



HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Physician Orders for Life-Sustaining Treatment (POLST)

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient Last Name: _____ Patient First Name: _____ Patient Middle Name: _____ Last 4 SSN: [] [] [] []

Address: (street / city / state / zip): _____ Date of Birth: (mm/dd/yyyy) _____ Gender: M F

A **CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless, & not breathing.*
 Check One: Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNR
 If patient is not in cardiopulmonary arrest, follow orders in B and C.

B **MEDICAL INTERVENTIONS:** *If patient has pulse and is breathing.*
 Check One: Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan:** Provide treatments for comfort through symptom management.
 Limited Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan:** Provide basic medical treatments.
 Full Treatment. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. **Transfer to hospital and/or intensive care unit if indicated. Treatment Plan:** All treatments including breathing machine.
 Additional Orders: _____

C **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible.*
 Check One: Long-term artificial nutrition by tube. Defined trial period of artificial nutrition by tube. No artificial nutrition by tube.
 Additional Orders (e.g., defining the length of a trial period): _____

D **DOCUMENTATION OF DISCUSSION: (REQUIRED)** *See reverse side for add'l info.*
 Must Fill Out: Patient (If patient lacks capacity, must check a box below)
 Health Care Representative (legally appointed by advance directive or court)
 Surrogate defined by facility policy or Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion- see reverse side)
 Representative/Surrogate Name: _____ Relationship: _____

E **PATIENT OR SURROGATE SIGNATURE AND OREGON POLST REGISTRY OPT OUT**
 Signature: *recommended* _____ This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box:

F **ATTESTATION OF MD / DO / NP / PA (REQUIRED)**
 Must Print Name, Sign & Date: By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.
 Print Signing MD / DO / NP / PA Name: *required* _____ Signer Phone Number: _____ Signer License Number: (optional) _____
 MD / DO / NP / PA Signature: *required* _____ Date: *required* _____ Other Use Only _____

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
 SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION E

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Guidance for Oregon's Health Care Professionals

www.oregonpolst.org

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Introduction

*“It is one thing to be able to undertake a medical action,
and another thing to know whether or not you should.”*

Miles J. Edwards, M.D.

The POLST Program

Physician Orders for Life-Sustaining Treatment (POLST) is a program designed to help health care professionals honor the treatment wishes of their patients (See *History of the POLST*, page 22). Its purpose is to:

- Promote a patient's¹ autonomy by creating medical orders that reflect the patient's current treatment preferences.
- Facilitate appropriate treatment by emergency medicine and EMS personnel.
- Assist parents of minor children and guardians of seriously ill minors or protected persons to express wishes and intentions for treatment.
- Be compliant with HIPAA in the transfer of patient records between health care professionals and health care settings.

The POLST Form

The POLST Form transforms a patient's treatment plan and goals of care into a **medical order**. Emergency medical responders and emergency medicine health care professionals follow these orders unless there is new information from a patient or appropriate surrogate.

The current standard of care in the United States requires emergency personnel, in the absence of a medical order, to make every attempt to save a person's life. This may include advanced cardiac life support, including CPR, endotracheal intubation, and defibrillation, based on EMS standard protocols. A POLST Form is a medical order that can be used to avoid some of these treatments. The POLST Form alerts medical personnel about the patient's treatment preferences. It is therefore critical POLST Forms are readily available to alert medical personnel. The brightly colored POLST Form should be clearly visible in a patient's home (either **on-** not in- the fridge or in the medicine cabinet), and accompany the patient whenever transferred or discharged. If the POLST Form cannot be found, the POLST Registry (see below) may be accessed to locate POLST orders.

Because each person has the right to make his or her own health care decisions, the POLST Form is **always voluntary**. It is intended for patients with serious illness or frailty and records choices for medical treatment in the patient's **current** state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, the patient's treatment wishes may change, in which case POLST orders can and should be changed to reflect new preferences and treatment choices.

¹ “Patient” is used throughout this booklet to indicate a child or adult inpatient or outpatient or a resident of a nursing or community based care facility. The “patient” is not the same as a “guardian”.

Emergency responders required to honor POLST Forms

The Oregon Medical Board has defined the Emergency Medical Technicians (EMT) Scope of Practice so that an Oregon-certified First Responder or EMT shall comply with life-sustaining treatment orders executed by a physician, nurse practitioner or physician assistant [OAR 847-35-0030(6)]

Oregon POLST Registry provides 24/7 access to POLST information

The Oregon POLST Registry is a secure database of Oregon POLST Forms. It offers EMS, emergency departments and hospital acute care units 24-hour access to POLST Form information, ensuring that patients' treatment wishes are known even if the paper POLST form cannot be found during a medical emergency. Oregon law mandates that health care professionals completing, modifying or revoking a POLST Form send it to the Registry unless the patient or surrogate specifically opts out of the Registry (see page22).

In Oregon, the POLST document and logo trademark are copyrighted by the Oregon Health & Science University (OHSU) and cannot be modified or reproduced without the expressed consent of OHSU. Institutions and communities may seek permission from the OHSU Center for Ethics in Health Care to obtain a camera-ready copy of the POLST document to reproduce in their own setting for a specified period and agreed to conditions. The POLST Form is modified every 2 to 3 years as part of a continuous quality improvement process. Statewide coordination of the program allows updates to be broadly disseminated. Use of the Oregon POLST Form is voluntary and conforms to state statute [ORS 127.505 et seq.] (<http://www.oregonlaws.org/ors/127.505>).

