Physicians Order for Life-Sustaining Treatment (POLST)

- **The National POLST form: Is a Portable Medical Order: This National POLST Form represents a way of summarizing wishes of an individual regarding life-sustaining treatment.**

- **Presented by: Dana Rizzo Rn, BSN, ACM-RN**
- **Waltonwood Senior Living Communities**
- **Dana.Rizzo@singhmail.com**
- **571-918-4854**

WALTONWOOD
Redefining Retirement Living
SINGH

Upon completion of this presentation the learner will be able to:

- Name the state that the POLST form first started in 1991?
- List the purpose of the National POLST form.
- List 4 acronyms also used in different states that are accepted for Durable Medical Orders.
- Discuss the difference between an Advance Directive and a POLST Form?
- List the three Licensed Professionals that can sign and activate the National POLST Form, making it a Portable Medical Order.
- List the Six sections on the National POLST Form, and discuss what they ask the person about their health care wishes.
- Discuss the similarities in the National POLST form and the Michigan Physician Orders for Scope of Treatment (MI-POST Form)

History of the POLST Form.

- **The Physicians Order for Life-Sustaining Treatment (POLST) first started in 1991, when medical ethicists in Oregon discovered that patient preferences for end-of-life care were not consistently followed or honored.**

- **It is up to each state in the United States to develop a POLST Program.**
- **Some states are just getting started.**

- **MOLST stands for" Medical Orders for Life-Sustaining Treatment" and stands for the same thing as the POLST form.**
-
- **MOLST and POLST are two acronyms defining medical orders.**

- **They are the same thing, but in different states they use different acronyms.**

- **These forms are optional for all patients.**

WALTONWOOD
Redefining Retirement Living
SINGH

The Purpose of the National POLST form

- **In April 2023 the Virginia POLST Collaborative announced the adoption of the National POLST form.**
- **This form was created by the National POLST to Facilitate a standard approach to Portable Medical Order sets for people with advanced illness. As more states adopt the National POLST form, it will be easier to:**
- *** Know and honor patient treatment preferences throughout the United States;**
- *** Conduct research and quality assurance activities, creating shared data for generalized knowledge; and**
- *** Educate about POLST to patients and providers so the process and form are understood and appropriately implemented everywhere.**

- **This form should be obtained from and completed with a health care professional. It should not be provided to patients or individuals to complete.**

- **(www.virginiapolst.gov)**

WALTONWOOD
Redefining Retirement Living
SINGH

The National POLST form: Major Step

- **The National POLST form represents a major step towards national consensus and is the product of almost 2 years of interviews, consensus building, feedback, compromise, and interactive versions of the document.**
- **As more states adopt the National POLST Form, the acceptance and understanding of the POLST process and the resultant form will improve concordant care throughout the United States.**
- **As of March 2022, The Virginia Department of Health recognizes all commonly used portable medical order sets across the US—such as POST,MOST,POLST, MOLST and approved jewelry.**
- **POLST is not valid unless signed by a physician, nurse practitioner or a physician assistant who has a bona fide relationship with the patient.**
- **Use of the original form is encouraged. A photocopy, fax, or electronic version should be honored as if it were the original.**

Virginia and the National POLST form

- **If "No CPR: Do Not Attempt Resuscitation" is checked in Section A, and patient has signed the form, no one has the authority to revoke consent for the DDNR order, other than the patient as stated in Code of Virginia 54.1-2987.1.**

- **If "Yes CPR: Attempt Resuscitation" is checked in section A, a legally authorized decision maker may make changes to carry out the patient's preferences in light of the patient's changing condition.**

