

# 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 checked="" type="checkbox"/> X	MRN (optional)

Address: (street / city / state zip): \_\_\_\_\_

**A** **CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless, & not breathing.*

Check One

Attempt Resuscitation/CPR       Do Not Attempt Resuscitation/DNR

If patient not in cardiopulmonary arrest, follow orders in B.

**B** **MEDICAL INTERVENTIONS:** *If patient has pulse and is breathing.*

Check One

**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.

**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.

**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** **DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION** *See reverse side for add'l info.*

Check All That Apply

Patient       Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion - see reverse side)

Parent of minor

Person appointed on advance directive       Relative or friend (without written appointment)

Court-appointed guardian

Discussed with (list all names and relationship): \_\_\_\_\_

**D** **PATIENT OR SURROGATE SIGNATURE**

Signature: recommended      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

**E** **ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)**

Must Print Name, Sign & Date

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: <u>required</u>	Signer Phone Number:	Signer License Number: (optional)
MD / DO / NP / PA / ND Signature: <u>required</u>	Date: <u>required</u>	"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  
© CENTER FOR ETHICS IN HEALTH CARE, Oregon Health Science University (OHSU) 2019

# POLST is for patients with advanced illness and frailty



# Key Differences between the Advance Directive Form and the POLST Form

<b>Advance Directive</b> A Voluntary Legal Document	<b>POLST</b> A Voluntary Medical Order
For all adults <u>regardless of health status</u> at any age, starting at age 18	For those with serious illness, or frailty, or a limited prognosis at any age, <u>depending on health status</u>
1) Appoints a Health Care Representative 2) Memorializes values and preferences 3) Is signed by the principal	Is a <u>specific medical order</u> and is signed by a Health Care Professional.
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>	Provides for likely events that can be foreseen. Specific medical orders addressing <u>defined medical interventions for situations that are likely to arise</u> given the patient's health status and prognosis.

**POLST should not be offered  
to “healthy” 65 year olds at  
“Welcome to Medicare” visits**



# 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 a serious advanced illness.