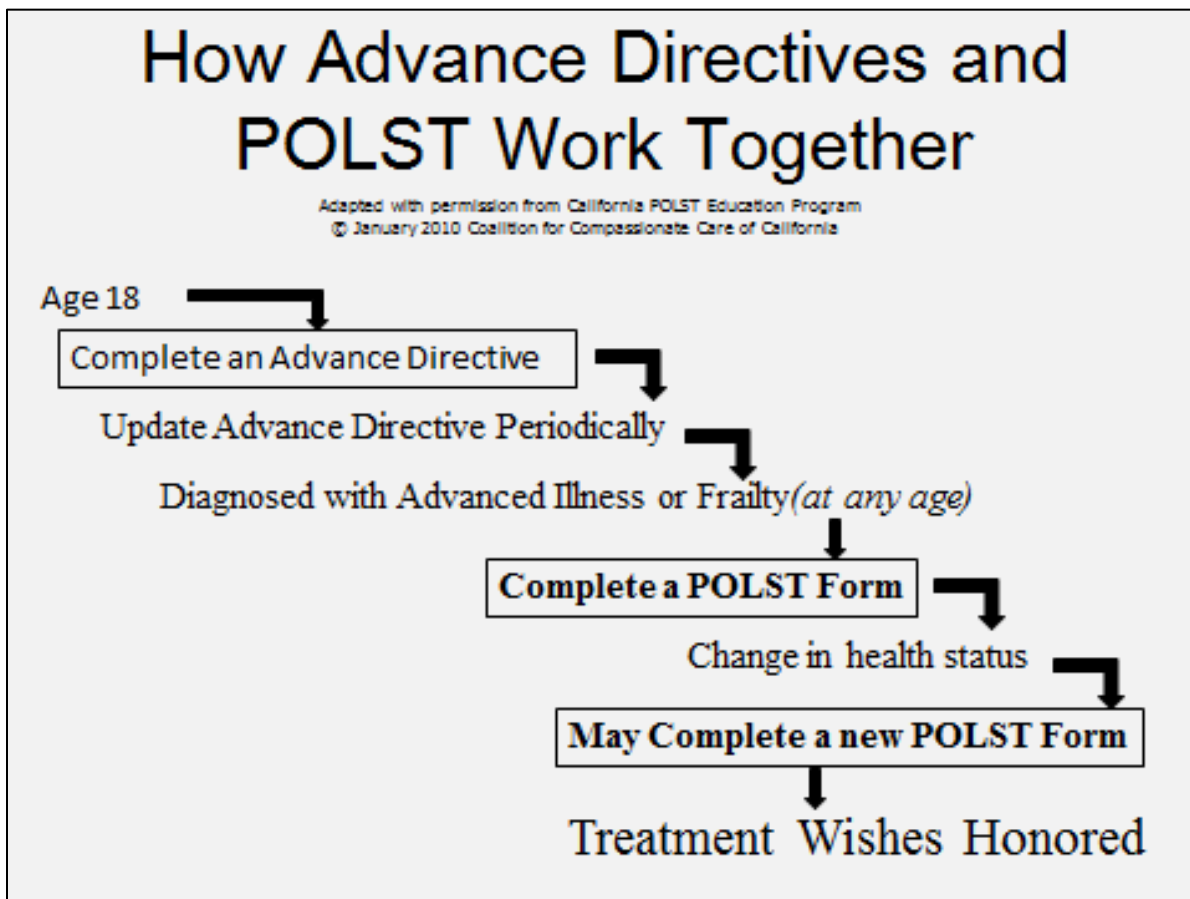
Who Should Have a POLST Form?

The POLST Form is designed for seriously ill or frail patients; to determine whether a POLST Form should be considered, clinicians should ask themselves:

- "Would I be surprised if this patient died or lost decision-making capacity in the next 1-2 years"? If the answer is, "No I would not be surprised," then a goals-of-care discussion and advance care planning with POLST is appropriate to consider.

Use of the POLST Form to limit treatment is **not appropriate** for patients with stable medical or functionally disabling problems who have many years of life expectancy. (See page 19: *POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life.*) If a patient has a strong preference regarding medical interventions, such as wanting limitations on the use of artificially administered nutrition, the patient should be encouraged to complete an Advance Directive. A POLST is not appropriate solely to be used to document this opinion.

Advance Directives and POLST Work Together in Advance Care Planning



The voluntary use of the POLST Form and the Advance Directive form work together in advance care planning to ensure patient wishes are followed. The POLST Form is not intended to replace an Advance Directive document but can be completed in seriously ill patients who do not have an Advance Directive.

The Advance Directive

The Oregon POLST Task Force recommends all capable adults – regardless of their health status- complete an Advance Directive. The Advance Directive is the legal document in Oregon that allows individuals to:

- Appoint a Health Care Representative to make health care decisions if an individual becomes unable to speak for themselves; and
- Complete health care instructions for future medical care.

Part B of the Advance Directive allows an individual to designate a Health Care Representative who can accept or refuse any life sustaining therapy on behalf of the patient. They are to act in accordance with the patient's known preferences or in the patient's best interest. Medical care for patients without decision making capacity is enhanced by an Advance Directive because it gives individuals important guidance over their medical care if they become incapacitated. It is important to note that, in Section B, the individual must specifically give authority to the Health Care Representative.

Part C of the Advance Directive provides instructions to health Care professionals in four specific medical conditions:

- 1) Close to Death
- 2) Permanently Unconscious
- 3) Advanced Progressive Illness
- 4) Extraordinary Suffering

These conditions, for which individuals can give health care instructions, are very specific and limited. The Health Care Representative can make important decisions for the patient prior to these conditions being present.

Key Differences between the Advance Directive Form and the POLST Form:

<u>POLST</u> Physician Order for Life-Sustaining Treatment	<u>Advance Directive</u> Oregon’s Legal Form
<ul style="list-style-type: none"> • For those with serious illness or frailty - at any age 	<ul style="list-style-type: none"> • For all adults regardless of their health status
<ul style="list-style-type: none"> • Specific medical orders for <i>current</i> treatment. What patient would want <u>today</u>. 	<ul style="list-style-type: none"> • Health Care Instructions for <i>future or current</i> life-sustaining treatments <ul style="list-style-type: none"> • Appoints a Health Care Representative (HCR)
<ul style="list-style-type: none"> • Orders signed by Health Care Professional. Encourage signature by patient or the patient’s HCR 	<ul style="list-style-type: none"> • Signed by the patient and their HCR

How the Advance Directive and POLST can work together:

Patients with medical decision-making capacity can change their POLST Form at any time to reflect changing circumstances – for example, when treatment has been initiated and more medical information becomes available regarding diagnosis, prognosis and potential outcomes, the patient’s goals and preferences may change and the POLST Form can be updated to reflect their new treatment preferences.

If, however, the patient becomes incapacitated, the Health Care Instructions and Health Care Representative appointed in an Advance Directive play an important role in developing goals for care consistent with the patient wishes in their new state of health. The Health Care Representative would participate in updating POLST orders (if needed) to be consistent with a patient’s preferences as the patient’s health status changes.

