

Are we completing POLST forms on the right patients?

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

Physician Orders for Life-Sustaining Treatment (POLST)SM

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: _____ Gender: M F X

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

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 No artificial nutrition by tube. *Additional Orders (e.g., defining the length of a trial period):* _____
 Defined trial period of artificial nutrition by tube
 Long-term artificial nutrition by tube.

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 / ND (REQUIRED)**
 Must Print Name, Sign & Date By signing below, I attest that those 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 / ND Name: *required* _____ Signer Phone Number: _____ Signer License Number: (optional) _____
 MD / DO / NP / PA / ND Signature: *required* _____ Date: *required* _____ *Signed* means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0000.

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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POLST is for patients with advanced illness and frailty



Key Differences between the Advance Directive Form and the POLST Form

Advance Directive A Voluntary Legal Document	POLST A Voluntary Medical Order
For all adults <u>regardless of health status</u> at any age, starting at age 18	For those with serious illness, or frailty, or a limited prognosis at any age, <u>depending on health status</u>
1) Appoints a Health Care Representative 2) Memorializes values and preferences 3) Is signed by the principal	Is a <u>specific medical order</u> and is signed by a Health Care Professional.
Provides for theoretical situations in which a person may not have capacity for decision making. <u>Guidelines for imagined future situations</u> which may arise and for which a person may have <u>preferences for a particular kind of care plan.</u>	Provides for likely events that can be foreseen. Specific medical orders addressing <u>defined medical interventions for situations that are likely to arise</u> given the patient's health status and prognosis.

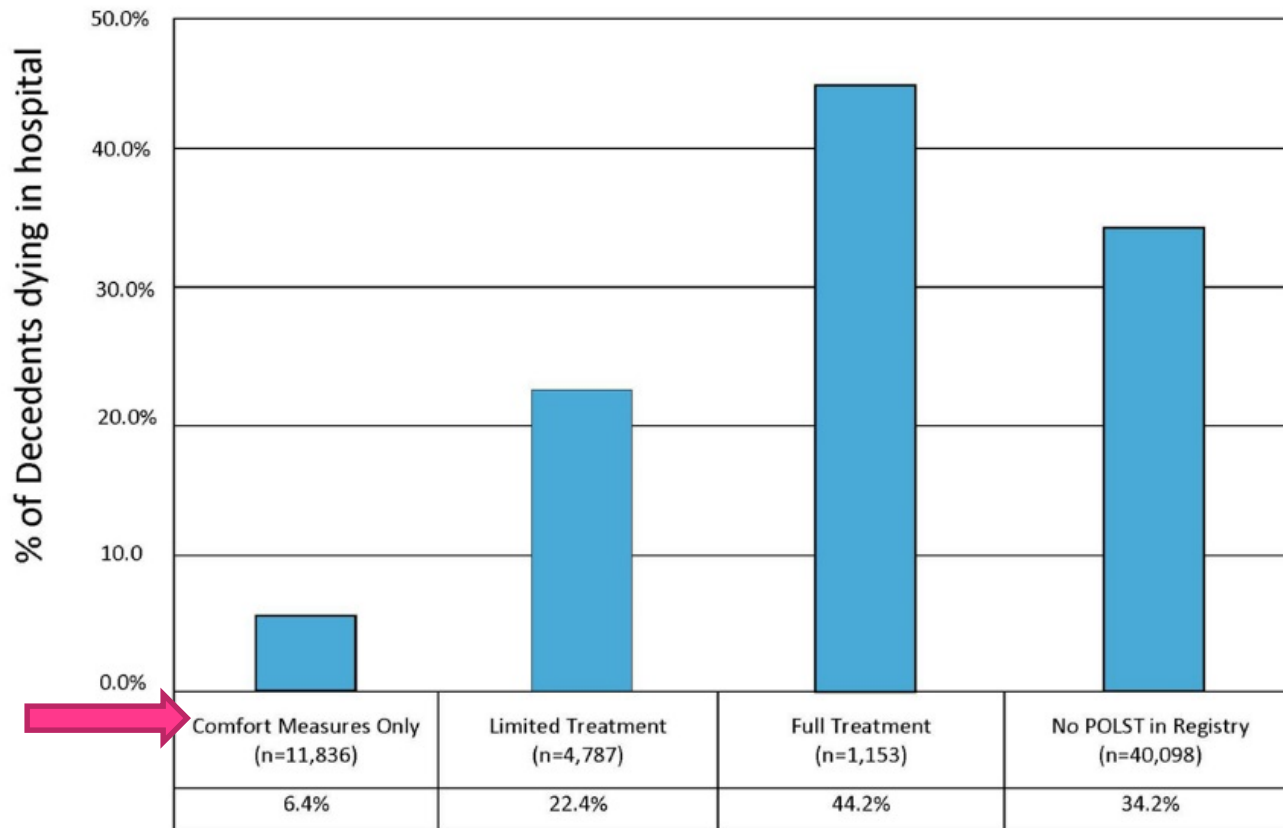
**POLST is not needed for
“healthy patients” going for
short term rehabilitation**



**POLST should not be offered to
“healthy” 65 year olds at
“Welcome to Medicare” visits**



POLST was designed to reduce unwanted hospitalization near the end of life



Visit www.oregonpolst.org or
email polst@ohsu.edu for more
information and education
material.