

POLST: Understanding Physician Orders for Life-Sustaining Treatment in AR

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Objectives

- Why POLST?
- What is POLST?
- How to fill out a POLST form
- When and how to update POLST form

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Clinical Case

- Ms. ML is a 78 y/o F with PMH of DM, HTN, CHF, COPD, CVA
- Resident of NH for the past 3 years
- H/O recent hospitalization for COPD/ CHF exacerbation
- She had a goals of care discussion with hospitalist and changed her code status to DNR
- She was back to baseline upon discharge and rehab
- Two weeks later, she was found to be unresponsive at 11 pm
- Suspected to have another CVA

IOM Report: “Dying in America”



- Most Americans want to die at home, and want to be in control of their decisions.....but.....
- **One in four adults** aged 65 and older **died** in an **acute care hospital**, 30 % were in an ICU in the month preceding death

Why POLST?

The current standard of care during an emergency is for emergency medical services (EMS) to attempt everything possible to attempt to save a life.

Not all patients who are seriously ill or frail want this treatment and the POLST Paradigm provides the option for them to:

- (1) confirm this is the treatment they want or
- (2) to state what level of treatment they do want

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What is a POLST form?

It is a Portable medical order form used to record a patient's treatment wishes that can be used across settings of care.

A Physician Orders for Life-Sustaining Treatment (POLST) Form helps individuals with serious illness or frailty for whom their physician wouldn't be surprised if they died within a year communicate their treatment decisions.

The POLST form records patients' treatment wishes so that emergency personnel know what treatments the patient wants in the event of a medical emergency.

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Who needs a POLST form?

- All competent adults should have advance directives, documenting who they want to speak for them whenever they lack capacity to speak for themselves.
- Both advance directives and POLST Forms are advance care *plans*. They support each other but do different things.

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Advance Directives

Two general forms of advance directives exist:

- **Durable Power of Attorney for Health Care** (Process Directive)

The patient (principal) designates a proxy decision-maker in writing.

- **Living Will** (Substantive Directives)

Allows a patient to specify wishes for future care including withholding and withdrawing life sustaining treatment at end of life.

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Advance Care Plan

- Broader concept that focuses on conversations about eliciting goals rather than the creation of a document
- Recognizes inherent uncertainty such as difficulty predicting the future, possibility that patient may change their mind, and providers as well as **surrogates** would have difficulty interpreting advance directive in the context of certain clinical scenario



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Is POLST same as Advance Directive?

Both advance directives and POLST Forms are advance care *plans*. They support each other but do different things.

POLST is not an advance directive but an actionable medical order.

POLST is only for seriously ill patients for whom their physician would not be surprised if they died in the next year.

It would be inappropriate for a HCP to complete a POLST form for a patient who is outside the intended POLST patient population.

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Arkansas Department of Health

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Governor Asa Hutchinson
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http://www.healthy.arkansas.gov

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

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

First follow these orders, then contact Physician.
A copy of the executed POLST form is a legally binding, valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.
Patient Last Name: Patient Date of Birth:
Patient First Name: Patient Date of Birth:
Patient Middle Name:

A CARDIOPULMONARY RESUSCITATION (CPR): If patient has no pulse and is not breathing.
NOTE ... If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.
Check One
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 patient is found with a pulse and/or is breathing.
Check One
Full Treatment - primary goal of prolonging life by all medically effective means.
In addition to treatment described in Selective Treatment and Comfort Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
Trial Period of Full Treatment.
Selective Treatment - goal of treating medical conditions while avoiding burdensome measures.
In addition to treatment described in Comfort Treatment, use medical treatment and Vs as indicated. Do not intubate.
May use non-invasive positive airway pressure. Generally avoid intensive care.
Request transfer to hospital only if comfort needs cannot be met in current location.
Comfort Treatment - primary goal of maximizing comfort.
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction.
Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location.