How to Use the POLST Form to Record a Patient's Preferences

Examples:

- An elderly male is becoming frail and wants a POLST order to state he does not want resuscitation. At the present time his health and quality of life are such that he would want full treatment, including ventilation, for reversible conditions such as pneumonia. So his current wishes on the POLST Form would be DNR and Full Treatment. However, he is afraid of becoming incapacitated and kept alive on tubes and would not want medical treatments if he would not recover to good quality of life. The Advance Directive (with designated representative and specific instructions) is the appropriate way to document wishes to forgo in the future treatments that he would not want in a more incapacitated state. With updated goals of care, a new POLST could be created with the representative and health care team to represent the current wishes when his health status and prognosis change.
- A patient with advanced lung disease would like to go back to the hospital to have “the easy things fixed”. He does not want CPR and or ICU care but would want a feeding tube for a while to see if he could recover. His POLST Form orders should reflect these wishes with DNR in Section A, Limited Treatment in Section B and Defined trial period of artificial nutrition by tube in Section C.

The patient discussion

The POLST Form should be completed after careful discussion with the patient or the patient's surrogate decision-maker based on the patient's current treatment preferences.

The discussion may include:

- Patient (even if the patient lacks capacity s/he may have the ability to assent)
- Parent of minor
- Court appointed guardian
- The Health Care Representative as appointed in the Advanced Directive or legally recognized surrogate. When the patient lacks capacity, it is imperative when working with a surrogate to make sure that you are working with the appropriate legal surrogate. Refer to your health care facility's policy and Oregon statute ORS 127.635 (see next page).
- Surrogate identified by facility policy. If the patient does not have an advance directive, most facilities will have policies about who may be invited to speak on the incapacitated patient's behalf or provide input into treatment options.
- Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion. See page 18: *POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life.*)
- Other, for examples see *Determining Appropriate Surrogate* paragraph below. When filling out a POLST Form always specify who the “other” is and their relationship to the patient.

Determining appropriate surrogate

Under Oregon law, a surrogate can be:

- (a) An adult appointed to make health care decisions using Part B of the Advance Directive titled Health Care Representative;
- (b) A court appointed guardian; or
- (c) A person who has authority under the law to make health care decisions for the individual under four specific end-of-life circumstances: **close to death, permanently unconscious, advanced progressive illness, extraordinary suffering.** (See Oregon law ORS 127.635 below).

If the patient has decision-making capacity he/she may appoint a Health Care Representative by completing Part B of the Advance Directive. If a patient does not have decision-making capacity, then the health care professional must rely on a surrogate. If the patient has conditions other than the four conditions named in the statute and does not have a health care representative, Oregon law does not provide guidance for choosing the appropriate surrogate. Hospitals may have specific policies about use of surrogates in this circumstance and health care providers should review their hospital policy. However, the surrogate may be determined using the list below based on the accepted standard in the medical community. In patients without the four conditions above, discussions re limitation of treatment and POLST orders may need to include multiple involved people on this list if the patient does not have a health care representative.

Oregon law ORS 127.635:

Defines the surrogate as the first of the following, in the following order, who can be located upon reasonable effort by the health care facility and who is willing to serve as the health care representative:

- A guardian of the patient who is authorized to make health care decisions, if any;
- The patient's spouse or reciprocal beneficiary [partner of a registered civil union];
- An adult designated by the others listed here who can be so located, if no person listed here objects to the designation;
- A majority of the adult children of the patient who can be so located;
- Either parent of the patient;
- A majority of the adult siblings of the patient who can be located with reasonable effort; or
- Any adult relative or adult friend.
- If none of the persons described above is available, then life-sustaining procedures may be withheld or withdrawn upon the direction and under the supervision of the attending physician (some health systems have additional procedures for decision making in the care of those without a surrogate).

Who completes and signs the POLST Form?

The document may be prepared by other health care professionals under the direction of the physician, nurse practitioner or physician assistant for review and signature. The legally valid signers of Oregon POLST Forms are physicians (M.D. or D.O.), nurse practitioners, or physician assistants. One of these professionals must sign the POLST Form for the orders on it to be valid.

The preparer should fill out the health care professional information on the back of the POLST Form. The physician/nurse practitioner/physician assistant must sign the form assuming **full responsibility** for the medical orders and attest that these orders are an accurate reflection of the patient's current treatment preferences. In signing the POLST Form, a physician assistant **must include** the name and phone number of the supervising physician on the back of the form under "contact information." This allows nurses to follow the orders signed by a physician assistant.

Should the patient or the Surrogate sign the Form?

Completion of the POLST Form is voluntary. The goal of the POLST is to ensure that the patient receives the level of treatment desired. Currently, Oregon does not mandate a signature from the patient or surrogate, but it is strongly encouraged. In this respect, the signature of patients or their legal representatives provides further documentation that the orders on the form accurately convey the patient's preferences.

Where should the POLST Form be stored?

The POLST Form provides documentation of a patient's current preferences and provides life-sustaining treatment orders that reflect these values. In institutional settings, POLST Forms should be easily accessible in the clinical record. In EMR systems linkage to the patient header is recommended with access to the form with one click. In home settings, it is recommended that the POLST Form, the pink envelope containing the POLST Form, or the POLST Registry magnet be attached to the **front** of the kitchen refrigerator or inside the patient's medicine cabinet.

Transferring a patient with a POLST Form

For patients in institutional settings, the original POLST Form should accompany the patient upon transfer from one setting to another. A copy of the POLST Form should be kept in the individual's medical record. HIPAA permits disclosure of POLST orders to other health care professionals across treatment settings. Copies of the POLST Form may be honored by EMS and other professionals. EMS, Emergency Department and ICU staff may check with the Oregon POLST Registry to identify patients with a POLST Form, if there is no form available at the scene.

Honoring a POLST Form

Sometimes a patient is evaluated in a setting (e.g. hospital Emergency Department) and has a POLST Form signed by a physician/nurse practitioner/physician assistant not on medical staff of the facility. The Oregon Medical Board has established rules requiring physicians and physician assistants to honor life-sustaining treatment orders that have been executed by a health care professional who does not have admitting privileges at a hospital or health care facility where the patient is being treated.

[OAR 847-010-0110] addresses this:

Physicians and Physician Assistants to Honor Life-Sustaining Treatment Orders

(1) A physician or physician assistant licensed pursuant to ORS chapter 677 shall respect the patient's wishes including life-sustaining treatments. Consistent with the requirements of ORS chapter 127, a physician or physician assistant shall respect and honor life-sustaining treatment orders executed by a physician, physician assistant or nurse practitioner. The fact that a physician, physician assistant or nurse practitioner who executed a life-sustaining treatment order does not have admitting privileges at a hospital or health care facility where the patient is being treated does not remove the obligation under this section to honor the order. In keeping with ORS chapter 127, a physician or physician assistant shall not be subject to criminal prosecution, civil liability or professional discipline.

