What is POLST?

Physician Orders for Life Sustaining Treatment
Why POLST?

1. Patient wishes often are not known.
   - The Advance Healthcare Directive (AHCD) may not be accessible.
   - Wishes may not be clearly defined in AHCD.

2. Allows healthcare providers to know and honor wishes during serious illness.
What is POLST?

- A physician order recognized throughout the medical system.
- Portable document that transfers with the patient.
- Brightly colored, standardized form for entire state of CA.
What is POLST?

- Allows individuals to choose medical treatments they **want** to receive, and identify those they **do not want**.

- Provides direction for healthcare providers during serious illness.
Who Would Benefit from Having a POLST Form?

- Chronic, progressive illness
- Serious health condition
- Medically frail
- Tool for determination
  - “You wouldn’t be surprised if this patient died within the next year.”
POLST History

- Expanded to more than half of US states.
POLST Success

- Oregon study of 180 Skilled Nursing Facility (SNF) patients:
  - POLST stated No CPR and Comfort Measures Only.
  - Patient wishes were honored.

POLST in California

- The Coalition for Compassionate Care of California (CCCC) is lead agency.
- Support from California HealthCare Foundation.
- Grassroots efforts of local POLST coalitions and communities.
Assembly Bill No. 3000

CHAPTER 266

An act to amend Sections 4780, 4782, 4783, 4784, and 4785 of, to amend the heading of Part 4 (commencing with Section 4780) of Division 4.7 of, and to add Sections 4781.2, 4781.4, and 4781.5 to, the Probate Code, relating to health care decisions.

[Approved by Governor August 4, 2008. Filed with Secretary of State August 4, 2008.]

LEGISLATIVE COUNSEL’S DIGEST


Effective January 1, 2009
POLST in California

• One form for entire state.
• Use not mandated.
• **Honoring form is mandated.**
• Provides immunity from civil or criminal liability.
POLST vs. Advance Healthcare Directive

- POLST **complements** the Advance Healthcare Directive (AHCD).
- Both are legal documents.
# POLST vs. Advance Healthcare Directive

<table>
<thead>
<tr>
<th>POLST</th>
<th>AHCD</th>
</tr>
</thead>
<tbody>
<tr>
<td>For seriously ill/frail, at any age</td>
<td>For anyone 18 and older</td>
</tr>
<tr>
<td>Specific orders for <em>current</em> treatment</td>
<td>General instructions for <em>future</em> treatment</td>
</tr>
<tr>
<td>Can be signed by decisionmaker</td>
<td>Appoints decisionmaker</td>
</tr>
</tbody>
</table>

*California POLST Education Program © March 2012 Coalition for Compassionate Care of California. Materials made possible by a grant from the California HealthCare Foundation.*
Where Does POLST Fit In?

Advance Care Planning Continuum

Age 18
- Complete an Advance Directive
- Update Advance Directive Periodically
- Diagnosed with Serious or Chronic, Progressive Illness (*at any age*)
  - Complete a POLST Form
  - Treatment Wishes Honored
POLST vs. Pre-Hospital DNR
*(Do Not Resuscitate)*

- **Similarities:**
  - Physician orders.
  - Address Do Not Resuscitate.
  - Intended for medically frail or those with chronic or serious illness.
# POLST vs. Pre-Hospital DNR

*(Do Not Resuscitate)*

<table>
<thead>
<tr>
<th>POLST</th>
<th>Pre-Hospital DNR</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Allows for choosing resuscitation</td>
<td>• Can only use if choosing DNR</td>
</tr>
<tr>
<td>• Allows for other medical treatments</td>
<td>• Only applies to resuscitation</td>
</tr>
<tr>
<td>• Honored across all healthcare settings</td>
<td>• Only honored outside the hospital</td>
</tr>
</tbody>
</table>

California POLST Education Program  
© March 2012 Coalition for Compassionate Care of California  
Materials made possible by a grant from the California HealthCare Foundation
## POLST vs. PIC
*(Preferred Intensity of Care)*

