

POLST

Physician Orders for Life Sustaining Treatment

Carol Zeller, RN, MSN
Presenter

Objectives

- State what a POLST is and why it is important.
- Outline the differences between an Advance Directive form and a POLST
- Discuss components of a POLST form



POLST History

- POLST development began in Oregon in 1991.
- Initially for SNF patients transferred from one care setting to another.
- Use of POLST expanding

Why POLST?

- Advance Health Care Directive may not be available
- Allows healthcare professional to know your wishes for care and honor them – action is like a doctor's order.

What is a POLST?

- States a person's end of life wishes.
- Encourages communication between providers (MD or NP in some states) and patients.
- Use appropriate form – (65# cover “Pulsar pink” paper stock) - Download



Required by Law?

- CA Assembly bill (AB 3000 (Statutes 2008, Chapter 266))
- POLST is voluntary, but honoring POLST is mandated

Does POLST replace an AHCD?

- AHCD – allows you to name a healthcare decision maker if in the future you are unable to communicate your wishes.
- AHCD – Becomes operable only when patient loses capacity to make healthcare decisions or voluntarily relinquishes their decision making authority

How is POLST different from an Advance Directive?

POLST

- Who? Seriously ill
- What? Broad outline
- Where? Travels with patient across settings

Advance Directive

- Who? Every adult
- What? Specific wishes, actionable physician orders
- Where? Needs to be retrieved, no universal

Source: www.caPOLST.org



Is a POLST same thing as a DNR order?

- DNR - Addresses only withholding of life sustaining treatments.
- DNR is only valid in the healthcare setting in which it is written.
- POLST is portable.

POLST form

- Who fills out the form?
- Form must be signed by the patient and physician.

POLST form

IMPLEMENTING PROCEDURE OF POLST TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY											
Physician Orders for Life-Sustaining Treatment (POLST)											
<small>Fill below these orders, then contact physician or NP. This is a Physician Order. When placed in the person's medical chart and signed, they will be followed unless a change of treatment for that person is discussed and agreed with family and caregiver.</small>											
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><small>Last Name</small></td> <td style="width: 50%;"></td> </tr> <tr> <td><small>First Name (Middle Initial)</small></td> <td></td> </tr> <tr> <td><small>State or Birth</small></td> <td></td> </tr> </table>		<small>Last Name</small>		<small>First Name (Middle Initial)</small>		<small>State or Birth</small>					
<small>Last Name</small>											
<small>First Name (Middle Initial)</small>											
<small>State or Birth</small>											
A	Cardiopulmonary Resuscitation (CPR) Person has no pulse and is not breathing. <input type="checkbox"/> Resuscitate (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/No CPR) <small>When not in cardiopulmonary arrest, follow orders in B, C and D.</small>										
B	Medical Interventions Person has pulse and/or is breathing. <input type="checkbox"/> Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen. Avoid non-painful treatment of anxiety. Distraction as needed for comfort. Do not transfer to hospital for secondary treatment. Palliative (comfort) needs cannot be met in current location. <input type="checkbox"/> Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and central insertion as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care. <input type="checkbox"/> Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and other measures indicated. Transfer to hospital if indicated. Avoid intensive care. Additional Orders:										
C	Antibiotics <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs. <input type="checkbox"/> Use antibiotics if life can be prolonged. Additional Orders:										
D	Artificially Administered Nutrition Always offer food by mouth if possible. <input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> Long term artificial nutrition by tube. Additional Orders:										
Summary of Medical Condition and Signatures											
E	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><small>Discussed with:</small></td> <td style="width: 50%;"><small>Summary of Medical Condition</small></td> </tr> <tr> <td> <input type="checkbox"/> Patient <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Adult Appointee/Proxy </td> <td></td> </tr> <tr> <td><small>Name</small></td> <td></td> </tr> <tr> <td><small>My Physician/Health Care Provider Name</small></td> <td><small>Signature (Must be handwritten)</small></td> </tr> <tr> <td><small>Physician/ NP/ Health Care Provider</small></td> <td><small>Date</small></td> </tr> </table>	<small>Discussed with:</small>	<small>Summary of Medical Condition</small>	<input type="checkbox"/> Patient <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Adult Appointee/Proxy		<small>Name</small>		<small>My Physician/Health Care Provider Name</small>	<small>Signature (Must be handwritten)</small>	<small>Physician/ NP/ Health Care Provider</small>	<small>Date</small>
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<small>Physician/ NP/ Health Care Provider</small>	<small>Date</small>										
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED											
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POLST Form

- Section A – CPR
- Section B – Medical Interventions
- Section C – Artificial Administered Nutrition
- Section D – Signatures and Summary of Medical Condition

References

- www.polst.org
- www.caPOLST.org
- www.finalchoices.org
 - Can download form from this site
 - Okay to use copy of form