(2) Should new information on the health of the patient become available the goals of treatment may change. Following discussion with the patient, or if incapable their surrogate, new orders regarding life-sustaining treatment should be written, dated and signed.

Dealing with Disputes Regarding a POLST Form

Sometimes disputes arise regarding existing treatment orders on a POLST Form for a patient who no longer has decision-making capacity. These disputes may center on who has decision-making authority and/or what the decision(s) should be. Typically a family member is requesting treatment changes that are inconsistent with the existing POLST Form.

For EMS, the Task Force recommends clarifying the family's understanding of the POLST Form, contacting on-line medical advice, if possible, and then if conflict exists transporting to a hospital where there is more time to thoughtfully address the conflict. For organizations and hospitals, if a family dispute arises concerning the validity of a POLST Form, the Task Force recommends that you follow your organization's policies regarding surrogate decision-making.

Some organizations offer ethics consults. Organizational policy may also require disputed treatments be continued (or not stopped or started) until the family dispute is resolved. Some disputes may require legal advice.

Revising a POLST Form

The health care professional taking responsibility for the patient's care should review and update the POLST orders as needed based on the patient's medical condition and treatment preferences.

This POLST should be reviewed periodically and if:

- (1) The patient is transferred from one care setting or care level to another, or
- (2) There is a substantial change in the patient's health status; or
- (3) The patient's goals of care and/or treatment preferences change.

The Task Force recommends that the orders be updated whenever there is a change in the patient's current condition and/or wishes. However, sometimes the need to follow

the orders occurs before a reassessment can be accomplished. The Task Force recommends, as with EMS, that the POLST orders be followed until a review is completed by the accepting health care professionals.

According to the Oregon Medical Board and the Oregon State Board of Nursing, POLST orders remain valid while a patient awaits new orders from their new primary care physician, even though the health care professional that signed the form no longer practices in Oregon (e.g. relocates, retires, license suspended or revoked or dies).

Voiding a POLST Form

A patient with capacity, or the health care representative of a patient without capacity, can void the form and request alternative treatment.

- Draw a line through sections A through E and write “VOID” in large letters if POLST is replaced or becomes invalid, or
- Send a copy of the voided form to the POLST Registry as above (required), and
- If included in an electronic medical record, follow voiding procedures of facility/community.

Submitting a POLST Form to the Registry

Sending a completed POLST Form to Oregon POLST Registry is required unless the “Opt Out” box is checked.

To submit to the Oregon POLST Registry the following **legible** information must be completed:

- Patient’s name (first, middle initial, last)
- Date of birth
- MD / DO / NP / PA signature (with legible printed name)
- Date signed by MD/DO/NP/PA

See page 23 for details about how to submit a POLST Form to the Registry.

Patient identification sections needed for Registry operations

When the original or copy of the POLST Form is not available at the scene, EMS personnel can contact the Oregon State POLST Registry to match a patient with their specific POLST orders. For EMS personnel to correctly match a patient with their POLST orders, the patient's full name and birth date must be provided.

If the emergency communication center where the Registry is housed cannot match a patient with their POLST order forms, they cannot release information about POLST orders. To facilitate quick, confident matching of orders with the patient, **do not** put institution/organization identification stickers over the Patient Identification Section.

Information about 2014 Oregon POLST Form

- POLST Form version #9 became available October 1, 2014.
- Every 2-3 years the POLST Form is updated based on feedback from stakeholders and to incorporate current research in order to enhance the quality

of the POLST Program in Oregon. If you have comments or suggestions, please email orpolst@ohsu.edu.

- Prior versions of the POLST Form remain valid. If the patient’s wishes have not changed, a new POLST Form does not need to be completed.
- The biggest changes on the 2014 version are in sections D and F that **require** health care professionals to specify with whom the conversation for the POLST Form orders occurred and an attestation by the signer that a conversation was held with the patient or surrogate. Increased documentation and verification of the conversation has become the standard nationally.

Section by Section Review of the POLST Form

Physician orders

Side one of the POLST Form lists three different medical treatment sections:

- A - Cardiopulmonary Resuscitation
- B - Medical Interventions
- C - Artificially Administered Nutrition

Any order section that is not completed indicates that full treatment should be provided for that section until clarification is obtained.

It also contains three sections related to documentation and signatures:

- D - Documentation of Discussion that indicates with whom the health care professional discussed the POLST orders to assure that the patient’s preferences were known and that the form reflects those preferences.
- E - Patient or Surrogate Signature and Oregon POLST Registry Opt Out
- F - Attestation and signature of MD/DO/NP/PA

A - Cardiopulmonary Resuscitation (CPR)

A <i>Check One</i>	CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless, & not breathing.</i>	
	<input type="checkbox"/> Attempt Resuscitation/CPR	If patient is not in cardiopulmonary arrest, follow orders in B and C .
	<input type="checkbox"/> Do Not Attempt Resuscitation/DNR	

These orders apply only when the patient is unresponsive, pulseless and not breathing. This section does not apply to any other medical circumstances. For example, this section does not apply to a patient in respiratory distress because he/she is still breathing. Similarly, this section does not apply to a patient who has an irregular pulse and low blood pressure because he/she has a pulse. For these situations, the first responder should refer to section B, described below and follow the indicated orders.

If the patient 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 a patient 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.

B - Medical Interventions

B Check One	MEDICAL INTERVENTIONS: <i>If patient has pulse and is breathing.</i>
	<input type="checkbox"/> Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> <u>Treatment Plan:</u> Provide treatments for comfort through symptom management.
	<input type="checkbox"/> Limited Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> <u>Treatment Plan:</u> Provide basic medical treatments.
	<input type="checkbox"/> Full Treatment In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit if indicated.</i> <u>Treatment Plan:</u> All treatments including breathing machine.
<u>Additional Orders:</u> _____	

General instructions regarding level of medical interventions:

These orders apply to the patient who has a pulse and is breathing. This section provides orders for situations that are not covered in section A and were developed in accordance with EMS protocol.