<table>
<thead>
<tr>
<th>POLST</th>
<th>PIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consistent form for CA</td>
<td>• PIC form is different in every SNF</td>
</tr>
<tr>
<td>• Is a medical order</td>
<td>• Is <em>not</em> a medical order; similar to a doctor’s note</td>
</tr>
<tr>
<td>• Honored across all healthcare settings</td>
<td>• Only honored within the SNF</td>
</tr>
</tbody>
</table>
POLST vs. PIC (Preferred Intensity of Care)

- Both include choices for medical interventions.
- POLST can replace the PIC form at SNF.
Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person’s current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

<table>
<thead>
<tr>
<th>Patient Last Name:</th>
<th>Date Form Prepared:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name:</td>
<td>Patient Date of Birth:</td>
</tr>
<tr>
<td>Patient Middle Name:</td>
<td>Medical Record #: (optional)</td>
</tr>
</tbody>
</table>

A  CARDIOPULMONARY RESUSCITATION (CPR): If person has no pulse and is not breathing.
When NOT in cardiopulmonary arrest, follow orders in Sections B and C.

☐ Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)
☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)

B  MEDICAL INTERVENTIONS: If person has pulse and/or is breathing.

☐ Comfort Measures Only Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Transfer to hospital only if comfort needs cannot be met in current location.
☐ Limited Additional Interventions In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
☐ Transfer to hospital only if comfort needs cannot be met in current location.
☐ Full Treatment In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.

Additional Orders:

C  ARTIFICIALLY ADMINISTERED NUTRITION: Offer food by mouth if feasible and desired.

☐ No artificial means of nutrition, including feeding tubes.
☐ Trial period of artificial nutrition, including feeding tubes.
☐ Long-term artificial nutrition, including feeding tubes.

Additional Orders:

D  INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker
☐ Advance Directive dated available and reviewed → Health Care Agent if named in Advance Directive:
☐ Advance Directive not available
☐ No Advance Directive

Signature of Physician
My signature below indicates to the best of my knowledge that these orders are consistent with the person’s medical condition and preferences.

Print Physician Name: ____________________________  Physician Phone Number: ____________________________  Physician License Number: ____________________________

Physician Signature: (required) ____________________________ Date: ____________________________

Signature of Patient or Legally Recognized Decisionmaker
By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of this form.

Print Name: ____________________________ Relationship: (write self if patient) ____________________________

Signature: (required) ____________________________ Date: ____________________________

Address: ____________________________ Daytime Phone Number: ____________________________

Evening Phone Number: ____________________________

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
## HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

### Patient Information
<table>
<thead>
<tr>
<th>Name (last, first, middle):</th>
<th>Date of Birth:</th>
<th>Gender:</th>
</tr>
</thead>
</table>

### Health Care Provider Assisting with Form Preparation
<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

### Additional Contact
<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to Patient:</th>
<th>Phone Number:</th>
</tr>
</thead>
</table>

### Directions for Health Care Provider

**Completing POLST**
- Completing a POLST form is voluntary. California law requires that a POLST form be followed by health care providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient’s physician believes best knows what is in the patient’s best interest and will make decisions in accordance with the patient’s expressed wishes and values to the extent known.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient’s medical record, on Ultra Pink paper when possible.

### Using POLST
- Any incomplete section of POLST implies full treatment for that section.

**Section A:**
- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation."

**Section B:**
- 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).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort Measures."
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Intervention" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

### Reviewing POLST
It is recommended that POLST be reviewed periodically. Review is recommended when:
- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person’s health status, or
- The person’s treatment preferences change.

### Modifying and Voiding POLST
- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual’s best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force. For more information or a copy of the form, visit www.caPOLST.org.

**SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**
**Physician Orders for Life-Sustaining Treatment (POLST)**

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person’s current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid.

POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

<table>
<thead>
<tr>
<th>Patient Last Name:</th>
<th>Date Form Prepared:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name:</td>
<td>Patient Date of Birth:</td>
</tr>
<tr>
<td>Patient Middle Name:</td>
<td>Medical Record #: (optional)</td>
</tr>
</tbody>
</table>
# Section A: CPR

**Cardiopulmonary Resuscitation (CPR):** If person has no pulse and is not breathing. When NOT in cardiopulmonary arrest, follow orders in Sections B and C.

<table>
<thead>
<tr>
<th>Check One</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Attempt Resuscitation/CPR (Selecting CPR in Section A <strong>requires</strong> selecting Full Treatment in Section B)</td>
<td></td>
</tr>
<tr>
<td>□ Do Not Attempt Resuscitation/DNR (Allow <strong>Natural</strong> Death)</td>
<td></td>
</tr>
</tbody>
</table>
# Section B: Medical Interventions

<table>
<thead>
<tr>
<th>MEDICAL INTERVENTIONS:</th>
<th>If person has pulse and/or is breathing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Comfort Measures Only</td>
<td>Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <strong>Transfer to hospital only if comfort needs cannot be met in current location.</strong></td>
</tr>
<tr>
<td>□ Limited Additional Interventions</td>
<td>In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care. <strong>Transfer to hospital only if comfort needs cannot be met in current location.</strong></td>
</tr>
<tr>
<td>□ Full Treatment</td>
<td>In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. <strong>Transfer to hospital if indicated. Includes intensive care.</strong></td>
</tr>
</tbody>
</table>

Additional Orders: ____________________________________________
Diagram of POLST Medical Interventions

CPR

DNR

Comfort Measures

Limited Interventions

Full Treatment*

*Consider time/prognosis factors under “Full Treatment”
“Defined trial period. Do not keep on prolonged life support.”
## Section C: Artificially Administered Nutrition

**Artificially Administered Nutrition:**

- [ ] No artificial means of nutrition, including feeding tubes.  
- [ ] Trial period of artificial nutrition, including feeding tubes.  
- [ ] Long-term artificial nutrition, including feeding tubes.  

*Offer food by mouth if feasible and desired.*

Additional Orders:

- ________________________________
- ________________________________
- ________________________________
The POLST Conversation

- POLST is not just a check-box form.
- The POLST conversation provides context for patients/families to:
  - Make informed choices.
  - Identify goals of treatment.
## Section D: Information and Signatures

<table>
<thead>
<tr>
<th>INFORMATION AND SIGNATURES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussed with:</td>
</tr>
<tr>
<td>□ Advance Directive dated ________ available and reviewed →</td>
</tr>
<tr>
<td>□ Advance Directive not available</td>
</tr>
<tr>
<td>□ No Advance Directive</td>
</tr>
</tbody>
</table>

**Signature of Physician**

My signature below indicates to the best of my knowledge that these orders are consistent with the person’s medical condition and preferences.

<table>
<thead>
<tr>
<th>Print Physician Name:</th>
<th>Physician Phone Number:</th>
<th>Physician License Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physician Signature:** *(required)*

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Signature of Patient or Legally Recognized Decisionmaker**

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Relationship: <em>(write self if patient)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Signature:** *(required)*

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Address:**

<table>
<thead>
<tr>
<th>Daytime Phone Number:</th>
<th>Evening Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Who Can Speak for the Patient?

- Surrogate decisionmaker/agent
- Parent, guardian, conservator
- Closest available relative
## HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

### Patient Information

<table>
<thead>
<tr>
<th>Name (last, first, middle):</th>
<th>Date of Birth:</th>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M / F</td>
</tr>
</tbody>
</table>

### Health Care Provider Assisting with Form Preparation

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Contact

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to Patient:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Who Can Help Complete POLST?