C ADDITIONAL ORDERS:

D INFORMATION AND SIGNATURES:
Discussed with: Patient (Patient Has Capacity) Legal Representative
Advance Directive dated _____, available and reviewed
Advance Directive not available.
No Advance Directive.
Signature of Physician My signature below indicates to the best of my knowledge these orders are consistent with the patient's intentions and medical condition.
Print Physician Name: Physician Phone Number: Physician License #:
Physician Signature: (required) Date:
Signature of Patient or Legal Representative I am aware my consent to this form is voluntary. By signing this form, a legal representative acknowledges this request regarding resuscitative measures is consistent with the known wishes of, and with the best interest of, the individual who is the subject of the form.
Print Name: Relationship: (write self if patient)
Signature: (required) Date:
Mailing Address: Phone:

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

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Patient Last Name:

Date form Prepared:

Patient First Name:

Patient Date of Birth:

Patient Middle Name:

A

CARDIOPULMONARY RESUSCITATION (CPR):

If patient has no pulse and is not breathing.

NOTE ... If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.

Check One

- 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 patient is found with a pulse and/or is breathing.

Check One

- Full Treatment** – primary goal of prolonging life by all medically effective means.
 In addition to treatment described in Selective Treatment and Comfort Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
 - Trial Period of Full Treatment.*
- Selective Treatment** – goal of treating medical conditions while avoiding burdensome measures.
 In addition to treatment described in Comfort Treatment, use medical treatment and IVs as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
 - Request transfer to hospital only if comfort needs cannot be met in current location.*
- Comfort Treatment** – primary goal of maximizing comfort.
 Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. **Request transfer to hospital only if comfort needs cannot be met in current location.**

C**ADDITIONAL ORDERS:**

D**INFORMATION AND SIGNATURES:**

Discussed with: Patient (Patient Has Capacity) Legal Representative

Advance Directive dated _____, available and reviewed

Advance Directive not available.

No Advance Directive.

Signature of Physician My signature below indicates to the best of my knowledge these orders are consistent with the patient's intentions and medical condition.

Print Physician Name:

Physician Phone Number:

Physician License #:

Physician Signature: *(required)*

Date:

Signature of Patient or Legal Representative I am aware my consent to this form is voluntary. By signing this form, a legal representative acknowledges this request regarding resuscitative measures is consistent with the known wishes of, and with the best interest of, the individual who is the subject of the form.

Print Name:

Relationship: *(write self if patient)*

Signature: *(required)*

Date:

Mailing Address:

Phone:

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

Full Name	Date of Birth	Gender
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Physician

Printed Name	Phone Number
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Patient's Additional Contact

Printed Name	Phone Number
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Directions for Physician Completing POLST Form**Completing the POLST Form**

- **No patient is required to complete a POLST form.** The patient (or legal representative) signs the form to indicate the voluntary nature of the form and that the contents of the form are consistent with the patient's desires and values.
- **Upon arrival at or admission to a hospital or other facility, the POLST establishes initial treatment of the patient.** After evaluation of the patient in the hospital or other facility, additional appropriate orders may be issued consistent with the patient's preferences.
- **POLST does not replace a living will or other 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 physician based on patient preferences and values and medical indications.**
- **The legal representative of a patient may sign the POLST form if the patient lacks capacity.** A legal representative may include a court-appointed guardian, an agent designated in an advance directive, a spouse, an adult child, an adult sibling, an adult relative, or another surrogate whom the physician believes has exhibited special care and concern for the patient, is familiar with the patient's values, and will make decisions according to the patient's wishes and values.
- **To be valid, a POLST form must be signed by a physician and the patient or legal representative.** Both signatures are required.
- **If a translated POLST form is used with the patient or legal representative, attach the translation to the signed English POLST form.**
- **It is recommended that the POLST form be printed on bright pink paper, so it can be easily recognized among the patient's paperwork.** Use of the original POLST form is encouraged, but photocopies and faxes are legal and valid under Arkansas law.
- **To avoid any potential misunderstanding about nutrition and hydration, it is strongly recommended that physicians include the following statement in Section C, Additional Orders: "Offer food and drink by mouth, if feasible and desired."**

Using POLST

- An incomplete section of the POLST form 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 patient who has chosen "Do Not Attempt Resuscitation."*Section B:*
 - When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," 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-Focused Treatment." If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."*Section C:*
 - **To avoid any potential misunderstanding about nutrition and hydration, it is strongly recommended that physicians include the following statement in Section C, Additional Orders: "Offer food and drink by mouth, if feasible and desired."**
 - Depending on local EMS protocol, "Additional Orders" written in Section C may not be implemented by EMS personnel.