- Choose Comfort Measures Only** when the patient's goals are to maximize comfort and avoid hospitalizations unless necessary to ensure comfort needs are met. The treatment plan is to maximize comfort through symptom management. At times antibiotics are used as a comfort measure. In general, other measures for comfort are provided for those with pneumonia and antibiotics are not provided. If appropriate, consider a palliative care or hospice care referral and make treatment plan for providing comfort care (e.g. pain and symptom management orders).
- Choose Limited Treatment** when the patient's preferences reflect a desire to be hospitalized if needed, but avoid mechanical ventilation and generally avoid ICU care. Some patients may want hospitalization and treatments for reversible conditions or exacerbations of their underlying illness with the goal of restoring them to their current state of health: e.g. hospitalization for dehydration, pneumonia.
- Choose Full Treatment** if all life-sustaining treatments are desired including use of intubation, advanced airway intervention, mechanical ventilation, cardiobypass, transfer to hospital and use of intensive care as indicated with no limitation of treatment.

Note: Some patients with advanced illness might want all measures including intensive care treatment and temporary life support such as mechanical ventilation but would not want to be resuscitated if these attempts fail and their heart stops. A patient can request DNR in Section A and request Full Treatment in Section B.

- Additional clarifying orders to the patient's preferences can be written under **Additional Orders**: e.g. "ICU treatment for sepsis but no intubation/mechanical ventilation for respiratory failure."
- Health care professionals should first administer the level of Medical Interventions ordered on the POLST Form and then contact the physician/nurse practitioner/physician assistant.

Additional considerations for the discussion needed to complete Section B

Section A and Section B orders

Section A is designed to guide response when a person with a POLST Form is in cardiopulmonary arrest. Section B is designed to guide care in an acute situation when the person is not in cardiopulmonary arrest. Although the sections are designed to apply in different situations, there are some combinations of section A and B orders that are not clinically feasible and others that may cause confusion.

It is possible, for example, for a POLST Form to have orders for DNR in Section A and Full Treatment in Section B. In that case, the assumption would be to provide medically indicated treatments including intubation and ventilation. However, if the patient's heart stopped CPR would not be performed and efforts to prolong life would be stopped.

However, it is not medically feasible to Attempt Resuscitation in Section A and Comfort Measures Only in Section B. Patients with an order to attempt resuscitation should not also have an order for Comfort Measures Only and vice versa. It is likely that patients requesting this combination of orders do not understand that the intention of Comfort Measures Only (and DNR) is to allow natural death. Since it would not make sense to resuscitate someone after allowing them to die naturally, further discussion is warranted to determine their goals of care. For that reason the Oregon POLST Task Force recommends against that POLST order combination and the Oregon POLST Registry does not accept POLST Forms with the combination of CPR and Comfort Measures Only.

While the Oregon POLST Registry currently accepts POLST Forms with Section A designating CPR, and Section B Limited Treatment, this can also be medically problematic. Few persons with advanced illness or frailty can successfully be resuscitated. Rates vary by diagnosis and location but are likely less than 3% for POLST appropriate patients who arrest out of hospital. Patients or their surrogate should be aware that for those who survive, intubation and ventilation are standard parts of resuscitation. Of those few who have a return of circulation they will likely be intubated and transported to the hospital. From the emergency department they will be admitted to an intensive care unit unless the patient's surrogate provides new

information about the goals of care (revoking the current POLST orders). The patient's family may subsequently make a decision to request to withdraw the ventilator.

If the patient is wishing to avoid mechanical ventilation in Part B but at the same time wants CPR (when they have no pulse and are not breathing), the health care professional signing the POLST Form should clarify the patient's understanding of CPR to ensure he or she is aware that CPR often includes intubation and often people are on a ventilator following CPR.

As noted earlier, the POLST Form should reflect patient's preferences for care based upon their **current** condition. To illustrate, two separate patients with advanced COPD may have similar responses to a discussion about their wishes regarding resuscitation: "I want you to try everything, but I don't want to end up a vegetable or kept alive on a machine." This statement necessitates further exploration of the patient's wishes. For example:

Patient #1: After further discussion regarding prognosis, what CPR entails, the likelihood of CPR restoring the patient to a quality of life acceptable to her, Patient #1 might clarify that she wants all measures which might maintain and extend life as well as all measures to potentially restore life in the event of a cardiopulmonary arrest. However, if at any future time Patient #1's medical condition required ongoing mechanical ventilation to maintain life; she would not want life support measures. To reflect this patient's goals, Patient #1's POLST Form should be completed as follows: Section A - Attempt Resuscitation/CPR; Section B - Full Treatment. This will accurately reflect Patient #1's current preferences. Patient #1 should also complete an Advance Directive to indicate her **future** treatment preferences.

Patient #2: After further discussion, Patient #2 might clarify that he wants all measures short of intubation and mechanical ventilation to maintain and or restore life to current condition and does not want anyone to attempt resuscitation in the event of loss of pulse and respirations. Patient #2's POLST Form should be completed as follows: Section A - Do Not Attempt Resuscitation/DNR; Section B - Limited Treatment. These orders accurately reflect his current preferences.

Remember, patients' preferences regarding medical interventions may change based on their evolving medical condition or simply because they change their minds. POLST Forms should be updated as soon as a health care professional is aware of a change in the patient's preferences as these are medical orders that will be acted upon by EMS personnel.

It is very important to document the patient's goals of care and details of the discussion upon which the orders are based in the medical record. This is helpful if the validity of the POLST Form is questioned and may provide comfort for family members.

Should you transfer patients with “Comfort Measures Only” orders?
“Comfort Measures Only” orders suggest that the patient prefers not to be transferred 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 pain management, wound care (e.g. immediate and ongoing pain relief, control of bleeding, cleaning, wound closing and dressing as needed to optimize hygiene), and stabilization of any fracture by splinting and/or surgery (with the goal to control pain).

When a patient is transferred, the POLST Form should **always** be sent with the patient. Information explaining that the specific goals of care have not changed and specifically outlining the treatments for which the patient is being transferred (e.g., wound care, the setting of a fracture, or assistance with pain management) must be conveyed. Direct communication with the receiving health care team about the treatment plan assures that the patient’s wishes are respected and comfort maximized as a patient moves from one care setting to another. Comfort care is always provided regardless of indicated level of EMS treatment.

C – ARTIFICIALLY ADMINISTERED NUTRITION

C <i>Check One</i>	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible.</i>
	<input type="checkbox"/> Long-term artificial nutrition by tube. <i>Additional Orders (e.g. defining the length of a trial period):</i> _____ <input type="checkbox"/> Defined trial period of artificial nutrition by tube. _____ <input type="checkbox"/> No artificial nutrition by tube. _____

These orders indicate the patient’s instructions regarding the use of artificially administered nutrition for a patient who cannot take fluids by mouth. Please note that state statutes vary on the standard for the level of evidence required to limit tube feedings. For example, ORS 127.505 to 127.660 (<http://www.oregonlaws.org/ors/127.505>) presumes that every incapable patient would consent to artificially administered nutrition, other than hyperalimentation.

