

POLST Community Presentation

Physician
Orders for
Life
Sustaining
Treatment



POLST
CALIFORNIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

POLST

- What is POLST and why is it important?
- Overview of the POLST form
- How do I complete a POLST?

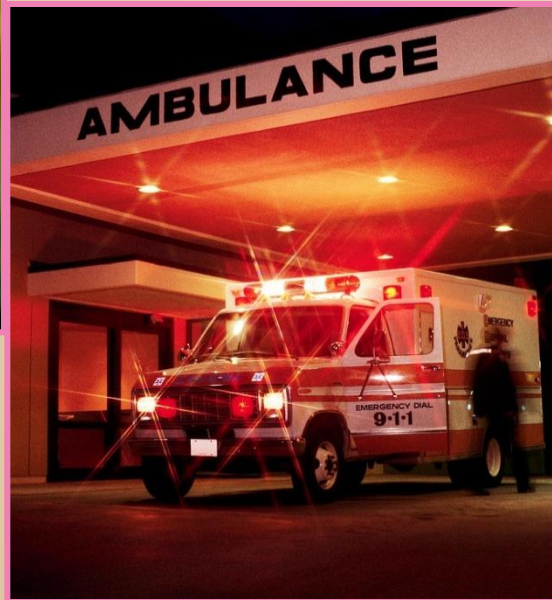
Why POLST?

- Patient wishes often are not known.
 - The Advance Healthcare Directive (AHCD) may not be accessible.
 - Wishes may not be clearly defined in AHCD.
- Allows healthcare professionals to know and honor your wishes for care.

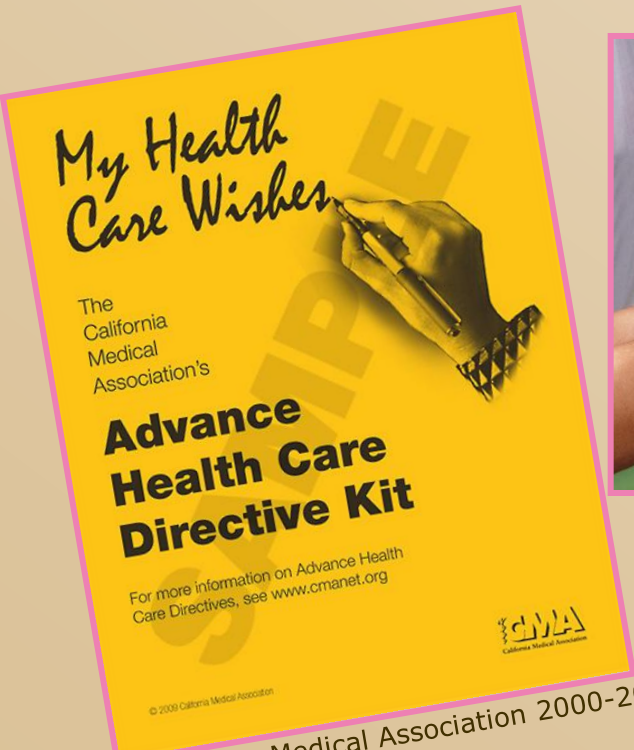
POLST Conversations

- Focus is on the conversation.
- It is important to talk about and document your wishes before you become seriously ill.

Case Study: What We Know



Case Study: What We Didn't Know



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Case Study: What Happened

- AHCD not transferred with Mr. Jones.
- Mr. Jones' wishes not known or honored.
- Treatment given that he did not want.
- Unnecessary pain and suffering.

What is POLST?

- Doctor's order recognized by the entire medical system.
- Portable document that goes 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.



EMSA #111 B
(Effective 4/1/2011)

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.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

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.*

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 person has pulse and/or is breathing.*

Check One

- 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.
- 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.*

Check One

- No artificial means of nutrition, including feeding tubes. Additional Orders: _____
- Trial period of artificial nutrition, including feeding tubes. _____
- Long-term artificial nutrition, including feeding tubes. _____

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:
Name: _____
Phone: _____
- 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 the form.

Print Name:	Relationship: (write self if patient)	
Signature: (required)	Date:	
Address:	Daytime Phone Number:	Evening Phone Number:

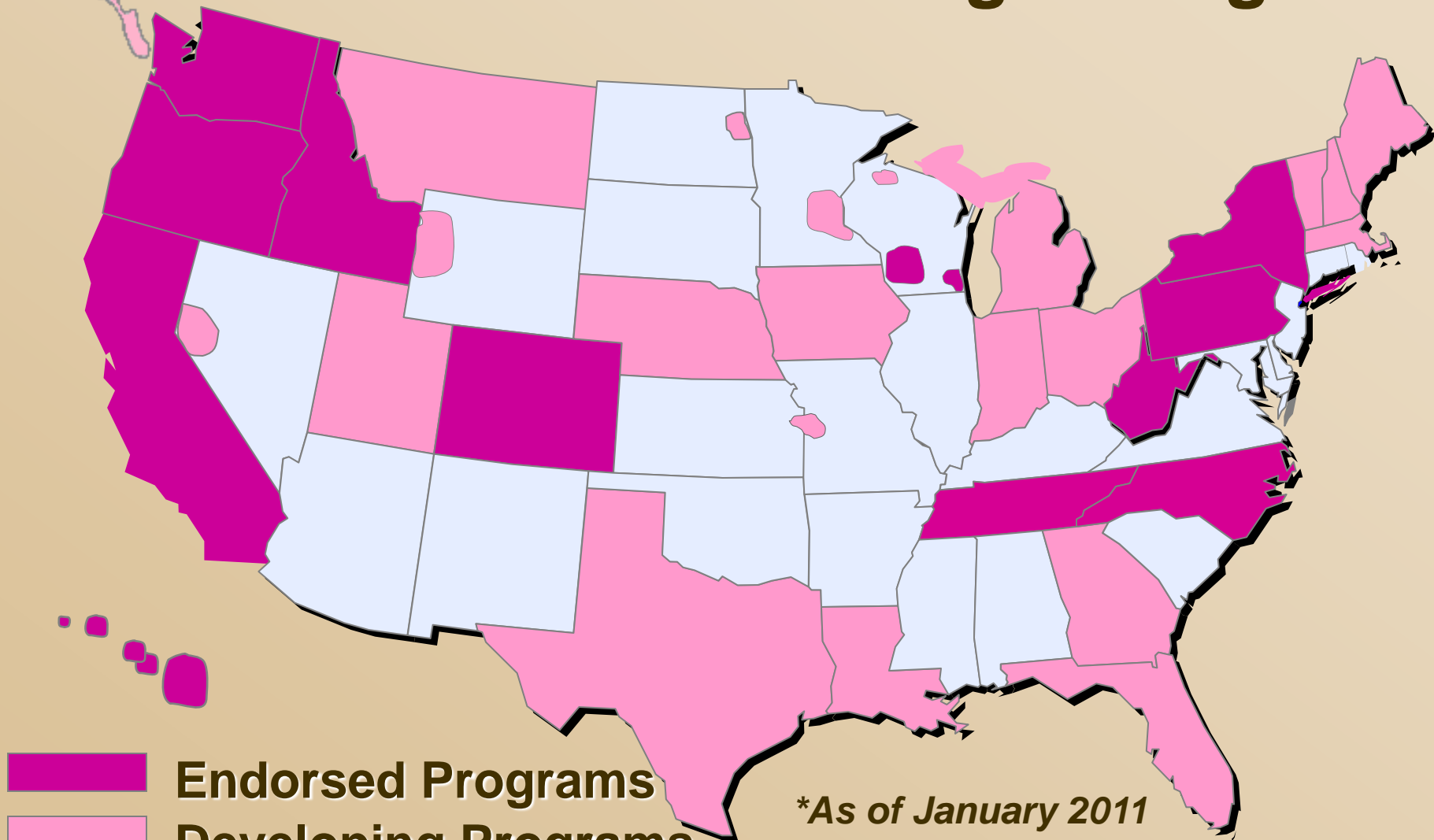
Who Would Benefit from Having a POLST Form?

- Chronic, progressive illness
- Serious health condition
- Medically frail

POLST History

- POLST development began in Oregon in 1991.
- Expanded to more than half of US.
- Studies have shown that POLST is effective in providing care that is consistent with patient wishes.

National POLST Paradigm Programs



-  Endorsed Programs
-  Developing Programs
-  No Program (Contacts)

**As of January 2011*

Designation of POLST Paradigm Program status based on information available by the program to the Task Force.

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.

POLST in California

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

AB 3000, Wolk. Health care decisions: life-sustaining treatment.

Effective January 1, 2009

POLST in California

- One form for entire state.
- Use not mandated.
- **Honoring form is mandated.**