Printing the National POLST Form

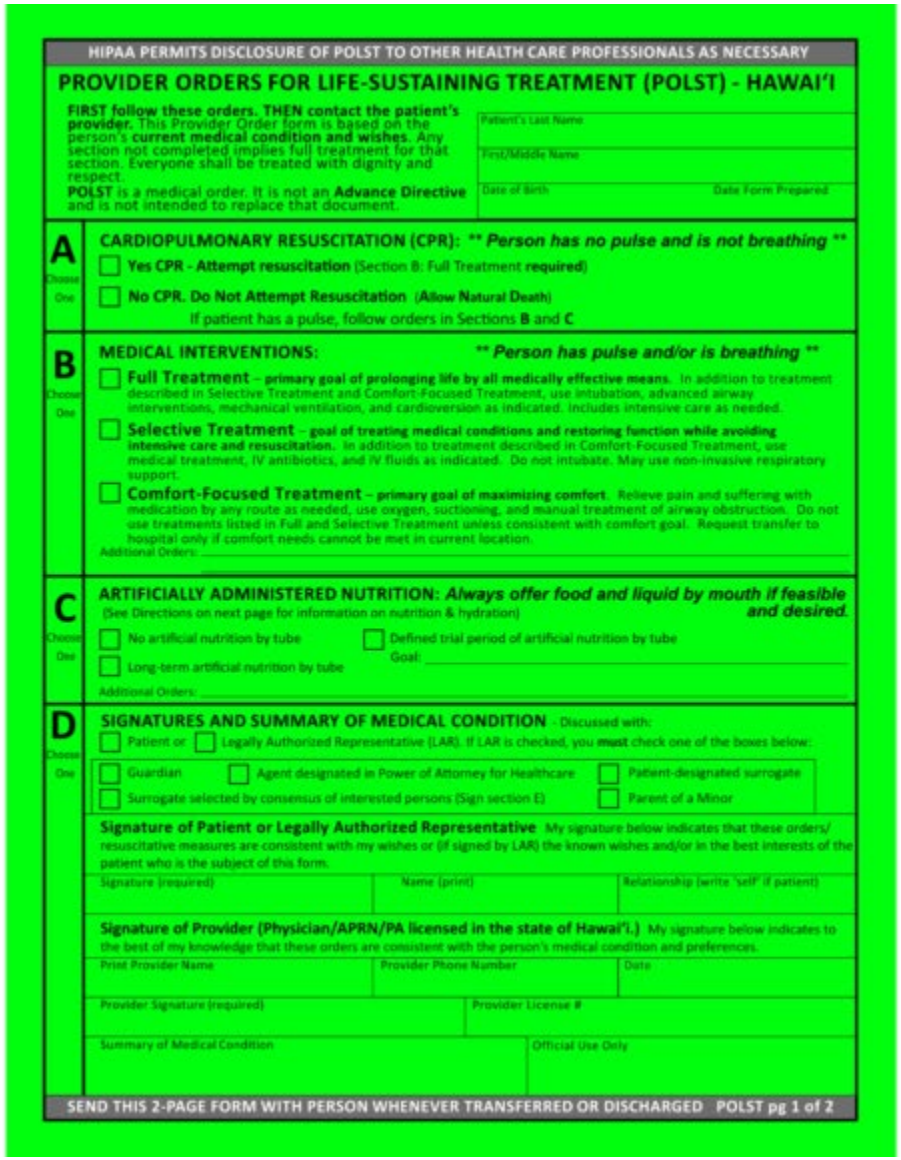
- **Do Not Alter this form.**
- **Print both pages as a double sided form on a single sheet of paper.**
- **Printing on bright yellow paper is recommended by EMS and the Virginia POLST**
- **Collaborative, but printing on white paper is acceptable.**
- **Paper suggestions 8.5x11, cardstock, Lift –Off lemon by Astrobrights.**

The Six Sections of the National POLST Form include:

- **Section A: Cardiopulmonary Resuscitation Orders. Follow these orders if the patient has no pulse and is not breathing.**
- **Section B: Initial Treatment Orders. Follow these orders if the patient has a pulse and/or is breathing.**
- **Section C: Additional Orders or Instructions. These orders are in additiona to the above (e.g. blood products, dialysis). (EMS protocols may limit emergency responder ability to act on orders in this section.)**
- **Section D: Medically Assisted Nutrition (offer food by mouth if desired by patient, safe and tolerated)**
- **Section E: Signature : Patient or Patient Representative (eSigned documents are valid).**
- **Section F: Signature : Health Care Provider (eSigned documents are valid).**

- **WWW.Polst.org or email info@polst.org**

WALTONWOOD
Redefining Retirement Living
SINGH



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

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) - HAWAI'I

FIRST follow these orders. THEN contact the patient's provider. This Provider Order form is based on the person's **current medical condition and wishes**. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.
POLST is a medical order. It is not an **Advance Directive** and is not intended to replace that document.

Patient's Last Name
First/Middle Name
Date of Birth
Date Form Prepared

A Choose One

CARDIOPULMONARY RESUSCITATION (CPR): ** *Person has no pulse and is not breathing* **

☐ **Yes CPR - Attempt resuscitation** (Section B: Full Treatment **required**)

☐ **No CPR. Do Not Attempt Resuscitation** (**Allow Natural Death**)

If patient has a pulse, follow orders in Sections **B** and **C**

B Choose One

MEDICAL INTERVENTIONS: ***** Person has pulse and/or is breathing *****

☐ **Full Treatment** – **primary goal of prolonging life by all medically effective means.** In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes intensive care as needed.

