

# POLST

*physician orders for life-sustaining treatment*



## *Guidance for Oregon's Health Care Professionals*

[www.polst.org](http://www.polst.org)

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## Introduction

People have the right to make their own health care decisions. Advance directives can help people communicate their treatment preferences when they would otherwise be unable to make such decisions. Advance directives generally are statements about preferences for care in the future. Unfortunately, in a time of crisis, the wishes expressed by an advance directive may, in some cases, not be honored due to the unavailability of completed forms or a health care professional's inability to determine that the person's medical condition meets the language of the document. Thus, health care professionals caring for persons in various settings may in good faith initiate or withhold treatments that are potentially medically not indicated or contrary to the desires of the person.

"Physician Orders for Life-Sustaining Treatment" (POLST) is a program designed to help health care professionals honor the treatment wishes of their patients. The program was developed initially in Oregon in 1991 by a multi-professional task force convened by the Center for Ethics in Health Care at Oregon Health & Science University<sup>1</sup>. The form and implementation process are revised periodically based on feedback from health care professionals and evaluative research.

The POLST program is designed to help primary care physicians, nurse practitioners, physician assistants, long-term care facilities, hospices, home health agencies, emergency medical services, and emergency physicians:

- promote a person's<sup>2</sup> autonomy by documenting a person's treatment preferences and coordinating these with medical orders;
- enhance the HIPAA compliant transfer of patient records between health care professionals and health care settings;

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT	
<p align="center"><b>Physician Orders for Life-Sustaining Treatment (POLST)</b></p> <p><small>Please follow these orders. When contact physician, NP, or PA. These medical orders are based on the person's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section.</small></p>	
<p><b>Last Name/ First/ Middle Initial</b> _____</p> <p><b>Address</b> _____</p> <p><b>City / State / Zip</b> _____</p> <p><b>Date of Birth (mm/dd/yyyy)</b> _____ <b>Last 4 SSN</b> _____ <b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F</p>	
<b>A</b>	<p><b>CARDIOPULMONARY RESUSCITATION (CPR):</b> Person has no pulse and is not breathing.</p> <p><input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow Natural Death)</p> <p><small>When not in cardiopulmonary arrest, follow orders in B, C and D.</small></p>
<b>B</b>	<p><b>MEDICAL INTERVENTIONS:</b> Person has pulse and is breathing.</p> <p><input type="checkbox"/> <b>Comfort Measures Only</b> Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</i></p> <p><input type="checkbox"/> <b>Limited Additional Interventions</b> Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Avoid intensive care.</i></p> <p><input type="checkbox"/> <b>Full Treatment</b> Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care.</i></p> <p><i>Additional Orders:</i> _____</p>
<b>C</b>	<p><b>ANTIBIOTICS</b></p> <p><input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms.</p> <p><input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs.</p> <p><input type="checkbox"/> Use antibiotics if medically indicated.</p> <p><i>Additional Orders:</i> _____</p>
<b>D</b>	<p><b>ARTIFICIALLY ADMINISTERED NUTRITION:</b> Always offer food by mouth if feasible.</p> <p><input type="checkbox"/> No artificial nutrition by tube.</p> <p><input type="checkbox"/> Defined trial period of artificial nutrition by tube.</p> <p><input type="checkbox"/> Long-term artificial nutrition by tube.</p> <p><i>Additional Orders:</i> _____</p>
<b>E</b>	<p><b>REASON FOR ORDERS AND SIGNATURES</b></p> <p>My signature below indicates to the best of my knowledge that these orders are consistent with the person's current medical condition and preferences as indicated by the discussion with:</p> <p><input type="checkbox"/> Patient <input type="checkbox"/> Health-Care Representative <input type="checkbox"/> Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion. See reverse side.)</p> <p><input type="checkbox"/> Parent of Minor <input type="checkbox"/> Court-Appointed Guardian</p> <p><input type="checkbox"/> Other _____</p> <p><b>Print Primary Care Professional Name</b> _____ <b>Office Use Only</b></p> <p><b>Print Signing Physician / NP / PA Name and Phone Number</b> _____</p> <p><b>Physician / NP / PA Signature (mandatory)</b> _____ <b>Date</b> _____</p>
<p align="center"><b>ORIGINAL TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED, SUBMIT COPY TO REGISTRY</b></p> <p align="center"><small>© CENTER FOR ETHICS IN HEALTH CARE, Oregon Health &amp; Science University, 3181 Sam Jackson Park Rd, UHN-86, Portland, OR 97239-3099 (503) 494-3965</small></p>	

