



POLST

*Physician Orders for
Life-Sustaining Treatment*

Guidance for
Health Care Professionals
in California

www.finalchoices.org

January 2009

How to Use POLST

Overview

The POLST Form

The POLST form should be completed after discussion with the person or healthcare decisionmaker regarding treatment preferences. The document may be completed by other health care professionals under the direction of the physician.

The physician must sign the form assuming full responsibility for the medical indications of the orders and accurate reflection of the person's values.

The California POLST is a double-sided bright pink form. One side of the document contains the "Physician Orders for Life-Sustaining Treatment" (Sections A – C) and the required signature of the doctor and of the patient or healthcare decisionmaker (Section D). The other side of the form lists the decisionmaker's address and phone number as well as the signature of the health care professional preparing the form (if other than the doctor), their title and phone number, and the date the form was prepared, as well as additional instructions.

The signature of the patient (or the patient's legal representative if the patient lacks decision making capacity) provides evidence that the patient or his/her legal representative agrees with the orders on the form. In this respect, the requirement that the patient or his/her legal representative reviews and signs the form provides a safeguard for patients that the orders on the form accurately convey their preferences.

Completion of the POLST form is voluntary, and the goal of such a form is to ensure that the patient receives the level of care desired. The POLST provides documentation of a person's preferences and provides life-sustaining treatment orders that reflect these values. In institutional settings, the POLST should be the first document in the clinical record.

Patient Transfer

When a person in an institution is transferred from one setting to another – for example, from a skilled nursing facility to a hospital – the original form should accompany that person. A copy of the POLST, however, should always be kept in the individual's medical record. Photocopies and faxes of signed POLST forms are legal and valid.

HIPAA permits disclosure of POLST to health care professionals across treatment settings.

In some cases, emergency physicians and admitting physicians have been reluctant to follow POLST orders without first reassessing the person's values in the current clinical situation. However, California law AB 3000 (Statutes 2008, Chapter 266) requires that POLST be followed until a review is completed by the accepting health care professionals. The POLST form must be followed even if the physician who has signed the form is not on medical staff of the facility. The law also states that health care providers who honor POLST forms are not subject to criminal prosecution, civil liability or any other sanction as a result of following the orders.

Review of the POLST Form

The National POLST Paradigm Task Force recommends that the orders be updated whenever there is a change in the person's condition or values. It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

In some instances, it may be necessary to follow the orders until such time as a reassessment can be accomplished.

Voiding a POLST form

A person with capacity can at any time void the POLST form or change his/her mind about treatment. To void a POLST form, draw a line through Sections A through D and write "VOID" in large letters. Then sign and date this line. If a health care decisionmaker wishes to change the POLST form based on the known desires of the individual or the individual's best interests, the decisionmaker may request that the physician modify the orders.

Section Review of the POLST Form

Physician Orders

The first three sections include: A – Cardiopulmonary Resuscitation, B – Medical Interventions, and C – Artificially Administered Nutrition. Section D includes information about with whom the orders were discussed to assure that the person's preferences were known and that the form reflects those preferences. It also includes a statement indicating the validity of the orders and the mandatory signature, contact information and medical license number of the physician. The signature of the patient, decisionmaker, parent of minor or conservator is also required.

If a person requires treatment, the first responder should initiate any treatment orders recorded on the POLST, and then contact the physician, as needed. ***If Section A, B or C is not completed, full treatment should be provided for that section until clarification is obtained.***

A - Cardiopulmonary Resuscitation (CPR)

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Person has no pulse and is not breathing.</i>
	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (<u>A</u> llow <u>N</u> atural <u>D</u> eath) (Section B: Full Treatment required)
When not in cardiopulmonary arrest, follow orders in B and C .	

These orders apply only when the person has ***no pulse and is not breathing***. This section does not apply to any other medical circumstances.

This section does not apply to a person in respiratory distress (because he/she is still breathing) or to a person who has an irregular pulse and low blood pressure (because he/she has a pulse). For these situations, the first responder should refer to B and C and follow the indicated orders.

If the person wants cardiopulmonary resuscitation (CPR) and CPR is ordered, then the "Attempt Resuscitation/CPR" box is checked. Full CPR measures should be carried out, and 9-1-1 should be called. If "Attempt Resuscitation/CPR" is chosen, then "Full Treatment" box under Section B must be checked.

If a person has indicated that he/she does not want CPR in the event of no pulse and no breathing, then the "Do Not Attempt Resuscitation/DNR" box is checked. CPR should not be performed. No defibrillator (including automated external defibrillators) should be used on a person who has chosen "Do Not Attempt Resuscitation." The person should understand that comfort measures will always be provided and that CPR will not be attempted.

B - Medical Interventions

BCheck
One**MEDICAL INTERVENTIONS:*****Person has pulse and/or is breathing.***

- Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. ***Transfer if comfort needs cannot be met in current location.***
- Limited Additional Interventions** Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
- Do Not Transfer to hospital for medical interventions.** ***Transfer*** if comfort needs cannot be met in current location.
- Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. ***Transfer to hospital if indicated. Includes intensive care.***

Additional Orders: _____

These orders apply to emergency medical circumstances for a person who has a pulse **and/or** is breathing. This section provides orders for situations that are not covered in Section A.