☐ **Selective Treatment** – **goal of treating medical conditions and restoring function while avoiding intensive care and resuscitation.** In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive respiratory support.

☐ **Comfort-Focused 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.

Additional Orders: _____

C Choose One

ARTIFICIALLY ADMINISTERED NUTRITION: ***Always offer food and liquid by mouth if feasible and desired.***
(See Directions on next page for information on nutrition & hydration)

☐ No artificial nutrition by tube
☐ Defined trial period of artificial nutrition by tube
Goal: _____
☐ Long-term artificial nutrition by tube

Additional Orders: _____

D Choose One

SIGNATURES AND SUMMARY OF MEDICAL CONDITION - Discussed with:

☐ Patient or ☐ Legally Authorized Representative (LAR). If LAR is checked, you **must** check one of the boxes below:

☐ Guardian ☐ Agent designated in Power of Attorney for Healthcare ☐ Patient-designated surrogate
☐ Surrogate selected by consensus of interested persons (Sign section E) ☐ Parent of a Minor

Signature of Patient or Legally Authorized Representative My signature below indicates that these orders/resuscitative measures are consistent with my wishes or (if signed by LAR) the known wishes and/or in the best interests of the patient who is the subject of this form.

Signature (required) | Name (print) | Relationship (write 'self' if patient)

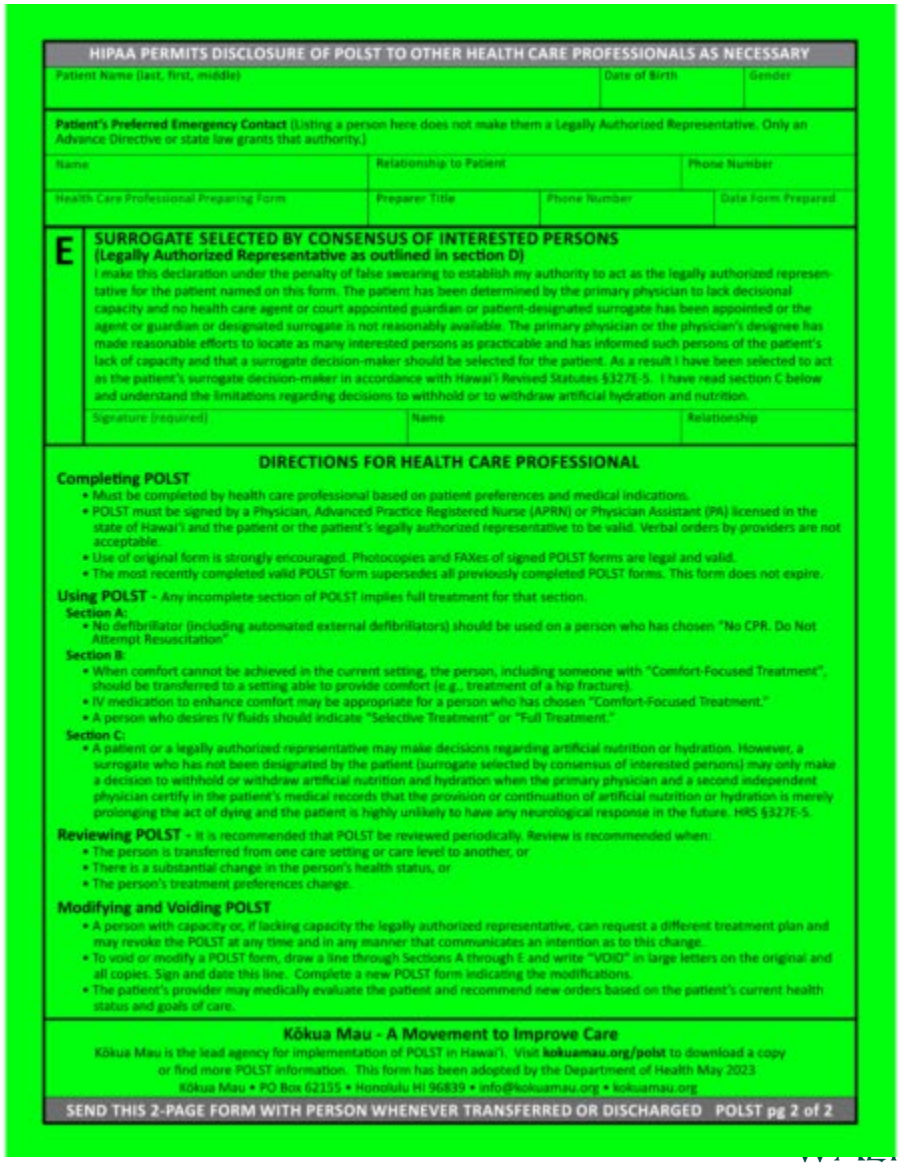
Signature of Provider (Physician/APRN/PA licensed in the state of Hawai'i.) My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Provider Name | Provider Phone Number | Date