- Healthcare providers – “licensed, certified, or otherwise authorized to provide healthcare in the normal course of business.”
- Best practice suggests use of those trained in the POLST Conversation:
  - Physicians
  - Nurses
  - Social Workers
  - Chaplains
  - Social Service Designees
# Directions – Completing POLST

<table>
<thead>
<tr>
<th>Directions for Health Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completing POLST</strong></td>
</tr>
<tr>
<td>• Completing a POLST form is voluntary. California law requires that a POLST form be followed by health care providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician who will issue appropriate orders.</td>
</tr>
<tr>
<td>• POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.</td>
</tr>
<tr>
<td>• POLST must be completed by a health care provider based on patient preferences and medical indications.</td>
</tr>
<tr>
<td>• A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient’s physician believes best knows what is in the patient’s best interest and will make decisions in accordance with the patient’s expressed wishes and values to the extent known.</td>
</tr>
<tr>
<td>• POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.</td>
</tr>
<tr>
<td>• Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.</td>
</tr>
<tr>
<td>• If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.</td>
</tr>
<tr>
<td>• Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient’s medical record, on Ultra Pink paper when possible.</td>
</tr>
</tbody>
</table>
Directions – Using POLST

Using POLST

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

Section A:
- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen “Do Not Attempt Resuscitation.”

Section B:
- 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).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not “Comfort Measures.”
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate “Limited Interventions” or “Full Treatment.”
- Depending on local EMS protocol, “Additional Orders” written in Section B may not be implemented by EMS personnel.
Directions – Reviewing/Modifying/Voiding POLST

Reviewing POLST
It is recommended that POLST be reviewed periodically. Review is recommended when:
- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person’s health status, or
- The person’s treatment preferences change.

Modifying and Voiding POLST
- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing “VOID” in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual’s best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force. For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
When Should POLST be Reviewed?

- Transfer from one care setting to another.
- Change in patient’s health condition.
- Patient’s treatment preferences change.
- Patient Care Conference.
Can POLST be Changed?

- Individual with capacity can request alternative treatment or revoke a POLST at anytime.

- Legally recognized decisionmaker may request change based on condition change or new information regarding patient wishes.
Where Should We Keep POLST?

Original pink POLST stays with patient

- At SNF/Hospital:
  - File in medical chart (with AHCD).
  - Send original with patient upon return to home/SNF/hospital.
  - Keep copy if resident transferred; review POLST upon resident’s return.
Where Should We Keep POLST?

- At home:
  - Post in easy-to-find location (with AHCD).
  - Give to EMS to transport with patient.
POLST: Depth of the Process

- POLST is more than a form.
- POLST:
  - Facilitates rich conversations with patients/families.
  - Complements the AHCD.
  - Incorporates the depth of comfort care.
California POLST Project

The Coalition for Compassionate Care of California (CCCC) provides leadership and oversight for POLST outreach activities in California, with support from the California HealthCare Foundation.

Coalition for Compassionate Care of California
California POLST Project

Translating an individual’s wishes for care during serious or chronic illness into medical orders that honor those preferences for medical treatment.

POLST Conversation
A rich conversation with each individual patient

Community Collaboration
Integrating POLST into the community standard of care

Consistent Form
Standardized form recognized across care settings

Comprehensive Education
To promote excellent conversational skills with patients and families
California POLST Form

- Available at [www.caPOLST.org](http://www.caPOLST.org)
  - Translations available
- May be purchased from:
  - [www.med-pass.com](http://www.med-pass.com) (bulk forms/paper)
  - [www.cmanet.org](http://www.cmanet.org) (POLST Kit)
California POLST Form

- Print on Ultra Pink, 65# card stock paper
- Copies/faxes on any color paper are acceptable

Focus on the conversation
POLST Resources

- Provider and Consumer Brochures
- Decision-Making Guides
- FAQs
- Videos
POLST Resources

- Model policies and procedures
- Standardized educational curriculum
- Local POLST coalitions
- www.caPOLST.org
Questions?