# The POLST Form

## An Advance Directive Order

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## Our Road Map

- Overview
  - Advance Planning
  - POLST
  - Research
  - Cases

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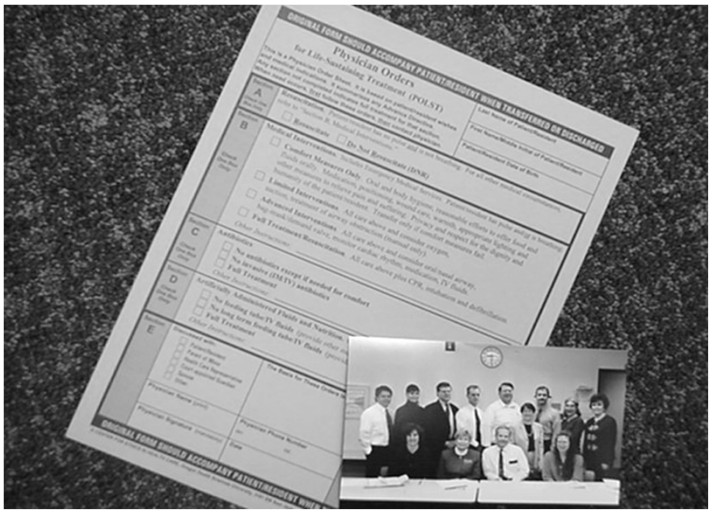
## POLST Paradigm Development (POST, MOLST, MOST)

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## The POLST Paradigm

- Oregon POLST Task Force, 1991
- Brightly colored medical order form for seriously ill (surprise question)
- Signed by physician, or NP, (PA)
- Turns patient preferences and Advance Directives into orders
- To increase the likelihood that wishes for treatment are honored

## Living Will Compared to POLST

| Living Will | POLST |
| --- | --- |
| ➢ For every adult | ➢ For the seriously ill |
| ➢ Requires decisions about myriad future treatments | ➢ Decision among presented options |
| ➢ Clear statement of preferences | ➢ Checking of preferred boxes |
| ➢ Needs to be retrieved | ➢ Stays with the patient |
| ➢ Requires interpretation. | ➢ A physician order to be followed. |

***Fagerlin & Schneider. Enough: The Failure of the Living Will. Hastings Center Report 2004;34:30-42.**

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## Core Requirements

- Medical orders
- Target population, patient-surrogate signature
- Full or limited treatment
- CPR and EMS orders
- Other orders (antibiotics, artificial nutrition, transfer)
- Identifiable, stays with patient
- Training and evaluation.

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## Goals of Care Conversations:

- **Why, When and How**
- **Why?**
- **When?**
- • Help patients get care aligned with their values and goals
- • Increase patient and family satisfaction with care
- • Are associated with decreased ICU care and earlier hospice
- enrollment
- Brief, frequent goals of care conversations bring the patient's
- values to the forefront and prime the patient and family for
- additional conversations if the patient gets sicker.
- • Most hospitalized patients are willing to discuss goals of
- care during a hospitalization.
- • Consider discussing goals of care before discharge in any
- patient with serious illness, especially if they have a new
- diagnosis or a change in functional status.

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## Goals of Care - Continued

- **How to get started:**
- *"Could we talk for a few minutes about what's really important*
- *to you so that we can make sure you are getting the best care*
- *for you?"*
- ***Avoid*** using the term "goals of care" with patients – it's
- medical jargon

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## If you have 5-10 minutes: you can plant a seed!

→ When the patient is chronically ill but not facing a major decision:
→ Assess the patient's understanding of their illness *THEN*
→ Choose **ONE** topic to explore.
→ • What are you hoping for?
→ • What are you worried about?
→ • What makes life worth living for you?
→ • If you were to get sicker, what would be most
→ important to you?

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## If you have 15-30 minutes: you can dig deeper!