Provider Signature (required) | Provider License #

Summary of Medical Condition | Official Use Only

SEND THIS 2-PAGE FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED POLST pg 1 of 2



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

Patient Name (last, first, middle) | Date of Birth | Gender

Patient's Preferred Emergency Contact (Listing a person here does not make them a Legally Authorized Representative. Only an Advance Directive or state law grants that authority.)

Name | Relationship to Patient | Phone Number

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

E **SURROGATE SELECTED BY CONSENSUS OF INTERESTED PERSONS**
(Legally Authorized Representative as outlined in section D)

I make this declaration under the penalty of false swearing to establish my authority to act as the legally authorized representative for the patient named on this form. The patient has been determined by the primary physician to lack decisional capacity and no health care agent or court appointed guardian or patient-designated surrogate has been appointed or the agent or guardian or designated surrogate is not reasonably available. The primary physician or the physician's designee has made reasonable efforts to locate as many interested persons as practicable and has informed such persons of the patient's lack of capacity and that a surrogate decision-maker should be selected for the patient. As a result I have been selected to act as the patient's surrogate decision-maker in accordance with Hawai'i Revised Statutes §327E-5. I have read section C below and understand the limitations regarding decisions to withhold or to withdraw artificial hydration and nutrition.

Signature (required) | Name | Relationship

DIRECTIONS FOR HEALTH CARE PROFESSIONAL

Completing POLST
- Must be completed by health care professional based on patient preferences and medical indications.
- POLST must be signed by a Physician, Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) licensed in the state of Hawai'i and the patient or the patient's legally authorized representative to be valid. Verbal orders by providers are not acceptable.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.
- The most recently completed valid POLST form supersedes all previously completed POLST forms. This form does not expire.

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

Section A:
- No defibrillator (including automated external defibrillators) should be used on a person who has chosen "No CPR. Do Not Attempt Resuscitation"

Section B:
- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort-Focused Treatment", 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-Focused Treatment."
- A person who desires IV fluids should indicate "Selective Treatment" or "Full Treatment."

Section C:
- A patient or a legally authorized representative may make decisions regarding artificial nutrition or hydration. However, a surrogate who has not been designated by the patient (surrogate selected by consensus of interested persons) may only make a decision to withhold or withdraw artificial nutrition and hydration when the primary physician and a second independent physician certify in the patient's medical records that the provision or continuation of artificial nutrition or hydration is merely prolonging the act of dying and the patient is highly unlikely to have any neurological response in the future. HRS §327E-5.

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 person with capacity or, if lacking capacity the legally authorized representative, can request a different treatment plan and may revoke the POLST at any time and in any manner that communicates an intention as to this change.
- To void or modify a POLST form, draw a line through Sections A through E and write "VOID" in large letters on the original and all copies. Sign and date this line. Complete a new POLST form indicating the modifications.
- The patient's provider may medically evaluate the patient and recommend new orders based on the patient's current health status and goals of care.

Kōkua Mau - A Movement to Improve Care

Kōkua Mau is the lead agency for implementation of POLST in Hawai'i. Visit **kokuamau.org/polst** to download a copy or find more POLST information. This form has been adopted by the Department of Health May 2023
Kōkua Mau • PO Box 62155 • Honolulu HI 96839 • info@kokuamau.org • kokuamau.org

SEND THIS 2-PAGE FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED POLST pg 2 of 2

MI-POST : Michigan Physicians Orders for Scope of Treatment . MDHSS-5837

- **Michigan's Updated POLST Form in the January 2023 Collaboration.**

- **This form is a Physician Order sheet based on the medical conditions and decisions of the person identified on this form.**

WALTONWOOD
Redefining Retirement Living
SINGH

MI-POST Form: Michigan Physician Orders for Scope of Treatment

- **MI-POST Form is signed by the patient/patient representative and their physician, nurse practitioner, or physicians' assistant. (just like the National POLST form).**

- **Purpose of the MI-POST form is to guide discussions between individuals, their families, their physicians, and their entire health care team about their treatment wishes in the event of a serious illness.**

- **Consider adding a MI-POST form to your estate planning documents if you have serious health issues or are at an advanced age, if living in Michigan.**

MI-POST form is an optional form that documents the patient's decisions and puts them into a physicians order set that can be followed at any Michigan Health Care Facility, as well as by first responders.

