

Oregon POLST® (Portable Orders for Life-Sustaining Treatment)

1. POLST stands for Portable (or Physician) Orders for Life-Sustaining Treatment. It is a form that turns a person's medical treatment preferences into a medical order.
2. A doctor may bring up a POLST if someone is seriously ill and nearing the end of their life. It documents what types of medical treatments and life support a person wants to treat their serious illness and records their preferences around receiving CPR (cardiopulmonary resuscitation) if they stop breathing.
3. A POLST is not appropriate for someone with a disability just because they have a disability. It is only for people with serious conditions like cancer or advanced heart disease, who want to make sure their treatment preferences are honored near the end of their life. POLST is only appropriate for individuals who are seriously ill and near the end of life.
4. POLST Forms are always voluntary.
 - a. POLST forms should never be mandatory or a pre-condition to admission for any DD licensed adult foster home or group home.
 - b. Hospitals and health care professionals cannot require completion

of a POLST to receive treatment or care. ODDS providers also cannot require completion of a POLST. It is illegal and unethical to coerce or unduly influence a person to complete a POLST.

5. A person must have an opportunity to make a fully informed choice regarding completion of a POLST.
 - a. Individuals should never be given blank POLST forms to complete.
 - b. POLST should be the result of a conversation. A POLST form should only be completed after a person has had a conversation with a health care professional, and any designated supporters.
 - c. A person with an intellectual or developmental disability has the right to identify at least three supporters and have one of them present with them in the hospital. A hospital must ensure that the supporter designated by the person is present for any discussion regarding the creation of a POLST, Advance Directive, or any other documented decision to withhold or withdraw life sustaining treatment, unless the person requests to have the discussion outside of the presence of a support person.
 - d. Individuals who are not seriously ill, or near end of life, may still want to consider documenting treatment preferences and designated supporters. Documenting this in advance can be done through an [Advance Directive, an appointment of a Health Care Representative](#), or other tools for documenting preferences for medical treatment. See [key differences between Advance](#)

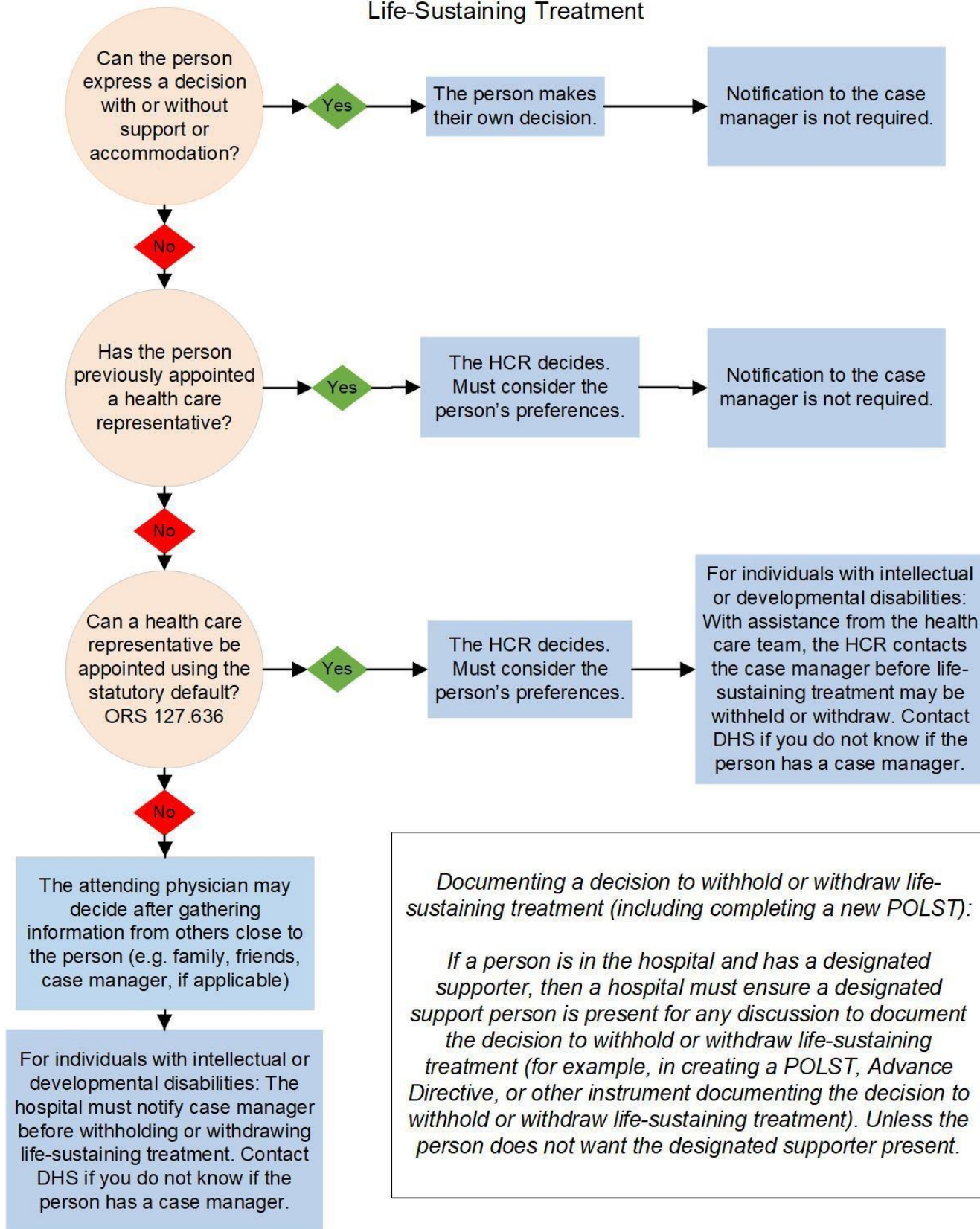
[Directives and POLST.](#)