<sup>1</sup> Development of the Oregon POLST Program was funded by The Greenwall Foundation. Dissemination has been funded in part by The Robert Wood Johnson Foundation, The Nathan Cummings Foundations, Karen and Bill Early, The Samuel S. Johnson Foundation, The Wendt Education Fund and others.

<sup>2</sup> "Person" is used throughout this booklet to indicate a child or adult inpatient or outpatient or a resident of a long term care facility. The "person" is not the "guardian".

- clarify treatment intentions and minimize confusion regarding a person's treatment preferences;
- reduce repetitive activities in complying with the Patient Self Determination Act;
- facilitate appropriate treatment by emergency medicine and EMS personnel; assist parents of minor children and guardians of seriously ill minors or protected persons to express wishes and intentions for treatment;
- ensure high quality treatment, especially at end of life; and
- be sensitive to the needs of vulnerable persons.

The voluntary use of the POLST document is intended to enhance the quality of a person's care and is expected to complement the advance directive if it has been completed. The POLST document is a set of medical orders based on treatment preferences. They are designed to be easy to interpret in an emergency situation. The POLST form is not intended to replace an advance directive document or other medical orders. We encourage attaching copies of advance directives or guardianship documents to the POLST form. The professional signing the form should weigh carefully the patient and surrogates' values when completing and reviewing the orders.

For persons with advanced illnesses, the POLST puts the advance directive into action by centralizing information, facilitating record keeping, and ensuring transfer of appropriate information among health care professionals and care settings.

The Oregon Medical Board has defined the EMT Scope of Practice so that an Oregon-certified First Responder or EMT shall comply with life-sustaining treatment orders executed by a physician, nurse practitioner or physician assistant [OAR 847-35-0030(6)] [http://www.ohsu.edu/polst/programs/documents/ScopeofPractice847\\_035.pdf](http://www.ohsu.edu/polst/programs/documents/ScopeofPractice847_035.pdf)).

POLST programs are well established or are developing in numerous other states or communities across the U.S. including Washington, Idaho and California. Several other countries are developing programs as well. The National POLST Paradigm Initiative Task Force is helping to facilitate education, policy development, research and standardization of POLST paradigm programs. Many organizations endorse the POLST as a means to ensure respect for a person's wishes regarding use of life-sustaining treatments.

In Oregon, the POLST document is copyrighted by the Center for Ethics in Health Care and cannot be modified or reproduced without the expressed consent of the Oregon POLST Task Force. Institutions and communities may seek permission from the Center to obtain a camera-ready copy of the POLST document to reproduce in their own setting for a specified period and agreed to conditions. The POLST form is modified every 2 to 3 years as part of a continuous quality improvement process. Statewide coordination of the program allows updates to be broadly disseminated. Use of the Oregon POLST form is voluntary and conforms with state statute [ORS 127.505 et seq.] (<http://arcweb.sos.state.or.us/rules/OARS>). The Oregon POLST document may not be respected in other states where policy, statute or regulatory issues have yet to be clarified or revised.

## Who Should Have a POLST Form

Use of the POLST form was designed for seriously ill persons with life-limiting, also sometimes called terminal, illnesses. To determine whether a POLST form should be encouraged, clinicians should ask themselves, "Would I be surprised if this person died in the next year?" If the answer is "No, I would not be surprised", then a POLST form is appropriate to consider further. Remember that a POLST form is designed to express the individual's preferences for levels of treatment at the present time and can indicate either full treatment, including resuscitation attempts, or can be used to limit those interventions that are not desired by the individual. In the absence of a POLST form or other state-specific do-not-resuscitate orders, patients will receive advanced cardiac life support, including CPR, endotracheal intubation, and defibrillation, by emergency medical personnel based on standard protocols.