→ Use the **REMAP** mnemonic.
→ • **R**eframe the situation
→ *"We're in a different place now."*
→ • **E**xpect emotion
→ *"Anyone in your situation would be worried about getting sicker."*
→ • **M**ap out the patient's values
→ *"Given where things are with your illness, what are you hoping for?"*
→ • **A**lign with the patient's values
→ *"It sounds like you are hoping to have better control of your*
→ *shortness of breath and to spend more time with your*
→ *family, am I getting that right?"*
→ • **P**lan treatments that match values
→ *"Knowing what is important to you, may I make a*
→ *recommendation on how to proceed with your care?"*

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# Oregon's POLST Form

HIPAA Compliant

Instructions Simplified

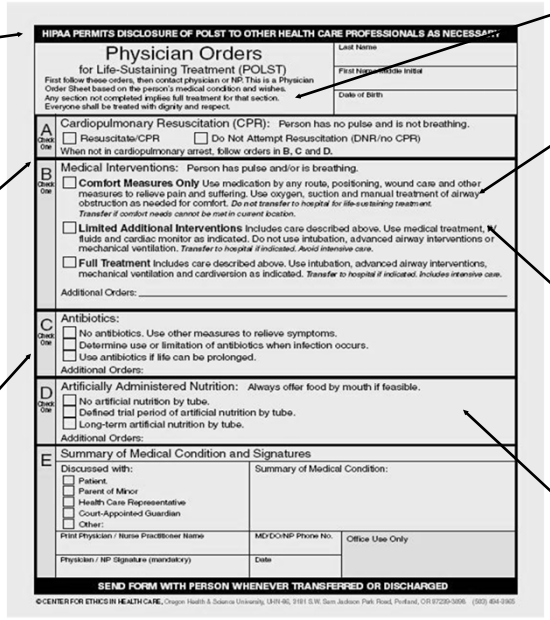
Cardiopulmonary was added to clarify the type of resuscitation. Do Not Attempt Resuscitation was added to assist clinicians in communicating odds about success

Transfer to hospital and use of intensive care has been clarified

IV fluids have been moved up to the Limited Additional Interventions section

New options give people the choice to decide later since issue of when to use antibiotics is complex

Determined that IV fluids more typically used for comfort. Grouping with nutrition often complicated decision here



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Physician Orders
for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician or NP. This is a Physician Order Sheet based on the person's medical condition and wishes.
Any section not completed implies full treatment for that section.
Everyone shall be treated with dignity and respect.

Last Name | First Name / Middle Initial | Date of Birth

A Check One — Cardiopulmonary Resuscitation (CPR): Person has no pulse and is not breathing.
☐ Resuscitate/CPR ☐ Do Not Attempt Resuscitation (DNR/no CPR)
When not in cardiopulmonary arrest, follow orders in B, C and D.

B Check 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. *Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.*
☐ **Limited Additional Interventions** Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions or mechanical ventilation. *Transfer to hospital if indicated. Avoid intensive care.*
☐ **Full Treatment** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. *Transfer to hospital if indicated. Includes intensive care.*
Additional Orders: _____

C Check One — Antibiotics:
☐ No antibiotics. Use other measures to relieve symptoms.
☐ Determine use or limitation of antibiotics when infection occurs.
☐ Use antibiotics if life can be prolonged.
Additional Orders:

D Check One — Artificially Administered Nutrition: Always offer food by mouth if feasible.
☐ No artificial nutrition by tube.
☐ Defined trial period of artificial nutrition by tube.
☐ Long-term artificial nutrition by tube.
Additional Orders:

E — Summary of Medical Condition and Signatures

Discussed with:
☐ Patient.
☐ Parent of Minor
☐ Health Care Representative
☐ Court-Appointed Guardian
☐ Other:

Summary of Medical Condition:

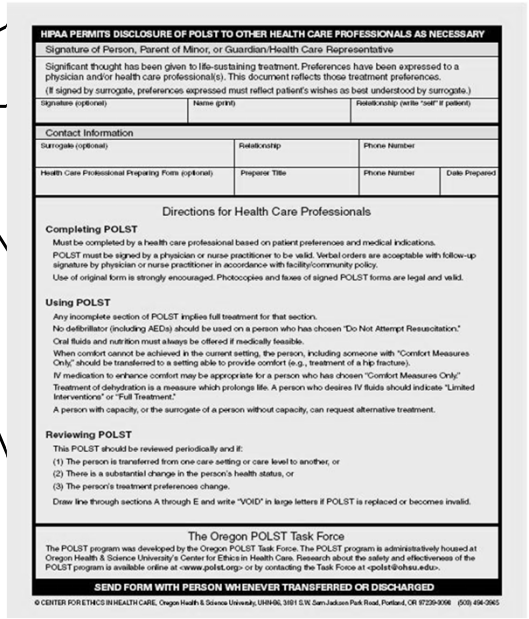
Print Physician / Nurse Practitioner Name | MD/DO/NP Phone No. | Office Use Only
Physician / NP Signature (mandatory) | Date

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED



# Oregon's POLST Form

Back of form completely re-vamped



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Signature of Person, Parent of Minor, or Guardian/Health Care Representative

Significant thought has been given to life-sustaining treatment. Preferences have been expressed to a physician and/or health care professional(s). This document reflects those treatment preferences.
(If signed by surrogate, preferences expressed must reflect patient's wishes as best understood by surrogate.)

Signature (optional) | Name (print) | Relationship (write "self" if patient)

Contact Information

Surrogate (optional) | Relationship | Phone Number

Health Care Professional Preparing Form (optional) | Preparer Title | Phone Number | Date Prepared

Directions for Health Care Professionals

**Completing POLST**

Must be completed by a health care professional based on patient preferences and medical indications.

POLST must be signed by a physician or nurse practitioner to be valid. Verbal orders are acceptable with follow-up signature by physician or nurse practitioner in accordance with facility/community policy.

Use of original form is strongly encouraged. Photocopies and faxes of signed POLST forms are legal and valid.

**Using POLST**

Any incomplete section of POLST implies full treatment for that section.

No defibrillator (including AEDs) should be used on a person who has chosen "Do Not Attempt Resuscitation."

Oral fluids and nutrition must always be offered if medically feasible.

When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).

IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."

Treatment of dehydration is a measure which prolongs life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."

A person with capacity, or the surrogate of a person without capacity, can request alternative treatment.

**Reviewing POLST**

This POLST should be reviewed periodically and if:

(1) The person is transferred from one care setting or care level to another, or

(2) There is a substantial change in the person's health status, or

(3) The person's treatment preferences change.

Draw line through sections A through E and write "VOID" in large letters if POLST is replaced or becomes invalid.

The Oregon POLST Task Force

The POLST program was developed by the Oregon POLST Task Force. The POLST program is administratively housed at Oregon Health & Science University's Center for Ethics in Health Care. Research about the safety and effectiveness of the POLST program is available online at <www.polst.org> or by contacting the Task Force at <polst@ohsu.edu>.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED



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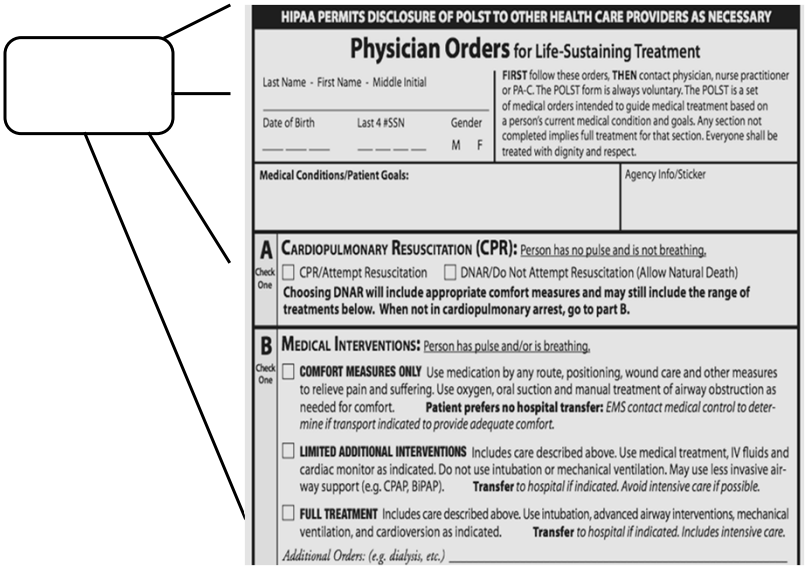
# Washington's POLST Form