What is" selective treatment on a MI-POST "form and what may be included?

Selective Treatment-Primary goal of treating medical conditions while avoiding burdensome measures. In addition to care described in comfort-focused treatment, use IV Fluid therapies, cardiac monitoring including cardioversion, and non-invasive airway support (such as CPAP or BIPAP) as indicated.

Guidelines for having a successful Goals of Care (GOC) conversation

- **It is not about the form. It is about the conversation.**

- **1. Set the stage. (Private room, sit down, face to face conversation, include Surrogate)**
- **2. Assess the Patient's and the Surrogate's understanding of the illness, situation, and prognosis.**
- **3. Discuss experiences, Review previous documents, and explore the concept of "What Matters Most".**
- **4. Provide information as appropriate.**
- **5. Summarize the discussion and, if able, translate outcomes into Actionable Medical Orders(Using the POLST Form).**
- **(Facilitator Reference Guide)**

WALTONWOOD®
Redefining Retirement Living
SINGH

Helpful Medical Information for the POLST Facilitator

• Benefit vs Burden Discussion

- **There are many decisions a person with a life-limiting illness must make.**
- **During GOC conversation the following topics often require more attention.**

- **1. Cardiopulmonary Resuscitation (CPR)**
- **2. Long term Ventilation**
- **3. Artificial Nutrition**
- **4. Further Hospitalization**
- **5. Dialysis**
- **6. Antibiotics**
- **7. Use of Morphine or other Opioids**

- **(Virginia Facilitator Reference guide)**

WALTONWOOD
Redefining Retirement Living
SINGH

How to Translate the Goals of Care conversation into Actionable Medical Orders-Using the POLST Form

- **1. Summarize the Goals of Care Conversation with the Patient and Surrogate.**
- **2. If you are not a physician, nurse practitioner, or physicians assistant, you may have to create a list of questions for the patient and/or surrogate to ask their primary care physician.**
- **3. Review each Section in order with the Patient and/or Surrogate.**
- **4. Obtain signatures as requested**
- **5. Make copies for Patient and/or surrogate**
- **6. Place a copy of the POLST form in the patient's chart.**

Helpful Resources

- **1. Palliative Performance Scale**
- **2. Functional Assessment Staging (FAST) of Alzheimer's Disease**
- **3. Hospice Eligibility Guidelines for Common Hospice Diagnosis :**
- **Heart Disease**
- **Cancer Diagnosis**
- **Dementia due to Alzheimer's Disease and Related Disorders**
- **Liver Failure**
- **Pulmonary Disease**
- **Chronic Renal Failure**
- **4. FIVE WISHES (Aging with Dignity, 888-594-7437, www.agingwithdignity.org, Tallahassee, Florida.)**
-

WALTONWOOD
Redefining Retirement Living
SINGH

References

- **Recent State Actions That support and Expand Palliative Care. National Academy for State health Policy NASHP, July 14, 2023, (https://nashp.org).**
- **Palliative Care Policies, Policymakers, Center to Advance Palliative Care,(CAPC25), June 27, 2024.**
- **Physicians Orders for Scope of Treatment, A POLST Paradigm Program, Virginian POST Collaborative, Endorsed www.POLST.org, 2024.**
- **Palliative Care Law and Policy GPS, Yale University, June 27, 2024, https://palliativecarelawandpolicy.yale.edu/about.**
- **Concurrent Care as the Next Frontier in End-of-Life Care. Natalie C. Ernecoff, PhD, MPH, Rebecca Anhanf Price, PhD, MS, JAMA Health forum. 2023; 4(8) e 232603.**

WALTONWOOD®
Redefining Retirement Living
SINGH

Thank you for spending time with me today

Dana Rizzo RN, BSN, ACM-RN

Dana.Rizzo@singhmail.com

Waltonwood Senior Living Communities

Redefining Retirement Living

SINGH


14141