Unless it is the patient's preference, use of the POLST form to limit treatment is not appropriate for persons with stable medical or functionally disabling problems who have many years of life expectancy. For more information, please see below section on "POLST Use for Persons with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life".

## How to Use the POLST Form

### Overview

The POLST form should be completed after discussion with the person or surrogate decision-maker based on the person's current treatment preferences. The document may be completed by other health care professionals under the direction of the physician, nurse practitioner or physician assistant. The physician/nurse practitioner/physician assistant must sign the form assuming full responsibility for the medical indications of the orders and accurate reflection of the person's values. Below is a description of Oregon's POLST form as an example. Other POLST paradigm programs can provide information specific to their program.

The Oregon POLST is a double-sided bright pink form. One side of the document contains the "Physician Orders for Life-Sustaining Treatment" (Sections A - E). The other side of the form includes the signature of the person and signature and contact information for a surrogate, if one is available.

The National POLST Paradigm Initiative Task Force strongly recommends that all POLST Paradigm programs require the signature of either the patient or the patient's legal representative to make the form valid, as allowed by statute and regulations. The signature of the patient (or the patient's legal representative if the patient lacks decision-making capacity) provides evidence that patients or their legal representatives are aware of and agree with the orders on the form. In this respect, the requirement that patients or their legal representatives review and sign the form provides a safeguard for patients that the orders on the form accurately convey their preferences. Completion of the POLST form is voluntary, and the goal of such a form is to ensure that the patient

receives the level of care desired. Currently, Oregon does not mandate a signature from the person or surrogate but it is strongly encouraged.

In signing the POLST form, a physician assistant must include the name and phone number of the supervising physician on the back of the form under "contact information." This allows nurses to follow the orders signed by a physician assistant.

The POLST form provides documentation of a person's current preferences and provides life-sustaining treatment orders which reflect these values. In institutional settings, the POLST should be the first document in the clinical record. In other settings, it is recommended that the form be placed inside a red envelope (to protect privacy) and attached to the side of the kitchen refrigerator. For those persons in institutional settings, the original form should accompany the person upon transfer from one setting to another. A copy of the POLST form should be kept in the individual's medical record. HIPAA permits disclosure of POLST orders to other health care professionals across treatment settings. Copies of the POLST form may be honored by EMS and other professionals.

Sometimes a person is evaluated in a setting (e.g. hospital emergency department) and has a POLST form completed by a physician/nurse practitioner/physician assistant not on medical staff of the facility. Some emergency physicians and admitting physicians have been reluctant to automatically follow the POLST orders without first reassessing the person's values in the current clinical situation.

Some states have enacted legislation to help protect the health care team when honoring POLST orders. Without a specific law in our state, we rely on rules from state governing bodies. The Oregon Medical Board has established rules requiring physicians and physician assistants to honor life-sustaining treatment orders as follows:

**OAR 847-010-0110  
Physicians and Physician Assistants to Honor Life-Sustaining Treatment Orders**

(1) A physician or physician assistant licensed pursuant to ORS chapter 677 shall respect the patient's wishes including life-sustaining treatments. Consistent with the requirements of ORS chapter 127, a physician or physician assistant shall respect and honor life-sustaining treatment orders executed by a physician, physician assistant or nurse practitioner. The fact that a physician, physician assistant or nurse practitioner who executed a life-sustaining treatment order does not have admitting privileges at a hospital or health care facility where the patient is being treated does not remove the obligation under this section to honor the order. In keeping with ORS chapter 127, a physician or physician assistant shall not be subject to criminal prosecution, civil liability or professional discipline.

(2) Should new information on the health of the patient become available the goals of treatment may change. Following discussion with the patient, or if incapable their surrogate, new orders regarding life-sustaining treatment should be written, dated and signed.

The Task Force recommends that the orders be updated whenever there is a change in the person's current condition and/or values, however, sometimes the need to follow the orders occurs before a reassessment can be accomplished. The Task Force recommends, as with EMS, that the POLST orders be followed until a review is completed by the accepting health care professionals.