6. It is the responsibility of the medical professional to confirm that POLST orders reflect the individual's wishes in their current state of health and to assure that a copy of the form is submitted to the [Oregon POLST Registry.](#)
7. A copy should also be maintained in the individual's file with case management and the residential provider, and readily available for EMTs in an emergency. A copy should also be taken with the person if they go to the doctor or to the emergency department.
8. If a person goes to the hospital, the ODDS residential service provider notifies the case manager. The case manager has an obligation to share information regarding the person's preferences for treatment with the health care team.
9. A Health Care Representative, attending physician, or attending health care provider statutorily appointed under [ORS 127.635\(2\) or \(3\)](#) to make a decision to withhold or withdraw life- sustaining treatment for a person who has an intellectual or developmental disability must notify the case manager before life sustaining procedures may be withheld or withdrawn. The case manager must share with the health care team information related to the person's preferences and belief related to withholding or withdrawing life-sustaining treatment.
10. Direct Support Professionals (DSPs), foster care providers, and Personal Support Workers (PSWs) are expected to follow the POLST document, including when or when not to engage in CPR. A DSP

following a POLST with a DNR (Do Not Resuscitate) order shall not initiate CPR for a person who is not breathing and is unresponsive. [Policy Transmittal-20-011](#).

11. Additional training and information can be found here:
 - a. [Oregon POLST Professional Resource Library](#).
 - b. [Guidebook on POLST use for persons with disabilities](#) who are near the end of their life.
 - c. [POLST YouTube channel](#) with videos for health care providers, patients, and families.
 - d. A new [Oregon POLST form](#) became effective on January 3, 2023. All completed earlier versions of Oregon POLST forms remain valid, and existing POLST orders remain in the Oregon POLST Registry until changed or voided.

Health Care Decision-Making: Making the Decision to Withhold or Withdraw Life-Sustaining Treatment



Documenting a decision to withhold or withdraw life-sustaining treatment (including completing a new POLST):

If a person is in the hospital and has a designated supporter, then a hospital must ensure a designated support person is present for any discussion to document the decision to withhold or withdraw life-sustaining treatment (for example, in creating a POLST, Advance Directive, or other instrument documenting the decision to withhold or withdraw life-sustaining treatment). Unless the person does not want the designated supporter present.

Health Care Decision Making: Making the Decision to Withhold or Withdraw Life-Sustaining Treatment

Can the person express a decision with or without support or accommodation?

If yes, the person makes their own decision and notification to the case manager is not required.

If no, has the person previously appointed a Health Care Representative (HCR)?

If yes, the HCR must consider the person's preferences and decide. Notification to the case manager is not required.