This Oregon legal presumption of consent is overcome if:

- The patient as a capable adult specifically stated that he/she would refuse artificially administered nutrition; or
- The patient appointed a Health Care Representative and has given the Representative specific authority to make decisions regarding artificially administered nutrition.

The presumption can also be overcome for an adult or minor under either of the following circumstances:

- When the patient does not have an Advance Directive or a Health Care Representative, as long as the patient is permanently unconscious, or has a terminal illness, or is in the advanced stage of a progressive illness, permanently unable to communicate, cannot recognize friends and family and cannot swallow food and water safely; or
- When the administration of nutrition is not medically feasible or would itself cause severe, intractable or long lasting pain.

While Oregon law allows a patient a choice about artificially administered nutrition, oral fluids and nutrition must always be offered to the patient if medically feasible. If long-term artificial nutrition by tube is medically indicated and desired by the patient, then the

appropriate box is checked. Sometimes a defined trial period of artificial nutrition by tube can allow time to determine the course of an illness or allow the patient an opportunity to clarify his/her goals of care. No artificial nutrition by tube is provided for a patient who refuses this treatment.

In 2014, the POLST Form was updated to provide a place to express the patient's goals in the additional orders area in this Section C. Rather than providing a specific defined period of time, health care professionals may consider sharing goals of care (e.g., if no improvement in condition is seen in a reasonable period of time, then stop).

Note: No data has shown that patients with advanced progressive dementia live longer with a permanent feeding tube. For special considerations regarding the developmentally disabled population, see page 19 of this guidebook.

D - DOCUMENTATION OF DISCUSSION

D <i>Must Fill Out</i>	DOCUMENTATION OF DISCUSSION: (REQUIRED)	SEE REVERSE SIDE FOR ADD'L INFO.
	<input type="checkbox"/> Patient (If patient lacks capacity, must check a box below) _____ <input type="checkbox"/> Health Care Representative (legally appointed by advance directive or court) <input type="checkbox"/> Surrogate defined by facility policy or Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion- see reverse side) Representative/Surrogate Name: _____ Relationship: _____	

Upon completion of the orders, this Section D must be completed by checking the box(es) indicating with whom the orders were discussed (e.g., patient, health care representative, or surrogate defined by facility policy or surrogate for patient with developmental disabilities or significant mental health condition or other). If the patient lacks capacity but participated in the conversation, the box may still be checked but a box below the line (Health Care Representative or Surrogate) must also be checked. For both option below the line, the full name of the individual and their relationship to the patient should be provided.

When a patient lacks capacity, it is essential to discuss POLST orders with the correct surrogate or surrogates. It is important that that signing providers know how to identify the appropriate decision makers. Please refer to the section on determining appropriate surrogate on Page 5.

Oregon is one of a few states not requiring patient or surrogate signatures on its POLST Form and, due to increasing concerns about Oregon POLST Forms not being honored in states requiring patient signatures, this Section D was made a requirement for form completion. The Task Force believes requiring documentation of discussion will help alleviate those concerns by documenting conversations with the appropriate surrogate.

E – PATIENT OR SURROGATE SIGNATURE AND OREGON POLST REGISTRY OPT OUT

E	PATIENT OR SURROGATE SIGNATURE AND OREGON POLST REGISTRY OPT OUT	
	Signature: <u>recommended</u>	This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box: <input type="checkbox"/>

Patient or Surrogate Signature

It is recommended that the patient or surrogate sign the form. (See page 6 for further discussion regarding determining an appropriate surrogate.)

Submit to Registry unless patient opts out

Oregon Laws mandate that health care professionals completing, modifying or revoking a POLST Form send a copy to the Oregon POLST Registry unless the patient or surrogate checks the “opt out” box. (See page 22 for submission details.)

F – ATTESTATION OF MD/DO/NP/PA (REQUIRED)

F <i>Must Print Name, Sign & Date</i>	ATTESTATION OF MD/DO/NP/PA (REQUIRED)		
	By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.		
	Print Signing MD/DO/NP/PA Name: <u>required</u>	Signer Phone Number:	Signer License Number:(optional)
MD/DO/NO/PA Signature: <u>required</u>	Date: <u>required</u>	Office Use Only	
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED			
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION E			

By signing, the MD/DO/NP/PA is attesting the POLST Form orders reflect and are consistent with the patient’s current medical condition and treatment preferences. The signer is recommended to include additional information in the medical record supporting the basis for the orders. If the POLST form has been prepared by someone other than the signer, this attestation confirms that the signing professional personally knows that the information is correct. It is the legal responsibility of the signer, not the preparer, to confirm that POLST orders reflect the patient’s wishes in their current state of health. Special consideration must be given to patients with significant disability or severe mental health condition (see page 19: *POLST for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life*).

The most common reason for an incomplete POLST Form (according to Oregon POLST Registry data) is that it is not signed and/or dated by the MD/DO/NP/PA.

Special Considerations for Verbal Orders on a POLST

- Documented verbal orders are valid as allowed by institutional or organizational policy. However, forms cannot be entered into the Registry until they are signed.

- Document verbal orders on the POLST Form so that EMS can honor them in the field.
- The orders should be later signed by the Oregon-licensed physician/nurse practitioner/physician assistant.

Side 2 of the POLST Form

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT			
Information for patient named on this form		PATIENT'S NAME: _____	
<p>The POLST form is always voluntary and is usually for persons with advanced illness or frailty. POLST records your wishes for medical treatment in your current state of health (states your treatment wishes if something happened tonight). Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. An Advance Directive is recommended for all capable adults, and allows you to document in detail your future health care instructions and/or name a Health Care Representative to speak for you if you are unable to speak for yourself. Consider reviewing your Advance Directive and giving a copy of it to your health care professional.</p>			
Contact Information (Optional)			
Health Care Representative or Surrogate:	Relationship:	Phone Number:	Address:
Health Care Professional Information			
Preparer Name:	Preparer Title:	Phone Number:	Date Prepared:
PA's Supervising Physician:		Phone Number:	
Primary Care Professional:			

Information for Patient Named on this Form

The POLST Form includes an educational section for the patient and/or surrogate. This section is intended to help patients know who the POLST Form is intended to serve, the role the POLST Form plays in advance care planning, and the relationship of the POLST and Advance Directive.