POLST vs. Advance Healthcare Directive

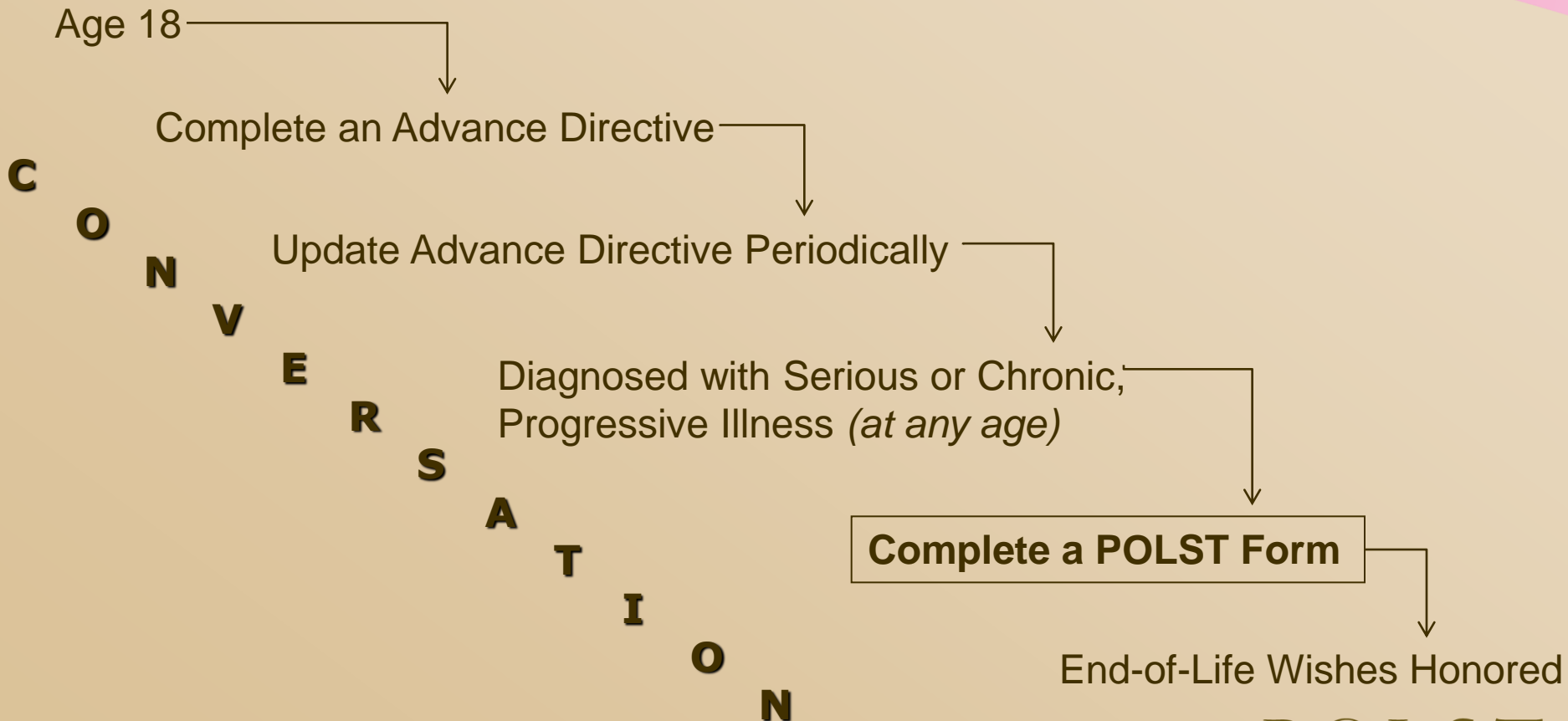
- POLST complements the Advance Healthcare Directive (AHCD).
- Both are legal documents.

POLST vs. Advance Healthcare Directive

<u>POLST</u>	<u>AHCD</u>
<ul style="list-style-type: none">• For seriously ill/frail, at any age	<ul style="list-style-type: none">• For anyone 18 and older
<ul style="list-style-type: none">• Specific orders for current treatment	<ul style="list-style-type: none">• General instructions for future treatment
<ul style="list-style-type: none">• Can be signed by decisionmaker	<ul style="list-style-type: none">• Appoints decisionmaker

Where Does POLST Fit In?

Advance Care Planning Continuum



POLST vs. Pre-Hospital DNR (*Do Not Resuscitate*)

- Similarities:
 - Doctor's orders.
 - Address Do Not Resuscitate.
 - Intended for medically frail or those with chronic or serious illness.

POLST vs. Pre-Hospital DNR

(Do Not Resuscitate)

<u>POLST</u>	<u>Pre-Hospital DNR</u>
<ul style="list-style-type: none">• Allows for choosing CPR	<ul style="list-style-type: none">• Can only use if choosing DNR
<ul style="list-style-type: none">• Allows for other medical treatments	<ul style="list-style-type: none">• Only applies to resuscitation
<ul style="list-style-type: none">• Honored across all healthcare settings	<ul style="list-style-type: none">• Only honored outside the hospital

How Do I Complete a POLST?

- Talk to your doctor about what kind of medical treatment you would want if you became seriously ill.
- Talk to your doctor about POLST.
- Talk to your family about your decisions.

Where Do I Keep a POLST?

Original pink POLST stays with you!

- At home:
 - Post in easy-to-find location (with AHCD).
 - Give to Emergency Medical Services.
- At SNF/Hospital:
 - Filed in medical chart (with AHCD).
 - Goes with you if transferred.

Can POLST be Changed?

- You can change your POLST at any time.
- If you cannot speak for yourself, your healthcare decisionmaker may request change based on the known desires of the individual.

POLST

- Talk with your doctor and your family
- Visit www.caPOLST.org

Questions?



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