## Section by Section Review of the POLST Form

### Physician Orders

The four different medical treatments or services include: A – Cardiopulmonary Resuscitation, B - Medical Interventions, C - Antibiotics, and D - Artificially Administered Nutrition. Section E includes a section on with whom the orders were discussed to assure that the person's preferences were known and that the form reflects those preferences. It also includes a statement indicating the validity of the orders and provides mandatory signature and contact information of the physician/nurse practitioner/physician assistant.

If the person requires treatment, the first responder should first initiate any treatment orders recorded on the POLST, and then contact the physician/nurse practitioner/physician assistant, as needed. Any order section that is not completed indicates that full treatment should be provided for that section until clarification is obtained.

### A - Cardiopulmonary Resuscitation (CPR)

<b>A</b> <i>Check One</i>	<b>CARDIOPULMONARY RESUSCITATION (CPR):</b> Person has no pulse <u>and</u> is not breathing.	
	<input type="checkbox"/> Attempt Resuscitation/CPR	<input type="checkbox"/> Do Not Attempt Resuscitation/DNR ( <u>A</u> llow <u>N</u> atural <u>D</u> eath)
When not in cardiopulmonary arrest, follow orders in <b>B, C</b> and <b>D</b> .		

These orders apply only when the person has no pulse and is not breathing. This section does not apply to any other medical circumstances. For example, this section does not apply to a person in respiratory distress because he/she is still breathing. Similarly, this section does not apply to a person who has an irregular pulse and low blood pressure because he/she has a pulse. For these situations, the first responder should refer to B, C and D - described below and follow the indicated orders.

If the person wants cardiopulmonary resuscitation (CPR) and CPR is ordered, then the "Attempt Resuscitation/CPR" box is checked. Full CPR measures should be carried out and 9-1-1 should be called. If a person has indicated that he/she does not want CPR in the event of no pulse and no breathing, then the "Do Not Attempt Resuscitation/DNR (Allow Natural Death)" box is checked. CPR should not be performed. The person should understand that comfort measures will always be provided and that CPR will not be attempted.

## B - Medical Interventions

<b>B</b> <i>Check One</i>	<b>MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.</b>
	<input type="checkbox"/> <b>Comfort Measures Only</b> Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</i>
	<input type="checkbox"/> <b>Limited Additional Interventions</b> Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Avoid intensive care.</i>
	<input type="checkbox"/> <b>Full Treatment</b> Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care.</i>
<i>Additional Orders:</i> _____	

These orders apply to emergency medical circumstances for a person who has a pulse and/or is breathing. This section provides orders for situations that are not covered in section A and were developed in accordance with EMS protocol. If all life-sustaining treatments are desired, the "Full Treatment" box is checked. In medical emergencies, 9-1-1 is called. Treatment includes use of intubation, advanced airway intervention, mechanical ventilation, cardioversion, transfer to hospital and use of intensive care, as indicated. However, if the person chooses some limitation, then only one of the other boxes is checked. Health care professionals will first administer the level of emergency medical services (EMS) ordered and then contact the physician/nurse practitioner/physician assistant.

When a person is transferred, the POLST form should always be sent with the person. Information explaining that the goals of care have not changed and specifically outlining the treatments for which the person is being transferred (e.g., wound care, the setting of a fracture, or assistance with pain management) must be conveyed. Direct communication with the receiving health care team about the goals of care assures that the person's wishes are respected and comfort maximized as a person moves from one care setting to another. Comfort care is always provided regardless of indicated level of EMS treatment. Other instructions may also be specified.

**Comfort Measures Only** indicates a desire for only those interventions that enhance comfort. Use medication by any route, positioning, wound care, and oxygen, suction and manual treatment of airway obstruction (choking) as needed for comfort. The patient prefers not to be transferred to a hospital unless comfort needs cannot be met in the current location. Sometimes it is necessary to transfer patients to the hospital to control their suffering. Examples include some kinds of wound care (immediate and ongoing pain relief, control of bleeding, cleaning, wound closing and dressing as needed to optimize hygiene, and stabilization of any fracture by splinting and/or surgery (with the goal to control pain).

**Limited Additional Interventions** includes comfort measures and medical treatment, and cardiac monitor as indicated. This order is also used to indicate treatment for those with short term dehydration. Intubation, advanced airway interventions, mechanical

ventilation are not used but less invasive treatments such as BiPAP and CPAP may be considered. Transfer to hospital if indicated but usually avoid use of intensive care.

