POLST: Assuring your wishes are honored
What is POLST?

Portable Orders for Life-Sustaining Treatment
### 2019 Oregon POLST Form

**Cardiopulmonary Resuscitation (CPR):** Unresponsive, pulseless, & not breathing.

- [ ] Attempt Resuscitation/CPR
- [ ] Do Not Attempt Resuscitation/DNR

**Medical Interventions:** If patient has pulse and is breathing.

- [ ] 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:**

**Documentation of Who Was Present for Discussion:** See reverse side for add'l info.

- [ ] Patient
- [ ] Parent of minor
- [ ] Person appointed on advance directive
- [ ] Court-appointed guardian

  Discussed with (list all names and relationship): __________

**Patient or Surrogate Signature**

- Signature: recommended
- Name (print): __________
- Relationship (write "self" if patient): __________

This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box [ ]

**Attestation of MD / DO / NP / PA / ND (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 / 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 ORS 333-270-6030

[ ] Submit form with patient whenever transferred or discharged

[ ] 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 D

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POLST: When is the right time?
# Key differences between Advance Directive and POLST form

<table>
<thead>
<tr>
<th>Advance Directive: a legal form</th>
<th>POLST: a medical order</th>
</tr>
</thead>
<tbody>
<tr>
<td>For healthy people 18 and older.</td>
<td>For people with serious illness or who are older and frail and may or may not want all treatment.</td>
</tr>
<tr>
<td>It is <strong>not a medical order</strong> and cannot be followed in an emergency.</td>
<td>This is a <strong>medical order</strong> decided by you and signed by your doctor.</td>
</tr>
<tr>
<td>You give basic instructions about the care you would like in the future. And you choose someone to make medical decisions for you if you are not able to speak for yourself.</td>
<td>You state what treatments you want and do not want. Emergency and other medical staff must follow these instructions.</td>
</tr>
<tr>
<td>You can fill it out on your own.</td>
<td>You fill it out with your doctor or nurse practitioner.</td>
</tr>
<tr>
<td>You can change it at any time on your own.</td>
<td>You and your doctor can change your POLST at any time.</td>
</tr>
<tr>
<td>It is up to you to make sure it is available if it is needed.</td>
<td>It becomes part of the Oregon POLST Registry. This means that medical staff can quickly access your medical orders in an emergency.</td>
</tr>
</tbody>
</table>
Who should have a POLST?

POLST is appropriate for patients:

• Who have a serious illness such as advanced heart disease

• Who are older and frail and may not want to go to the intensive care unit

POLST is **not** appropriate for healthy individuals
How do I get a POLST?

POLST is the result of a conversation with your doctor.
After your POLST is completed

- Your doctor sends your POLST to the Oregon POLST Registry
- You keep the original
The Oregon POLST Registry

• Immediate/24 hour access to POLST orders
• Provides Registry ID magnet and stickers for patients

For more information visit www.orpolstregistry.org
How does POLST work?

- Keep your POLST form where it can be found
- Put your registry magnet on the refrigerator
- Put your registry stickers on your nametag, on your wallet, or in another visible place
What if I change my mind?

POLST forms can be changed or revoked at any time.

• Tell your doctor and the Registry that you have changed your mind.

• Your POLST orders need to be changed to reflect your current wishes!
Key points to remember

POLST

• **Voluntary** medical order signed by a doctor
• For those with a serious illness or who are older and frail and may or may not want all treatments
• In your current state of health, turns wishes into actions
• Registered with the Oregon POLST Registry unless you opt-out
Key points to remember

Advance directive

• Voluntary legal form signed by you
• For all adults (18 and older) regardless of health status
• Provides basic instructions for future care and allows you to appoint a surrogate decision maker
• It is up to you to make sure it is available when needed
Resources for patients and families

POLST websites
- oregonpolst.org
- orpolstregistry.org

Advance Care Planning websites
- oregonhealthdecisions.org
- conversationproject.org
- prepareforyourcare.org