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

**Physician Orders** for Life-Sustaining Treatment

Last Name - First Name - Middle Initial

Date of Birth ___ ___ ___ Last 4 #SSN ___ ___ ___ ___ Gender M F

**FIRST** follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST form is always voluntary. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

**Medical Conditions/Patient Goals:**

Agency Info/Sticker

**A** Check One — **CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.

☐ CPR/Attempt Resuscitation ☐ DNAR/Do Not Attempt Resuscitation (Allow Natural Death)

**Choosing DNAR will include appropriate comfort measures and may still include the range of treatments below. When not in cardiopulmonary arrest, go to part B.**

**B** Check 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, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer:** *EMS contact medical control to determine if transport indicated to provide adequate comfort.*

☐ **LIMITED ADDITIONAL INTERVENTIONS** Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). **Transfer** *to hospital if indicated. Avoid intensive care if possible.*

☐ **FULL TREATMENT** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. **Transfer** *to hospital if indicated. Includes intensive care.*

*Additional Orders: (e.g. dialysis, etc.)* _____

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# Research


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## Early Research Studies

- 1996: Focus groups indicate POLST improved agreement with patient wishes 29-37%
- 1998: 0/180 NH residents with POLST orders of DNR/comfort measures only received CPR/ICU
- 2000: Frail elderly wishes followed: CPR (91%), antibiotics (86%), IV fluids (84%), and feeding tubes (94%).

## Research Studies: Last Decade

- 2004: 96% of OR NH's report POLST guides decisions and evolved to care standard
- 2004: 77% DNR residents prefer some additional interventions, 47% of CPR residents prefer some limitation
- 2004: OR EMT's indicate POLST changes treatment in 45% of patients
- 2004: POLST agrees with AD in all WA NH residents with high satisfaction N=21.

## More Recent Research Studies

- 2011: 94% of OR NH's report treatment c/w POLST, 98% resuscitation, 91% interventions, 63% TF: although 32% with 'no antibiotics' got antibiotics JAGS 59:2091, 2011
- 2012: 50% DNR residents prefer some additional interventions, 24% of CPR residents prefer some limitation or even comfort measures only JAMA 307:34, 2012
- 2013: Most CA hospitals have POLST policies and forms, and have educated staff, with high compliance in ER. JAGS 61:1337, 2013

## 3-Decade Research Summary

→ Gradually improved adherence to POLST during the 1990's, in SNF, in hospitals - now > 90%

→ SNF began using widely, requiring on each resident as facility policy

→ EMTs recognize and adhere to POLST in individual's homes and other settings in 2000's

→ Validity and reliability of the forms improve across states during 2000's to present

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## Case Discussions

The POLST form - can we “cookbook” the advance directive?

Let us explore the nuances of the POLST to see if there is still room for the art of comprehensive communication and documentation of goals of care.

## Discussion: Case 1

90 year old man with advanced renal failure on dialysis, also has cognitive impairment, history of alcoholism, severe CAD/PVD, admitted with pneumonia.

POLST from Kidney Center:

DNR, full treatment

## Discussion: Case 2

58 year old woman with metastatic lung cancer admitted to hospice, very large multi-generational family.

POLST:

CPR, Comfort Measures Only

## Discussion: Case 3

62 year old woman with advanced liver failure from HCV and alcoholism (current) arrives in ER hypotensive & encephalopathic.

POLST:

DNR Comfort Measures Only signed by MD (illegible) but not by patient nor surrogate

## Discussion: Case 4

88 year old man with advanced COPD and CHF as well as moderate Alzheimers disease admitted with severe dyspnea.

POLST: DNR Comfort Measures Only

Two daughters (lawyers) present and demand full treatment, CPR stating he could not possibly have meant that on the POLST.

## Discussion: Case 5

58 year old man with advanced liver failure from alcoholism, mildly encephalopathic but conversational, sleepy.