**Full Treatment** includes all care above with no limitation of treatment. All support measures which might maintain and extend life are utilized. Use intubation, advanced airway interventions, mechanical ventilation and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated.

## C – Antibiotics

<b>C</b> <i>Check One</i>	<b>ANTIBIOTICS</b>
	<input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms.
	<input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs.
	<input type="checkbox"/> Use antibiotics if medically indicated.
<i>Additional Orders:</i> _____	

These orders help stimulate consideration that antibiotics may be life-sustaining treatments. Advance planning in use of antibiotics can help clarify goals of care for the person and family in the context of advanced serious illness. For example, an elderly person with terminal cancer may elect to receive antibiotics for pneumonia so that he may feel better for a long-awaited visit from a family member. Or, the person may have no additional goals, choose no antibiotic treatment for pneumonia and be kept comfortable by other means.

After goals of care are established the antibiotic orders for the person can be documented on the POLST form. If antibiotics are desired with the intent to prolong life, the physician/nurse practitioner/physician assistant checks the appropriate box. If no antibiotics are desired, the "No antibiotics. Use other measures to relieve symptoms" box should be checked. If goals of antibiotic use are uncertain at the time of completing the orders, the box "Determine use or limitation of antibiotics when infection occurs" should be checked.

## D - Artificially Administered Nutrition

<b>D</b> <i>Check One</i>	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b> Always offer food by mouth if feasible.
	<input type="checkbox"/> No artificial nutrition by tube.
	<input type="checkbox"/> Defined trial period of artificial nutrition by tube.
	<input type="checkbox"/> Long-term artificial nutrition by tube.
<i>Additional Orders:</i> _____	

These orders indicate the person's instructions regarding the use of artificially administered nutrition for a person who cannot take fluids by mouth. Please note that state statutes vary on the standard for the level of evidence required to limit tube feedings. For example, ORS 127.505 to 127.660 (<http://arcweb.sos.state.or.us/rules/OARS>) presumes that every incapable person has consented to artificially administered nutrition, other than hyperalimentation.

This Oregon legal presumption of consent is overcome if:

- The person as a capable adult specifically stated that he/she would have refused artificially administered nutrition; or
- The person appointed a health care representative and has given the representative the authority to make decisions regarding artificially administered nutrition.

The presumption can also be overcome for an adult or minor under either of the following circumstances:

- When the person does not have an advance directive or a health care representative, as long as the person is permanently unconscious, or has a terminal illness, or is in the advanced stage of a progressive illness, permanently unable to communicate, cannot recognize friends and family and cannot swallow food and water safely; or
- When the administration of nutrition is not medically feasible or would itself cause severe, intractable or long lasting pain.

While Oregon law allows a person a choice about artificially administered nutrition, oral fluids and nutrition must always be offered to the person if medically feasible. If long-term artificial nutrition by tube is medically indicated and desired by the person, then the appropriate box is checked. Sometimes a defined trial period of artificial nutrition by tube can allow time to determine the course of an illness or allow the person an opportunity to clarify his/her goals of care. No artificial nutrition by tube is provided for a person who refuses this treatment or if it is not medically indicated. For example, no data has shown that persons with advanced progressive dementia live longer with a permanent feeding tube.

## E – Reason for Orders and Signatures

<b>E</b>	<b>REASON FOR ORDERS AND SIGNATURES</b>	
	My signature below indicates to the best of my knowledge that these orders are consistent with the person's <b>current</b> medical condition and preferences as indicated by <b>discussion with:</b>	
	<input type="checkbox"/> Patient <input type="checkbox"/> Health Care Representative <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"/> Court-Appointed Guardian <input type="checkbox"/> Other _____	
Print Primary Care Professional Name		Office Use Only
Print Signing Physician / NP / PA Name and Phone Number (     )		
Physician / NP / PA Signature (mandatory)	Date	
<b>ORIGINAL TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED, SUBMIT COPY TO REGISTRY</b>		

Upon completion of the orders, the physician/nurse practitioner/physician assistant checks the box indicating with whom the orders were discussed (i.e., patient, parent of minor, health care representative, court-appointed guardian, or other). The professional signing the form is acknowledging that the signature below indicates that the orders are consistent with the patient/surrogate preferences, if known. The signer is recommended to include additional information supporting the basis for the orders in the medical

record. Special consideration must be given to persons with significant disability or severe mental health condition (see “POLST for Persons with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life”).