If all life-sustaining treatments are desired, the "Full Treatment" box is checked. In medical emergencies, 9-1-1 is called. Treatment includes use of intubation, advanced airway intervention, mechanical ventilation, cardioversion, transfer to hospital and use of intensive care, as indicated.

However, if the person chooses some limitation, then another of the other boxes is checked. Health care professionals will first administer the level of emergency medical services (EMS) ordered and then contact the physician.

Comfort care is always provided regardless of indicated level of EMS treatment. Other instructions may also be specified.

Comfort Measures Only indicates a desire for only those interventions that enhance comfort. Use medication by any route, positioning, wound care, and oxygen, suction and manual treatment of airway obstruction (choking) as needed for comfort.

Do not transfer to a hospital unless comfort needs cannot be met in the current location. Sometimes it is necessary to transfer patients to the hospital to control their suffering. Examples include immediate and ongoing pain relief, control of bleeding, wound cleaning and dressing as needed to optimize hygiene, positioning for comfort, manual airway opening and stabilization of fractures by splinting and/or surgery (with the goal to control pain).

In some cases, IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only." Treatment of dehydration prolongs life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."

Limited Additional Interventions includes comfort measures and medical treatment, and cardiac monitor as indicated. This order is also used to indicate treatment for those with short term dehydration. Intubation, advanced airway interventions and mechanical ventilation are not used; however non-invasive positive airway pressure can be used. This includes continuous

positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP) and bag valve mask (BVM) assisted respirations.

If the box “Do Not Transfer to hospital for medical interventions” is checked, the person should be treated at the facility – unless comfort needs cannot be met.

If the box is not checked, the person should be transferred to hospital only if indicated, and use of intensive care should generally be avoided.

Full Treatment includes all care above with no limitation of treatment. All support measures needed to maintain and extend life can be utilized – including intubation, advanced airway interventions, mechanical ventilation and electrical cardioversion as indicated.

The person can be transferred to a hospital and intensive care can be used as medically indicated.

When a person is transferred, the POLST form should always be sent with the person. Information explaining that the goals of care have not changed and specifically outlining the treatments for which the person is being transferred must be conveyed. Direct communication with the receiving health care team about the goals of care assures that the person’s wishes are respected and comfort maximized as a person moves from one care setting to another.

C – Artificially Administered Nutrition

C Check One	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible and desired.</i>
	<input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube.
	<input type="checkbox"/> Long-term artificial nutrition by tube.
Additional Orders: _____	

Oral fluids and nutrition must always be offered to the person if medically feasible. No artificial nutrition by tube is provided for a person who refuses this treatment or if it is not medically indicated. If long-term artificial nutrition by tube is medically indicated and desired by the person, then the appropriate box is checked.

In some cases, a defined trial period of artificial nutrition by tube can allow time to determine the course of an illness or allow the person an opportunity to clarify his/her goals of care.

D – Signatures and Summary of Medical Condition

D	SIGNATURES AND SUMMARY OF MEDICAL CONDITION:		
	Discussed with:		
	<input type="checkbox"/> Patient <input type="checkbox"/> Health Care Decisionmaker <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Court Appointed Conservator <input type="checkbox"/> Other:		
	Signature of Physician		
	My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.		
	Print Physician Name	Physician Phone Number	Date
	Physician Signature (required)	Physician License #	
	Signature of Patient, Decisionmaker, Parent of Minor or Conservator		
By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.			
Signature (required)	Name (print)	Relationship (write self if patient)	
Summary of Medical Condition	Office Use Only		

Upon completion of the orders, the physician checks the box indicating with whom the orders were discussed (i.e., patient, parent of minor, health care representative, court-appointed guardian, or other). The physician signing the form is acknowledging that the signature below indicates that the orders are consistent with patient/surrogate preferences, if known. The signer is recommended to include additional information supporting the basis for the orders in the medical record.

The physician **must** sign and date the form where indicated. **Without this signature, the orders are not valid.** If allowed by institutional or community policy, verbal orders are valid. The orders can be signed at a later time by the physician.

After signing, the physician prints his/her name, phone number, physician license number and the date the orders were written.

Below the physician's signature is a section for the signature of the patient, decisionmaker, parent of minor or conservator. By signing the form, a legally recognized decisionmaker acknowledges that the request regarding resuscitative measures is consistent with the known desires of and with the best interest of the individual who is the subject of the form.

There is also a box that can be used to briefly summarize the person's medical condition.

The bottom of the POLST includes reminders that the original form should accompany the person whenever transferred or discharged. It allows receiving health care professionals to have the same information regarding the medical indications and person's preferences for life-sustaining treatment and increases the likelihood that these orders will be respected in the new care setting. Health systems with electronic record capability may scan the POLST form to ensure the orders are accessible.

Back of Form

On the back of the form, there is a section for contact information for both the health care decisionmaker and the health care professional preparing the form.

There are also “Directions for Health Care Professional,” that include a summary of some of the information contained in this guide.

The bottom of the form lists the California Coalition for Compassionate Care web site to obtain additional information or a copy of the form – www.finalchoices.org.

For additional information, please visit the above web site or contact the California Coalition for Compassionate Care at info@finalchoices.org.



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