SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED					
Colorado Medical Orders			Last Name		
for Scope of Treatment (MOST)					
	follow these orders, <u>THEN</u> contact Physician, Advanced Prac (APN), or Physician Assistant (PA).	ctice	First Name/Middle Name		
• These Medical Orders are based on the person's medical condition & wish		shes.	Date of Birth		Sex
 Any section not completed implies full treatment for that section. May only be completed by, or on behalf of, a person 18 years of age or older. 		l do-	This Cate	15.01	
	ne shall be treated with dignity and respect.	ider.	Hair Color	Eye Color	Race/Ethnicity
A	CARDIOPULMONARY RESUSCITATION (CPF	R) Perso	n has no pu	lse and is no	ot breathing.
⊈ A Check	* No CPR Do Not Resuscitate/DNR/Allow Natural Death				
-One Box	* Yes CPR Attempt Resuscitation/ CPR				
Only	When <u>not</u> in Cardiopulmonary arrest, follow orders B , C , and D				
\mathbf{B}	MEDICAL INTERVENTIONS <u>Person has pulse and/or is breathing.</u>				
Check	* Comfort Measures Only: Use medication by any route, positioning, and other measures to relieve pain				
One Box Only	and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment.				
	Transfer only if comfort needs cannot be met in current location; EMS-Contact medical control.				
Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela c	* Limited Additional Interventions: Includes care described above. Use medical treatment, IV fluids				
	and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical				
	ventilation. Transfer to hospital if indicated. Avoid intensive care; EMS-Contact medical control. * Full Treatment: Includes case described shows that introducing advanced signed international.				
	* Full Treatment: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.				
	Transfer to hospital if indicated. Includes intensive care. EMS-Contact medical control.				
	Additional Orders: (EMS=Emergency Medical Services)				
$\cdot C$	Antibiotics				
Check	* No antibiotics. Use other measures to relieve symptoms.				
One Box	* Use antibiotics when comfort is the goal.				
] Only	* Use antibiotics. Additional Orders:				
. D	ARTIFICIALLY ADMINISTERED NUTRITION AND HYDRATION Offer food & water by mouth if feasible				
Check One Box:	* No artificial nutrition/hydration by tube. (NOTE: Special rules for proxy by statute on page 2)				
Only	* Defined trial period of artificial nutrition/hydration by tube.				
887.5	(Length of trial: Goal:)				
	* Long-term artificial nutrition/hydration by tube.				
200 <u>1</u> 00 100 100 100 100 100 100 100 100 100	Additional Orders: DISCUSSED WITH: SUMMARY OF MEDICAL CONDITION(S):				
E	DISCUSSED WITH: * Patient Summary of Medical Condition(s):				
Check	* Agent under Medical Durable Power of Attorney				
All That	* Proxy (per statute C.R.S. 15-18.5-103(6))				
	* Guardian * Other:				
(SECTION RESERVED FOR FUTURE USE) PILOT PROGRAM FORM					
Physician/A	APN /PA Signature (mandatory) Print Physician/APN/PA	Vame, Addre	ess and Phone N	umber Da	ı te
	A DEDMITE DISCLOSURE OF THIS INFORMATION TO OTHE				