At the bottom of the orders, the physician/nurse practitioner/physician assistant must sign and date the form. Without this signature the orders are not valid. Verbal orders are valid as allowed by institutional or community policy. The orders can be later signed by the physician/nurse practitioner/physician assistant. The physician/nurse practitioner/physician assistant then prints his/her name, day and evening phone numbers, and the date the orders were written. The physician assistant should include the name of the supervising physician in the contact information section on the other side of the form. The bottom of the POLST includes reminders that the original form should accompany the person whenever transferred or discharged. It allows receiving health care professionals to have the same information regarding the medical indications and person's preferences for life-sustaining treatment and increases the likelihood that these orders will be respected in the new care setting. Health systems with electronic record capability may scan the POLST form to ensure the orders are accessible. Potential development of a statewide registry of POLST forms may become available.

## **POLST and the Electronic Medical Record**

The POLST form has been integrated into an electronic medical record in some settings. The electronic record has the potential benefit of more efficiently locating the most current POLST orders. To help ensure filing accuracy, some health systems add a bar code to the “office use only” box in the right hand corner of the form. This bar code facilitates POLST use within electronic medical records.

There are, however, many challenges to implementation including the location of the POLST form in the record, how forms are entered into the record, how forms are voided and then archived, and ensuring that only the most current orders are used in care. For further information please refer to OHSU's policy as an example of the need for a thoughtful process (<http://www.ohsu.edu/polst/programs/documents/Clin08-01.pdf>).

## **Oregon POLST Registry**

The Oregon POLST Registry is a secure database of Oregon POLST forms and provides a backup to the paper form when the form cannot be immediately found. The Registry is administered by a partnership between the Oregon Health Authority, Department of Human Services, OHSU's Center for Ethics in Health Care and Department of Emergency Medicine, and the Oregon POLST Task Force. The Registry is housed in and staffed by the Emergency Communication Center at OHSU. Oregon Laws 2009, Chapter 595, Sec. 1184 mandates that health care professionals completing, modifying or revoking a POLST form send it to the Registry unless the patient or surrogate specifically opts out of the Registry (see check box on the back of the form). Patients with a POLST form may also elect to send the form directly to the Registry. When an Oregon POLST form is completed it should be faxed or mailed to the POLST Registry Office as instructed on the most recent version of the POLST form and

as described at [www.polst.org](http://www.polst.org). POLST forms from other states are not able to be entered into the Registry. Once received, the POLST form will usually be available in the Registry within 2 business days and the patient and/or POLST form signer, and/or sender will receive confirmation that the form was received and entered within 14 days. The patient will be provided a magnet and sticker with the Registry ID number to display on the patient's refrigerator and POLST wallet card respectively, to speed EMS access to POLST orders. EMS and hospital emergency departments will be able to call 24/7 to find the information on the POLST form as a backup to the paper form. For more information, please contact the Oregon POLST Registry at (503) 418-4083 or 1-877-367-7658, or see [www.polst.org](http://www.polst.org) ([www.ohsu.edu/polst/programs/OregonPOLSTRegistry.htm](http://www.ohsu.edu/polst/programs/OregonPOLSTRegistry.htm)).

### **POLST forms completed prior to 2008 version**

If a person already has a POLST form with orders that represent his/her **current** wishes, the form should be submitted to the Registry. Additional demographics, found on the most recent version of the POLST form, can be recorded on a separate sheet of paper, or be included on the standard demographic form, and faxed to the Registry with the POLST form. The standard demographic form is available at [www.polst.org](http://www.polst.org) ([www.ohsu.edu/polst/programs/documents/Demographicinformationform\\_final.pdf](http://www.ohsu.edu/polst/programs/documents/Demographicinformationform_final.pdf)).