Key points include:

- **POLST is always voluntary** and intended for people with serious illness and/or frailty.
- The POLST treatment plan should show the patient's wishes now in their **current** state of health and **not** future wishes for when their health may have deteriorated. These future wishes, if different than current wishes, are best documented on an Advance Directive.
- The POLST guides initial medical treatment and the plan of care, and can be changed if patient wishes and goals change when more medical information is available.
- The Advance Directive is meant to document future wishes if the patient is unable to make choices for themselves through designating a health care representative and health care instructions. The Advance Directive guides appropriate POLST designations for patients who cannot speak for themselves.

- Only the POLST Form is a **medical order** and it, and the Registry, should be kept up to date with the treatment plan that the patient wants now in their current state of health.

Contact Information

This section has the contact information for the surrogate including name and relationship. The preparer of the form, if other than the physician, should document their name, degree, and phone number. Physician Assistants must print the name and phone number of their physician supervisor. This allows nurses to follow the orders signed by a physician assistant. This is **not** a place for the patient to designate an individual as his/her Health Care Representative- that can only be done through an Advance Directive.

Direction for Health Care Professionals

Common questions arising in using the POLST Form are described in this section.

Key points include:

- The voluntary nature of the POLST for patients with serious illness and/or frailty.
- The POLST should reflect patient's wishes now, in their current state of health. If the patient wishes would change in the future if their health changes, and if capable, they should also fill out an Advance Directive.
- Verbal orders, photocopies, faxes and electronic Registry forms are valid and legal.
- Please see page 18 for special instructions for use of the POLST in patients with developmental disabilities and severe mental illness.
- The relevant information required to submit the POLST Form to the Registry. Information regarding reviewing and voiding the POLST.

POLST Registry ID Magnet and Stickers

Once a patient's POLST Form has been submitted to the Oregon POLST Registry, they will receive a pink magnet and stickers that include the patient's POLST Registry ID number. It is recommended that the patient keep their magnet on the fridge so that family members, care providers, and EMS are able to locate and reference the patient's Registry ID number in an emergent situation. It is also recommended that the patient put the POLST sticker on/in their wallet, on the back of their name tag (if they live in a nursing home, skilled nursing facility, etc.), or on anything they might carry with them when leaving home. As of 2014, wallet cards with POLST Registry ID numbers are no longer being provided. EMS do not go through a person's wallet during an emergency so the cards were not effective.

Use of POLST for Children with a Serious Illness

The POLST Form can also be used to clarify treatment orders for children with a serious illness. For a child, either custodial parent or a guardian has the authority and responsibility to consent or refuse consent to health care for minors who are unable to consent for themselves. In Oregon for example, a minor who is 15 years of age or older may consent or refuse consent for health care.

Section A - Attempt Resuscitation/CPR: Since arrest in most children is primarily respiratory; a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse the child should be treated as directed under Section B.

POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life

Special consideration is required when completing a POLST Form for a patient with significant physical disabilities, developmental disabilities and/or a significant mental health condition. Patients in these groups have the right to both the highest quality of care for their chronic disability and for equally high quality care at the end of their life.

Patients with disabilities are at risk of bias resulting in under-treatment and/or have their chronic health conditions mistaken for illnesses or conditions nearing the end of life. The challenge to the health care professional is to discern when the patient is transitioning from a stable chronic disability to a terminal illness (see 1. below). ***The POLST Form should not be used solely because a patient has a disability or mental illness.***

Evaluation of condition, capacity and identifying appropriate surrogate

To ensure appropriate decisions are being made for the patient, the health care professional must:

- 1) Determine if the patient has a condition that warrants POLST Form completion.
- 2) Determine if the patient has the capacity to contribute to his/her health care decisions, and
- 3) If the patient has no decision-making capacity, then determine the appropriate surrogate. It should not be assumed that a patient lacks capacity solely because he or she has a cognitive or psychiatric disability.

Assessment Process

1. Determine if the patient has a condition that warrants POLST Form completion.

The physician, nurse practitioner or physician assistant can use several questions to determine if a POLST Form is warranted²

- Does the patient have a disease process (not just their stable disability) that is terminal;
- Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias);
- Is the patient in a palliative care or hospice program; and/or
- Has this patient's level of functioning become more severely impaired as a result of a deteriorating health condition when intervention will not significantly impact the process of decline?

²The "physician is not surprised if the person dies within the next year" indicator is not listed because many physicians overestimate the mortality of persons with significant disabilities, at times by decades.

A POLST Form should be completed on the basis of a deteriorating irreversible health condition and not the stable disability.

2. Determine if the patient has the capacity to make or contribute to his/her health care decisions.

- A patient has decision-making capacity if he/she understands basic information, appreciates the consequences of a decision, evaluates the information rationally and can communicate a decision.
- People with disabilities have a wide range of abilities. Some can make simple health care decisions, some can make complex ones. Many have the capacity to appoint a health care representative.
- All patients should be given that opportunity to participate as much as their capacity will allow; individuals should either appoint a health care representative or provide input regarding who should be appointed and patients should be asked to provide input regarding their health care as much as possible.
- Even those who have little capacity frequently have expressed desires or wishes that should be respected in the decision-making process.

What if the patient never had capacity?

For those who have never had decision-making capacity, the process can be challenging. Frequently, family members, friends, and staff working with the patient can assist in determining the patient's ability to understand and to communicate the information. If a patient's capacity to make decisions remains unclear after discussing with family, close friends and direct care staff, Health Care Professionals should then seek consultation with a mental health professional.

3. Determine the appropriate surrogate.[See Page 6]

Administrative Rules and Health Care Representatives for Clients with Developmental Disabilities

In extremely limited circumstances, the Oregon administrative rules (OARs) may provide for the appointment of a health care representative. For patients with developmental disabilities, who do not have one of the four specific end-of-life circumstances mentioned above, OARs determine the health care representative (see OARs 411-365-0100 to 0320). If the patient does not have an end-of-life condition, lives in settings specified in the OARs (including group homes), and is determined incapable of making a health care decision under OAR 411-365-0180, the patient's individual support plan (ISP) team may designate a willing person to be the health care representative.

Once determined, the representative has the moral and legal duty to make decisions that are consistent with the patient's wishes (substituted judgment). If wishes are not known, then representative must make decisions in the patient's best interest. Thoughtful consideration of the views of those close to the patient will help the representative with this critical responsibility. Given the complexity, the clinician should seek counsel from the patient's developmental disability case manager.