Reviewing POLST

- It is recommended that POLST be reviewed periodically. In addition, review is recommended when:
- The patient is transferred from one care setting or care level to another; or
 - There is a substantial change in the patient's health status; or
 - The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means indicating intent to revoke.
- It is recommended that revocation be documented by drawing a line through Sections A through C, writing "VOID" in large letters, and signing and dating this line. A legal representative of a patient who lacks capacity may request to modify the orders after consulting with the physician, based on the known desires of the patient or, if unknown, the patient's best interests.

For more information or a copy of the POLST form, visit www.healthy.arkansas.gov

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Signature of Physician My signature below indicates to the best of my knowledge, these orders are consistent with the patient's intentions and medical condition.

Print Physician Name:

Physician Phone Number:

Physician License #:

Physician Signature: (required)

Date:

Signature of Patient or Legal Representative I am aware my consent to this form is voluntary. By signing this form, a legal representative acknowledges this request regarding resuscitative measures is consistent with the known wishes of, and with the best interest of, the individual who is the subject of the form.

Print Name:

Relationship: (write self if patient)

Signature: (required)

Date:

Mailing Address:

Phone:

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How Does POLST Work?

Physician discusses continued health care options with patient and families in the context of

- Diagnosis
- Prognosis
- Available treatment options
- Burdens and benefits of available options
- Patient goals and values

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Patient Centered Care

- Physician buy-in
- Staff buy- in
- Identifying patients for whom POLST is appropriate
- Initiating and continuing conversation with appropriate individuals
- Staff education and comfort with scanning, retrieval, and following POLST forms

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Who can complete a POLST form?

A POLST Form is completed by a physician in conversation with the patient. Since it is a medical order it must be signed by a physician to be valid (which health care professional can sign varies by state). The patient or their surrogate also need to sign the form.

Patients should **not** be provided a POLST Form to complete on their own. A POLST Form should **never** be completed without a conversation with the patient, or his/her surrogate, about diagnosis, prognosis, treatment options and goals of care.

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Staff Readiness

- Are you comfortable discussing death?
- Do you believe “accepting mortality” is the same as “giving up hope”?
- Are you unwilling/ and or unsure how to broach this topic?
- Do you understand the benefits of advance directives and advance care planning?
- Do you have an advance care plan?

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Professional Training for POLST discussions

- Physicians within scope of practice
- Communication skills
- POLST paradigm forms and FAQ's
- Shared, informed medical decision- making
- Evidence based guidelines: CPR, long-term feeding tube placement
- Conflict resolution
- Proper documentation
- Billing using ACP CPT codes

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8 Step POLST Protocol

1. Prepare for discussion
 - Understand patient's health status, prognosis and ability to consent
 - Retrieve completed Advance Directives
 - Determine decision-maker, ethical treatment and legal requirements
2. Determine what the patient and family know
 - Regarding medical diagnoses and prognosis
3. Explore goals, hopes and expectations
4. Suggest realistic goals
5. Respond empathetically
6. Use POLST forms to guide choices and document conversation
7. Complete and sign POLST form
8. Review and Revise periodically

Source: National POLST paradigm, Toolkit for the Primary Care Practice

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Advance Care Planning CPT codes

- 99497- Initial 30 minutes (16 to 45)
- 99498- Additional 30 minutes (additional time upto 75 minutes)
- Face to face with patient, caregiver, family member or surrogate

Is a POLST form mandatory?

No. Completing a POLST Form should **always** be voluntary. If someone is being forced to complete a form, contact admin@polst.org, or his/her state can contact National POLST paradigm at <http://www.polst.org/programs-inyour-state/>

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Can POLST form be modified?