## **The Reverse Side of the POLST Form**

### **Signature of Person, Parent of Minor, Guardian/Health Care Representative or Other Surrogate with Contact Information**

This side of the document has the signature for the person and signature/contact information for the surrogate. Physician Assistants must print the name and phone number of their physician supervisor. This allows nurses to follow the orders signed by a physician assistant.

### **Direction for Health Care Professionals**

Common questions arising in using the POLST form are described in this section. The Oregon POLST Task Force evaluates data based on health care professional feedback and research and creates a new version of the POLST form every 2 to 3 years. In Oregon, the most recent version was created in June 2009. Earlier versions of the POLST form remain valid after release of a newer version.

### **POLST Wallet Card**

A wallet card of the POLST orders is also available to summarize medical orders. These cards may be useful for persons who spend time outside an institution or home care setting because they notify first responders that a POLST form has been completed and signed. The wallet card is optional and is not a substitute for a completed full-size POLST document. The physician/nurse practitioner/physician assistant must sign both the POLST document and the wallet card to make the wallet card valid. Persons carrying a wallet card should be aware that EMS rarely looks inside a wallet before beginning treatment.

## Use of POLST with Children

The POLST form can also be used to clarify treatment orders for children with advanced progressive illness. For a child, either custodial parent or a guardian has the authority and responsibility to consent or refuse consent to health care for minors who are unable to consent for themselves. In Oregon for example, a minor who is 15 years of age or older may consent or refuse consent for health care.

Section A - Attempt Resuscitation/CPR: Since arrest in most children is primarily respiratory, a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse the child should be treated as directed under Section B.

## POLST Use for Persons with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life

Special consideration is required when completing a POLST form for a person with significant physical disabilities, developmental disabilities and/or a significant mental health condition. Persons in these groups have the right to both the highest quality of care for their chronic disability and for equally high quality care at the end of their life. The challenge to the health care professional is to discern when the patient is transitioning from a stable chronic disability to a terminal illness (see 1. below). The POLST form should not be used solely because a person has a disability.

Unfortunately, many persons with disabilities experience bias resulting in under-treatment and/or have their chronic health conditions mistaken for illnesses or conditions nearing the end of life. To ensure appropriate decisions are being made for the person, the health care professional must 1) determine if the person has a condition that warrants POLST form completion, 2) determine if the person has the capacity to contribute to his/her health care decisions, and, 3) if the person has no decision-making capacity, then determine the appropriate surrogate. It should not be assumed that a person lacks capacity solely because he or she has a cognitive or psychiatric disability. More details about these three obligations are below.

### 1. Determine if the person has a condition that warrants POLST form completion.

The physician, nurse practitioner or physician assistant can use several questions to determine if a POLST form is warranted<sup>1</sup>:

- Does the person have a disease process (not just their stable disability) that is terminal;
- Is the person experiencing a significant decline in health (such as frequent aspiration pneumonias);
- Is the person in a palliative care or hospice program; and/or
- Has this person's level of functioning become severely impaired as a result of a *deteriorating* health condition when intervention will not significantly impact the process of decline?

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<sup>1</sup> The "physician is not surprised if the person dies within the next year" indicator is not listed because many physicians overestimate the mortality of persons with significant disabilities, at times by decades.

*A POLST form should be completed on the basis of a deteriorating irreversible health condition and not the stable disability.*

## 2. Determine if the person has the capacity to make or contribute to their health care decisions.

A person has decision-making capacity if he/she understands basic information, appreciates the consequences of a decision, evaluates the information rationally and can communicate a decision. People with disabilities have a wide range of abilities. Some can make simple health care decisions, some can make complex ones. Many have the capacity to appoint a health care representative. All persons should be given that opportunity to participate as much as their capacity will allow; individuals should either appoint a health care representative or provide input regarding who should be appointed and persons should be asked to provide input regarding their health care as much as possible. Even those who have little capacity frequently have expressed desires or wishes that should be respected in the decision-making process.

For those who have never had decision-making capacity, the process can be challenging. Frequently, family members, friends, and staff working with the person can assist in determining the person's ability to understand and to communicate the information. If a person's capacity to make decisions remains unclear after discussing with family, close friends and direct care staff, health care professionals should then seek consultation with a mental health professional.