If no, can a Health Care Representative (HCR) be appointed using the statutory default (ORS 127.636)?

If yes, the HCR must consider the person's preferences and decide. For individuals with intellectual or developmental disabilities, the HCR with the assistance from the health care team, contacts the case manager before life-sustaining treatment may be withheld or withdrawn. Contact ODHS if you do not know if the person has a case manager.

If no, the attending physician may decide after gathering information from others close to the person (e.g., family, friends, case manager, if applicable). For individuals with intellectual or developmental disabilities, the hospital must notify the case manager before withholding or withdrawing life-sustaining treatment. Contact ODHS if you do not know if the person has a case manager.

Documenting a decision to withhold or withdraw life-sustaining treatment (including completing a new POLST):

If a person is in the hospital and has a designated supporter, then a hospital must ensure a designated support person is present for any discussion to document the decision to withhold or withdraw life-sustaining treatment (for example, in creating a POLST, Advance Directive, or other instrument documenting the decision to withhold or withdraw life-sustaining treatment). Unless the person does not want the designated supporter present.

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT			
- Sample -		Oregon POLST® Portable Orders for Life-Sustaining Treatment*	
		For Patient Education	
Follow these medical orders until orders change. Any section not completed implies full treatment for that section.			
Patient's Last Name:		Suffix:	Patient's First Name:
Patient's Last Name			Patient's First Name
Preferred Name:		Patient's Middle Name:	
Date of Birth: (mm/dd/yyyy)		Gender:	
Date / of / Birth		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
		MRN (optional)	
Address (street / city / state / zip):			
A CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless & not breathing.</i>			
Check One			
<input checked="" type="checkbox"/> Attempt Resuscitation/CPR		<input type="checkbox"/> Do Not Attempt Resuscitation/DNR	
Must check Full Treatment in Section B. If patient not in cardiopulmonary arrest, follow orders in B.			
B MEDICAL INTERVENTIONS: <i>When patient has a pulse and is breathing.</i>			
Check One			
<input checked="" 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. <i>Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> Treatment Plan: Provide treatments for comfort through symptom management.			
<input type="checkbox"/> Selective 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). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> Treatment Plan: Provide basic medical treatments.			
<input type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit, if indicated.</i> Treatment Plan: All treatments including breathing machine.			
Additional Orders:			
C DISCUSSED WITH: (REQUIRED)			
Check All That Apply			
<input type="checkbox"/> Patient		<input type="checkbox"/> Parent of minor	
<input type="checkbox"/> Person appointed on advance directive		<input type="checkbox"/> Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities.	
<input type="checkbox"/> Court-appointed guardian			
List all names and relationship: _____			
D PATIENT ACKNOWLEDGEMENT (RECOMMENDED BUT NOT REQUIRED)			
Signature:		Relationship (write "self" if patient):	
This form will be sent to the POLST Registry unless the patient wishes to opt out. To opt out, check here. <input type="checkbox"/>			
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: required		Signer's Phone Number:	
		Signer's License Number: (optional)	
MD / DO / NP / PA / ND Signature: required		Date: required	
*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			
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Printer-friendly Resources:

Advanced Directive:

<https://www.oregon.gov/oha/PH/ABOUT/Pages/ADAC-Forms.aspx>

Form for Appointing a Health Care Representative:

<https://www.oregon.gov/oha/PH/ABOUT/Documents/Appointing-Healthcare-Representative.pdf>

Differences between Advanced Directive and POLST:

<https://oregonpolst.org/wp-content/uploads/2021/12/2021.08.12-Comparison-table-of-Advance-Directive-and-POLST.pdf>

Oregon POLST Registry: <https://orpolstregistry.wordpress.com/him-and-clinical-staff/>

ORS 127.635: https://oregon.public.law/statutes/ors_127.635

Policy Transmittal PT-20-011:

<https://www.dhs.state.or.us/policy/spd/transmit/pt/2020/pt20011.pdf>

Oregon POLST Professional Resource Library:

<https://oregonpolst.org/resources>

Guidebook on POLST use for persons with disabilities who are near the end of their life: <https://osf.io/f852b>

POLST YouTube channel with videos for health care providers, patients, and families: <https://www.youtube.com/user/ORPOLST>

Oregon POLST form: <https://oregonpolst.org/ordering-oregon-polst-forms-and-materials/>