

Are we completing POLST forms on the right patients?

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT			
Oregon POLST™			
Portable Orders for Life-Sustaining Treatment*			
Follow these medical orders until orders change. Any section not completed implies full treatment for that section.			
Patient Last Name:	Suffix:	Patient First Name:	Patient Middle Name:
Preferred Name:	Date of Birth: (mm/dd/yyyy)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	MRN (optional)
Address: (street / city / state zip):			
A <i>Check One</i>	CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless, & not breathing.</i>		
	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR If patient not in cardiopulmonary arrest, follow orders in B.		
B <i>Check One</i>	MEDICAL INTERVENTIONS: <i>If patient has pulse and is breathing.</i>		
	<input type="checkbox"/> Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan: Provide treatments for comfort through symptom management.		
	<input type="checkbox"/> Limited Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide basic medical treatments.		
	<input type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: All treatments including breathing machine.		
	Additional Orders: _____		
C <i>Check All That Apply</i>	DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION <i>See reverse side for add'l info.</i>		
	<input type="checkbox"/> Patient <input type="checkbox"/> Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion - see reverse side) <input type="checkbox"/> Parent of minor <input type="checkbox"/> Person appointed on advance directive <input type="checkbox"/> Court-appointed guardian <input type="checkbox"/> Relative or friend (without written appointment)		
	Discussed with (list all names and relationship): _____		
D	PATIENT OR SURROGATE SIGNATURE		
	Signature: <i>recommended</i>	Name (print):	Relationship (write "self" if patient):
	This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box <input type="checkbox"/>		
E <i>Must Print Name, Sign & Date</i>	ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)		
	By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.		
	Print Signing MD / DO / NP / PA / ND Name: <i>required</i>	Signer Phone Number:	Signer License Number: (optional)
	MD / DO / NP / PA / ND Signature: <i>required</i>	Date: <i>required</i>	"Signed" means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D			

*Also known as Physician Orders for Life-Sustaining Treatment

POLST is for patients with advanced illness and frailty



Key Differences between the Advance Directive Form and the POLST Form

<h2>Advance Directive</h2> <p>A Voluntary Legal Document</p>	<h2>POLST</h2> <p>A Voluntary Medical Order</p>
<p>For all adults <u>regardless of health status</u> at any age, starting at age 18</p>	<p>For those with serious illness, or frailty, or a limited prognosis at any age, <u>depending on health status</u></p>
<ol style="list-style-type: none"> 1) Appoints a Health Care Representative 2) Memorializes values and preferences 3) Is signed by the principal 	<p>Is a <u>specific medical order</u> and is signed by a Health Care Professional.</p>
<p>Provides for theoretical situations in which a person may not have capacity for decision making. <u>Guidelines for imagined future situations</u> which may arise and for which a person may have <u>preferences for a particular kind of care plan.</u></p>	<p>Provides for likely events that can be foreseen. <u>Specific medical orders addressing defined medical interventions for situations that are likely to arise</u> given the patient's health status and prognosis.</p>

POLST is not needed for “healthy patients” going for short-term rehabilitation



Instead, these patients should have orders for Full Code on their discharge orders

Facility Code Status

Complete EITHER the order for Full Code OR a POLST form documenting limitations of care. A POLST form is NOT required for EVERY skilled nursing facility discharge.

Who Should Have a POLST Form?

The POLST form is designed for seriously ill or frail patients. To determine whether a POLST form should be considered, clinicians should ask themselves: "Would I be surprised if this patient died or lost decision-making capacity in the next 1-2 years? If the answer is, "No, I would not be surprised," then a goals-of-care discussion and advance care planning with POLST is appropriate to consider. Use of the POLST form to limit treatment is not appropriate for patients with stable medical or functionally disabling problems who have many years of life expectancy.

Code Status for Facility

Accept Cancel

 Status

Full Code

Treatment Limits per POLST

Completing POLST in healthy patients can cause harm



POLST should be **offered** to those with advanced illness or frailty.

Advance Directive forms should be offered to patients without serious advanced illness.