

## **POLST, Comfort, and the Injured Patient in Oregon**

The **Physician Orders for Life-Sustaining Treatment (POLST)** program is working well to honor the preferences of a person with frailty or advanced chronic illnesses. Use of the document has become the standard of care in Oregon for expressing patient values of persons with advanced disease as physician's orders, and is now being used in other communities across the U.S. The purpose of this document is to clarify how persons who have a POLST designating comfort care or limitation of some medical interventions are best managed by health care professionals within the context of an acute injury.

The Trauma System designates hospitals that are able to rapidly treat persons with potentially serious traumatic injuries. Paramedics and EMTs use a set of criteria to determine which patients should be entered into the Trauma System. Examples of persons automatically entered into the Trauma System include persons with injuries causing altered mental status and/or abnormal vital signs. The Oregon State Trauma Advisory Board has determined persons with a POLST form which indicates "DNR/no CPR" in Section A, and "Comfort Measures Only" or "Limited Additional Interventions" in Section B should not be entered into the Trauma System. Deciding not to enter a patient into the Trauma System does not mean injuries are not treated. Instead, injuries are treated as defined on the POLST form.

**Comfort Measures Only:** Generally, "comfort measures only" means the person is to be cared for in his/her current setting and to avoid transfer. However, when pain and suffering cannot be controlled in the original setting, the person should be transferred to a setting such as the emergency department of the local hospital which can provide treatment of an injury to maximize comfort. Examples include 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 Intervention:** Persons who desire limited interventions may require transfer to hospital to receive those interventions but also should not be entered into the Trauma System. They also, generally, should not be admitted to an ICU.

When a person is transferred, the POLST form always should 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.

**Summary:** The standard of care for an injured person in any setting who desires "Comfort Measures Only" or "Limited Additional Interventions" is to assure that comfort care needs are met. These measures include control of pain, wound care, and treatment of fractures. Transfer to another setting may be needed to meet comfort goals. When transfer occurs specific information should be provided explaining that the goals of care have not changed.

## Scenarios – Community based and long term care settings, Traumatic Injuries and POLST

Intro: Comfort care will always be provided. Do not resuscitate does not mean do not treat.

### Question 1. Fall with a laceration

A resident who has a “DNR/no CPR” order in Section A and under Section B “Comfort Measures Only” hits his/her head and has a 2 inch bleeding laceration. Is EMS called? Is the client transported to the hospital for treatment/comfort?

If the bleeding cannot be easily controlled and wound care provided on site, then the resident should be transported to the ED. EMS is called if other safe means of transportation are not available. Cleansing of the wound, assessment for foreign body and need for wound closing can be accomplished. The POLST form and a note should accompany the resident indicating the need for wound care. The resident should not be entered into the Trauma System, and should be returned promptly to the care facility once wound care is complete.

### Question 2. Fall with possible hip fracture

A resident who has a “DNR/no CPR” order in Section A and “Comfort Measures Only” in Section B falls and appears to have a hip fracture (severe pain, unable to bear weight, and leg not in alignment). Is EMS called?

Comfort measures in Oregon in the context of a probable fracture include stabilization by splinting and/or surgery with the goal to control pain. EMS is called if it is decided that the resident is to be transported. The POLST should accompany the resident to the hospital with a note indicating the need to address the apparent hip injury. The resident should not be entered into the Trauma System.

In most circumstances a resident’s death may not be imminent and transfer and assessment for hip fracture and treatment even with surgery may be needed to optimally treat the resident’s suffering. There are rare situations in which the resident may be on hospice and/or have a terminal condition and could potentially be very close to death. First responders may decide to work with hospice and staff to provide comfort care on site. In all

circumstances, the resident's primary goal of comfort is met without providing other aggressive life-sustaining treatments.

### Question 3. Resident who is on anticoagulants falls

A resident who is on warfarin falls and hits his/her head, without open wound and has no change in usual mental status. S/he has a "DNR/no CPR" order in Section A and "Comfort Measures Only" checked in Section B on the POLST form. Is EMS called? Is s/he transported to the hospital to rule out internal hemorrhage and other injuries?

Comfort measures in Oregon means control of pain and suffering and is the primary goal of care for this resident. This may include analgesia, holding anticoagulant medication, and local care (e.g. ice packs, positioning). It is possible that this resident has an intracranial bleed, a potentially life-threatening condition. The physician is notified and a careful review of the situation occurs. The key for the physician and team is to determine the optimal setting for informed consent to occur with the resident and family. Most times the resident requires transport to the ED for the informed consent process. In the ED the resident can benefit from a formal evaluation and comfort needs can be addressed. The POLST should accompany the resident to the hospital with a note indicating the status of care.

In some situations, the informed consent process can occur at the care facility if a number of conditions are met including: the physician may know the resident and family well, can complete the appropriate diagnostic, therapeutic, and prognosis considerations, can determine that the goals of comfort care can be best met in the current setting, and that the staff/facility are willing to accept the care and responsibility. The staff and physician should document the discussion and decision in detail in the medical record. Enrollment in the Trauma System and/or transport for aggressive life-sustaining treatments is not consistent with the resident's care goals.

After a thorough informed consent process, it was determined that the resident could be best cared for at the current facility. Six hours later, however, the resident develops slurred speech and decreased level of consciousness.

The physician is again notified of the resident's change in condition. In most situations the resident will require transfer to the ED for further evaluation to have the optimal informed consent process.

Sometimes, as described above, the informed consent process can occur with the resident at the facility. A discussion of the condition, implications of prognosis, and consideration of enrollment in hospice should occur with the family. If all agree, the resident may remain at the facility. Detailed documentation regarding the clinical condition and process of decision making will help others follow the plan of care and help decrease liability concerns. The resident is later transported to the local hospital only if needed for comfort care. It is essential that the receiving hospital understand that the goals of care are comfort and that aggressive interventions including ICU and surgical care should be avoided. The POLST is always sent with the resident on transfer. Hospice services are also available in the hospital to enhance comfort care as needed.