Yes! POLST Forms were created to be easily modified and updated. As your medical condition changes or your goals of care change, you can update your POLST Form anytime by talking with your Physician.

Additionally, health care professionals are encouraged to review your POLST Form with you periodically—especially when you are transferred from one care setting or care level to another (e.g., upon admission and discharge from every facility) or when there is a substantial change in your health status.

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The logo for the National POLST Paradigm. It features the words "National", "POLST", and "Paradigm" stacked vertically in a pink, serif font. The letter "O" in "POLST" is replaced by a circular icon containing a stylized human figure with arms raised, symbolizing care or support.

Can POLST form be voided?

If you ever decide that a POLST Form is no longer appropriate for you, it is also easily voided. It is preferred that you consult your health care professional to void your form.

On the backside, the POLST Form has information about how it can be voided (usually by drawing a line across the form and writing “VOID” in large letters).

You must notify your health care professional to make sure your medical record is updated. Some states have a POLST Registry, and the Registry must also be notified that the form is no longer valid.

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What if a patient can no longer communicate their wishes?

The surrogate that a patient has appointed on his/her advance directive can help the healthcare professional complete a POLST Form based on their understanding of their loved one's wishes.

The surrogate then signs the POLST Form on behalf of their loved one.

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Does POLST form limit the type of treatment one can receive?

POLST Form medical orders gives an individual more control over receiving treatments they want to receive and avoiding treatments they do not want to receive in the event they are unable to speak for themselves during a medical emergency.

If an individual wants everything possible done during a medical emergency then their health care professional would complete the form showing “CPR” and “Full Treatment.”

Conversely, if they want other treatment, their health care professional would complete the form showing “Comfort Measures Only” or “Limited Treatment”.

Additionally, POLST Form states that ordinary measures to improve the patient’s comfort, and food and fluid by mouth as tolerated, are always provided.

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Does a POLST form allow for basics like food and water?

Yes. Endorsed POLST Forms state that ordinary measures to improve the patient's comfort, and food and fluid by mouth as tolerated, are always provided. However, POLST Forms allow you to choose whether you would like artificially administered nutrition (and sometimes hydration).

During a conversation with a health care professional, you determine what you want and do not want in a medical emergency, and then that section will be completed in accordance with your wishes.

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Does a POLST form replace a DNR order?

A better question is: “Does POLST identify DNR preferences?”

Yes—but it does more!

Like a DNR, a POLST Form lets EMS know whether or not the patient wants CPR. DNR orders only apply when a person does not have a pulse, is not breathing and is unresponsive. However, in most medical emergencies, a person does have a pulse, is breathing or is responsive. That’s where POLST is different.

A POLST Form provides more information to emergency personnel than a DNR by indicating that:

1. The patient still wants full treatment
2. The patient wants limited interventions
3. The patient just wants comfort measures

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Is POLST portable across state lines?

If you are moving, you should bring your POLST Form with you to your first appointment with your new health care professional to put your wishes on that state's POLST Paradigm Form.

You should also talk to your attorney about updating your advance directive as some states require you use a specific form in order for your advance directive to be valid.

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Where can one get a POLST form?

Talk to your health care professional. Since a POLST Form is a medical order it must be signed by a health care professional to be valid.

Patients should **not** be provided a POLST Form to complete on their own. A POLST Form should **never** be completed without a conversation with the patient, or his/her surrogate, about diagnosis, prognosis, treatment options and goals of care.

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Where should one keep a completed POLST form?

A POLST Form always remains with the patient, regardless of whether the patient is in the hospital, at home or in a nursing home. The form should be placed in a visible location recognized by emergency medical personnel (usually the front of the refrigerator or in a medicine cabinet).

In a health care facility a copy of the POLST Form should be in the medical record.

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Conclusion of Clinical Case

- Ms. ML had completed a POLST form while in the hospital
- She had chosen “option C”
- MD on call was informed of her change in status, and started comfort measures
- She was referred to, and admitted to hospice
- She passed away in the NH about a month later

Questions?

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