POLST from 7/2012: DNR Comfort Only

POLST from SNF 8/2013: CPR full Treatment

## Discussion: Case 6

57 year old MD with advanced pancreatic cancer.

POLST: DNR-DNI Full Treatment

Arrives in ER after suicide attempt with GSW to the head; intubated in the field due to suicide.

## Discussion: Case 7

92 year old man with ALS and advanced cognitive impairment arrives in ER with pneumonia, hypotension, unresponsive.

POLST:

Full Code Full Treatment signed 6 years ago

Only son DPOA present – “let him go”

## Discussion: Case 8

72 year old woman in the nursing home has advanced obesity-hypoventilation syndrome with severe CHF, restrictive lung disease, HIV. She was recently hospitalized – previously in a shelter. Long history of schizophrenia, and MOCA is 15/30. She cannot read.

She has no POLST form. Only living relative is a niece. She was "full code" by default in the hospital and now the same in the nursing home.

When asked about her goals of care, she says she "wants to be allowed to die naturally", and "when it's my time it's my time". When shown a POLST form to sign she becomes agitated and cannot engage further.

The nursing home requires a POLST form on each resident. What should her code status be?

## Discussion: Case 9

72 year old man with advanced Parkinson's disease and new dense R hemiparesis, aphasia, hypotensive

POLST:

DNR Comfort Measures Only signed by patient and surrogate / DPOA but not MD

## Discussion: Case 10

82 year old woman with history of CHF now with multiple trauma after MVA (vehicle vs pedestrian), hypotensive, head injury and fractures

POLST:

DNR Comfort Measures Only signed by friend / neighbor and MD – no relatives nor legal surrogate known to exist

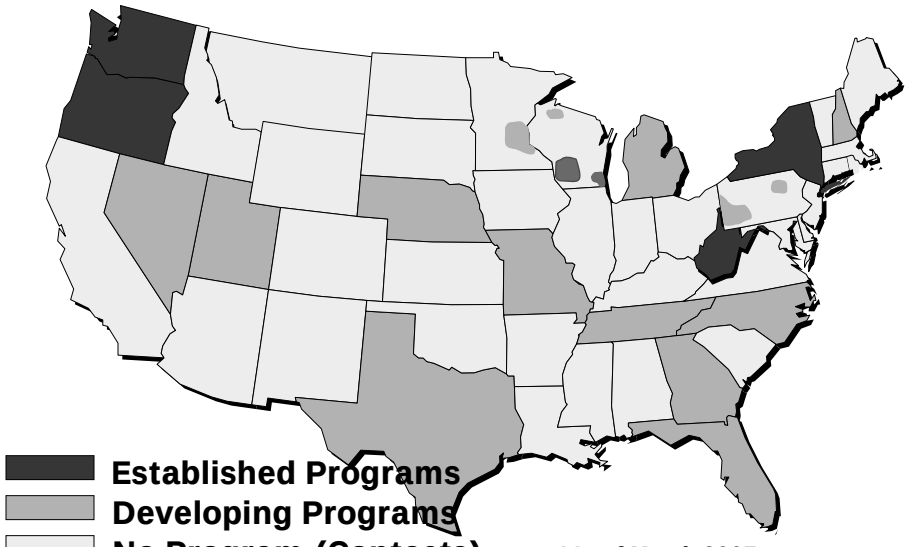
## Case Discussions

The POLST form gives us the false impression that we can “cookbook” the advance directive.

We cannot.

There remains room for the art of comprehensive communication and documentation of goals of care.

## National POLST Paradigm Initiative Programs




## Web Site Resources

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|---|---|
| www.polst.org | Center for Ethics in Health Care Oregon Health & Science University |
| www.wvendoflife.org | West Virginia Center for End-of-Life Care POST |
| www.wsma.org/patients/polst | Washington State Medical Association POLST |
| www.compassionandsupport.org | New York State Community- Wide End of Life and Palliative Care Initiative / MOLST |
| www.eperc.mcw.edu | End of life and palliative care education resource center |
| www.hardchoices.com | "Hard Choices for Loving People": A resource for professionals, patients and their families regarding end-of-life treatment decisions |

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