previous MOLST form updated August 2022
- Newly Revised MOLST form created in collaboration with Office for People With Developmental Disabilities, Department Of Health, and Office of Mental Health in 2024
- The MOLST was modified to conform with statutory changes
- Previous versions of the MOLST form remain in effect for those who completed one
- Form was simplified to align with other medical forms such as:
  - “Do-Not-Resuscitate” and “Do-Not-Intubate” Medical Orders
  - These changes have been moved to the first page

# REVISIONS TO THE MOLST FORM (CONTINUED)

## Page 1:

- Section A: Outlines patient information and advance directives
- Section B: No changes
- Section C: Clarifies available choices which now include:
  - Intubation and long-term mechanical ventilation, may include tracheostomy
  - A trial period of intubation and/or mechanical ventilation
  - Do Not Intubate, use of Non-Invasive Ventilation only
  - Do Not Intubate and Do Not Use non-invasive ventilation or mechanical ventilation



# REVISIONS TO THE MOLST FORM (CONTINUED)

## Page 1 Continued:

- Section D: Updated check boxes under “Who is the individual making decisions”:
  - From “Family Health Care Decisions Act Surrogate” to “Family Health Care Decisions Act Surrogate for Adult”
  - From “Minor’s Parent/Guardian” to “Family Health Care Decisions Act Surrogate for Minor”
- Section E: No changes
  - Addition of a reminder to use the directions on page 4 in this section

# REVISIONS TO THE MOLST FORM (CONTINUED)

## Page 2:

- Section F: “Future Hospitalization/Transfer” section is listed here rather than Section C
  - “Future Hospitalization/Transfer” has a new option: “Do not send to the hospital unless pain or severe symptoms cannot be otherwise controlled.”
- Section G: Updated check boxes under “Who is the individual making decisions”:
  - From “Family Health Care Decisions Act Surrogate” to “Family Health Care Decisions Act Surrogate for Adult”
  - From “Minor’s Parent/Guardian” to “Family Health Care Decisions Act Surrogate for Minor”
  - The reminder to use directions for an individual with Intellectual Disability/Developmental Disability on page 4 was removed from this section and put into Section H
- Section H: The reminder to use the directions was moved here



# REVISIONS TO THE MOLST FORM (CONTINUED)

## Page 3:

- Section I:
  - Description of the review and renewal process is more detailed, regarding patient wishes and notification of relevant parties
  - States that even if the MOLST is not reviewed and renewed within 90 days, the last completed MOLST remains valid and must be followed.
  - Clarifies that a health care agent or surrogate cannot change the decision to withhold/withdraw treatment that the patient had already made when they had capacity.
  - If the health care agent or surrogate consented to this MOLST they are able to continue to make decisions to withhold/withdraw treatment based on the patient's current health status.

# REVISIONS TO THE MOLST FORM (CONTINUED)

## Page 4:

- Same content but now has its own section heading
- More detailed instructions and reasons checklists are necessary
- Website references updated to provide complete instructions on the checklists

# IMPORTANT REFERENCES AND RESOURCES

- For individuals with an intellectual or developmental disability, refer to the Office for People with Developmental Disabilities Website at <https://opwdd.ny.gov/providers/health-care-decisions> and to the Office for People With Developmental Disabilities MOLST Legal Requirements Checklist for Individuals with Developmental Disabilities
- Ordering MOLST forms:
  - The MOLST form and supporting checklists can be downloaded at <https://www.health.ny.gov/forms/doh-5003.pdf>
  - The nonhospital Do Not Resuscitate form is available at <https://www.health.ny.gov/forms/doh-3474.pdf>
  - To order printed MOLST forms, please complete the [DOH Order Form](#) and email it to [bmcc@health.ny.gov](mailto:bmcc@health.ny.gov) (quantities may be limited)
  - For more on the MOLST, visit: [https://www.health.ny.gov/professionals/patients/patient\\_rights/molst/](https://www.health.ny.gov/professionals/patients/patient_rights/molst/)







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