Summary decision making for persons with developmental disabilities

If the patient does not meet one of the four statutory end-of-life conditions (close to death, permanently unconscious, advanced progressive illness, extraordinary suffering), the physician should be wary about completing a POLST Form unless thoughtful exploration with the surrogate decision maker and all interested parties (i.e. other family members, ISP team members, longstanding caregivers) indicates agreement that completing a form is in the patient's best interest.

For more information please see: www.oregonpolst.org/professional-resources/

Resources for Patients and Families

A separate brochure describes the Oregon POLST Program and provides information about treatment options for patients and families in both English and Spanish: www.oregonpolst.org/patientfamilyresources. The description encourages communication among a patient and his/her physician/nurse practitioner/physician assistant and completion of Advance Directives.

For more information on Oregon's Advance Directive see www.oregonhealthdecisions.org.

Patients and family members can also look at www.oregonpolst.org for additional information about POLST, including videos, these brochures and FAQs. Educational videos are also available including videos for Spanish speaking patients and their families. For further information, please contact the OHSU Center for Ethics in HealthCare or go to www.oregonpolst.org. Otherwise, since POLST Forms are medical orders, patients should ask their health care professional for further information.

Using POLST with an Interpreter

Health care interpreter services should be used when the patient and/or family/surrogate has limited English proficiency. The signed version of the POLST Form must remain in English so that emergency medical personnel can understand and follow the orders.

Some POLST Forms have been translated into other languages for educational purposes and to assist during the completion of a POLST Form. An Oregon Spanish POLST brochure, translated form and educational video are available on the Oregon POLST website, www.oregonpolst.org.

Resources for Health Care Professionals

Several additional resources are also available for health care professionals including downloadable educational materials (written and videos), downloadable presentations, a research summary, and how to order POLST Forms are found at

www.oregonpolst.org/order, emailing us at polst@ohsu.edu, or by calling us at (503) 494-3965.

When using POLST in a long term care facility, see the DHS Provider Alert, February 13, 2015:

<http://www.oregon.gov/dhs/spd/adminalerts/CMS%20CPR%20Update,%20POLST%20and%20Advance%20Directive%20Overview.pdf>

History of Oregon's POLST Program

The Oregon POLST Program was developed initially in Oregon in 1990 by a multi-professional task force convened by the Oregon Health & Science University Center for Ethics in Health Care³. The form and implementation process are revised periodically based on feedback from health care professionals and evaluative research.

POLST programs are well established or are developing in a majority of other states or communities across the U.S., including Washington, Idaho, Nevada, and California. A National map is available at <http://www.polst.org/programs-in-your-state/>. Several other countries are developing programs as well.

The National POLST Paradigm Task Force is helping nationally to facilitate education, policy development, research and standardization of POLST Programs. Many organizations endorse the POLST Paradigm as a means to ensure respect for a patient's wishes regarding use of life-sustaining treatments. However, the Oregon POLST Form may not be respected in other states where policy, statute or regulatory issues have yet to be clarified or revised.

History and Requirements for the Oregon POLST Registry

In 2009 the Oregon legislature established the Oregon POLST Registry, mandating that Oregon health care professionals completing, modifying, or revoking a POLST Form send it to the Registry (unless the patient or surrogate specifically opts out of the Registry).

This secure data base provides back-up when the paper POLST Form cannot be immediately found, and is available to EMS, emergency departments and hospital acute care units at all times.

Only POLST Forms can be entered into the Registry that have been signed by an Oregon licensed Physician, Nurse Practitioner, or Physician Assistant (or licensed federal employee working in Oregon).

³*Development of the Oregon POLST Program was funded by The Greenwall Foundation. Dissemination has been funded in part by The Robert Wood Johnson Foundation, The Nathan Cummings Foundations, Karen and Bill Early, The Samuel S. Johnson Foundation, The Wendt Education Fund, Carol Santesson, Alyce Cheatham and others.*

Direct access to the Registry via the web is not available. All requests for POLST Forms from the Registry must be made by phone or fax.

Additional information is available at: www.orpolstregistry.org

POLST Form demographic information is important for matching patients with forms

- The gender, address fields, and last 4 of a person's social security number are all optional fields. The Registry utilizes these identifiers to help confirm a person's identity.
- Patient address information is used to send registration confirmation packets and updates to registrants (e.g. the person named on the POLST Form).

Submitting Completed POLST Forms to the Registry

When an Oregon POLST Form is completed it should be faxed or mailed to the POLST Registry Office (unless the "Opt Out" box is checked).

FAX or eFAX:	503-418-2161
Mail:	Oregon POLST Registry CDW-EM 3181 SW Sam Jackson Park Road Portland, OR 97239
General Questions:	503-418-4083 1-877-367-7657
Email:	polstreg@ohsu.edu

What happens once I submit a POLST Form to the Registry?

Once received, POLST Forms are reviewed by Registry staff to confirm they contain all required elements.

- If an element is missing, it is deemed "Not Registry Ready (NRR)" (see below).
- If the form is an update for a current Registrant, the out-dated form information is removed from the Registry so out-dated orders are not given out by mistake.
- Forms are entered, and then reviewed prior to becoming available/searchable within the Registry.
- It can take between 2 and 10 business days from the date the Registry receives a valid POLST Form for it to become available within the Registry.
- Confirmation packet receipt typically takes between 2 and 6 weeks to be received.

Registry confirmation letters are mailed to Registrants

- Confirmation letters are mailed directly to Registrants because:
 - It provides the Registrant with their Registry ID number magnets and stickers.
 - It gives the Registrant the opportunity to confirm that the information entered in the Registry is accurate.
 - It allows the Registrant another opportunity to opt-out if desired.

Incomplete forms are determined to be Non Registry Ready and returned to the sender for correction

- If the required elements (listed above) are not complete, or conflicting information is received that requires clarification, that form is considered “Not Registry Ready” (NRR).
- NRR forms are sent back to the person/clinic/facility when a cover sheet indicating facility of origin is available (ex. When a cover sheet is sent with the form).
- Forms are sent back to attempt to clarify the issue preventing Registry staff from entering the form into the Registry.
 - Until clarification and a completed form is received the Registry staff will be unable to enter that form.
- ***The most common reason for being unable to enter a form in the Registry is that the date signed and/or signer’s name is missing/illegible.***

If you have questions about how to follow up on a form issue that is sent back, contact the Registry staff at 503-418-4083.

POLST Program Contact Information

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