## 3. Determine the appropriate surrogate.

Under Oregon law, a health care representative can be (a) an adult appointed to make health care decisions for the individual under a power of attorney for health care, (b) a court appointed guardian or other person appointed by a court to make health care decisions for the individual, or (c) a person who has authority under the law to make health care decisions for the individual under four specific end-of-life circumstances.

If the person with a disability has decision-making capacity he/she may appoint a health care representative by completing the advance directive form. If a person does not have decision-making capacity, then the health care professional must rely on a surrogate.

Oregon law (ORS 127.635) defines the appropriate surrogate for four end-of-life conditions (close to death, permanently unconscious, advanced progressive illness, extraordinary suffering). The law defines the surrogate as:

The first of the following, in the following order, who can be located upon reasonable effort by the health care facility and who is willing to serve as the health care representative:

- A guardian of the person who is authorized to make health care decisions, if any;
- The person's spouse or reciprocal beneficiary [partner of a registered civil union];

- An adult designated by the others listed here who can be so located, if no person listed here objects to the designation;
- A majority of the adult children of the person who can be so located;
- Either parent of the person;
- A majority of the adult siblings of the person who can be located with reasonable effort; or
- Any adult relative or adult friend.
- If none of the persons described above is available, then life-sustaining procedures may be withheld or withdrawn upon the direction and under the supervision of the attending physician.

Under statute, the operator or caregiver for a health care facility should not be the health care representative unless related to the person by blood, marriage or a reciprocal beneficiary [partner of a registered civil union] or unless the health care representative was appointed before the patient's admission to the facility.

If the person has conditions other than the four end-of-life conditions named above and does not have a health care representative, Oregon law does not provide guidance for choosing the appropriate surrogate. However, the surrogate may be determined using the above list based the accepted standard in the medical community.

In extremely limited circumstances, the Oregon administrative rules (OARs) may provide for the appointment of a health care representative. For persons with developmental disabilities, who do not have one of the four specific end-of-life circumstances mentioned above, OARs determine the health care representative (see OARs 411-365-0100 to 0320). If the person does not have an end-of-life condition, lives in settings specified in the OARs (including group homes), and is determined incapable of making a health care decision under OAR 411-365-0180, the person's individual support plan (ISP) team may designate a willing person to be the health care representative. Once determined, the representative has the moral and legal duty to make decisions that are consistent with the person's wishes (substituted judgment). If wishes are not known, then representative must make decisions in the person's best interest. Thoughtful consideration of the views of those close to the patient will help the representative with this critical responsibility. Given the complexity, the clinician should seek counsel from the person's developmental disability case manager.

### Summary

If the person does not meet one of the four statutory end-of-life conditions (close to death, permanently unconscious, advanced progressive illness, extraordinary suffering), the physician should be wary about completing a POLST form unless thoughtful exploration with the surrogate decision maker and all interested parties (i.e. other family members, ISP team members, longstanding caregivers) indicates agreement that completing a form is in the person's best interest.

*For more information please see*

*<http://www.ohsu.edu/polst/resources/documents/POLSTPersonswithDisabilitiesLongDocument.Final.pdf>.*

## Resources for Persons and Families

A separate brochure describes the POLST Program and provides information about treatment options for persons and families in both English and Spanish. The description encourages communication among a person and his/her physician/nurse practitioner/physician assistant and completion of advance directives. For more information on Oregon's Advance Directive see [www.oregonhealthdecisions.org](http://www.oregonhealthdecisions.org). Because the POLST form is oriented to health care professionals, persons are referred to their physician/nurse practitioner/physician assistant for further information about the form. Educational videos are also available including one that focuses on Spanish speaking persons and their families. For further information, please contact the Center for Ethics in Health Care or go to [www.polst.org](http://www.polst.org).

## Using POLST with an Interpreter

Health care interpreter services should be used when the person and/or family/surrogate has limited English proficiency. The POLST form must remain in English so that emergency medical personnel can understand and follow the orders.

## Resources for Health Care Professionals

Several additional resources are also available for health care professionals including downloadable educational materials (written and videos), downloadable presentations, a research summary, and how to order POLST forms are found at [www.polst.org](http://www.polst.org) or by calling the Center for Ethics in Health Care at OHSU (503) 494-3965.

## Contact Information

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