



physician orders for life-sustaining treatment paradigm®

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT			
Physician Orders for Life-Sustaining Treatment (POLST)			
<p>Follow these orders until orders change. These medical orders are based on the patient's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section. With significant change of condition new orders may need to be written.</p> <p><i>Guidance for Health Care Professionals:</i> http://www.ohsu.edu/polst/programs/documents/Guidebook.pdf</p>	Patient Last Name:	Patient First Name	Middle Int.
	Date of Birth: (mm/dd/yyyy)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Last 4 SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address: (street / city / state / zip)			
A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Patient has no pulse and is not breathing.</i> <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR When not in cardiopulmonary arrest, follow orders in B and C.		
B Check One	MEDICAL INTERVENTIONS: <i>if patient has pulse and/or is breathing.</i> <input type="checkbox"/> Comfort Measures Only (Allow Natural Death) 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: Maximize comfort through symptom management. <input type="checkbox"/> Limited Additional Interventions 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 Limited Additional Interventions, use intubation, advanced airway interventions, and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit if indicated.</i> Treatment Plan: Full treatment including life support measures in the intensive care unit. Additional Orders: _____		
C Check One	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible.</i> <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. Additional Orders: _____		
D	DOCUMENTATION OF DISCUSSION: <input type="checkbox"/> Patient (Patient has capacity) <input type="checkbox"/> Parent of minor <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Health Care Representative or legally recognized surrogate <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"/> Other: _____ Signature of Patient or Surrogate 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	SIGNATURE OF PHYSICIAN / NP/ PA My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences. Print Signing Physician / NP / PA Name: <i>required</i> _____ Signer Phone Number: _____ Signer License Number: (optional) _____ Physician / NP / PA Signature: <i>required</i> _____ Date: <i>required</i> _____ Office Use Only _____		
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. SUBMIT COPY TO REGISTRY <small>© CENTER FOR ETHICS IN HEALTH CARE, Oregon Health & Science University, 3161 Sam Jackson Park Rd., UNH-66, Portland, OR 97239-3098 (503) 494-3985</small>			

Guidance for Oregon's Health Care Professionals

www.polst.org

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Table of Contents

Introduction	1
Who Should Have a POLST Form	2
How Advance Directives and POLST Work Together	3
How to Use the POLST Form to Record a Patient’s Preferences	5
Section by Section Review of POLST Form	9
Section A – Cardiopulmonary Resuscitation	10
Section B – Medical Interventions	10
Section C – Artificially Administered Nutrition	12
Section D – Documentation of Discussion	13
Section E – Signature of Physician / NP/ PA	14
The Reverse Side of the POLST Form.....	15
Use of POLST with Children	16
POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life.....	17
Resources for Patients and Families.....	20
Using POLST with an Interpreter	20
Resources for Health Care Professionals	20
History of Oregon’s POLST Program	20
History and Requirements for the Oregon POLST Registry	21
Submitting Completed Forms to the Oregon POLST Registry	22
Contact Information	23

Introduction

*“It is one thing to be able to undertake a medical action,
and another thing to know whether or not you should.”*

Miles Edwards, M.D.

The POLST program

Physician Orders for Life-Sustaining Treatment (POLST) is a program designed to help Health Care Professionals honor the treatment wishes of their patients (See *History of the POLST*, page 20). Its purpose is to:

- Promote a patient’s¹ autonomy by creating medical orders that reflect the patient’s current treatment preferences.
- 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.
- Be compliant with HIPAA in the transfer of patient records between Health Care Professionals and health care settings.

The POLST form

The POLST form transforms a patient’s treatment plan into a **medical order**. Emergency medical responders and emergency medicine are to follow these orders unless there is new information from a patient or appropriate surrogate.

In the absence of a POLST form or other state-specific medical orders form, patients will receive advanced cardiac life support, including CPR, endotracheal intubation, and defibrillation, by emergency medical personnel based on standard protocols. It is therefore critical, if a patient does not wish these treatments, that the POLST orders are readily available to alert medical personnel. The brightly colored POLST form should be clearly visible in a patient’s home, or accompany the patient whenever transferred or discharged. If the form cannot be found, the POLST Registry (see below) can be accessed.

Because each person has the right to make his or her own health care decisions, the POLST form is **always voluntary**. It is usually for patients with advanced illness or frailty and records choices for medical treatment in the patient’s **current** state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, the patient’s treatment wishes may change, in which case the POLST can and should be changed to reflect new preferences and treatment choices.

Emergency responders required to honor POLST forms

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

¹ “Patient” is used throughout this booklet to indicate a child or adult inpatient or outpatient or a resident of a nursing or community based care facility. The “patient” is not the same as a “guardian”.

executed by a physician, nurse practitioner or physician assistant [OAR 847-35-0030(6)]
<http://www.ohsu.edu/polst/programs/documents/ScopeofPractice847>

Oregon POLST Registry provides 24/7 access to POLST information

The Oregon POLST Registry is a secure database of Oregon POLST forms. It offers EMS, emergency departments and hospital acute care units 24-hour access to POLST form information, ensuring that patients' treatment wishes are known even if the paper POLST form cannot be found at the scene. Oregon law 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 page 22).

In Oregon, the POLST document and logo trademark are 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 to state statute [ORS 127.505 et seq.] (<http://arcweb.sos.state.or.us/rules/OARS>).

Who Should Have a POLST Form?

The POLST form is designed for:

- Seriously ill patients with life-limiting advanced illness; and/or
- Patients with advanced frailty characterized by significant weakness and difficulty with personal care activities; and/or
- Patients who may lose the capacity to make their own health care decisions in the next year; and/or
- Persons with strong preferences about current end-of-life care.

To determine whether a POLST form should be considered, clinicians should ask themselves:

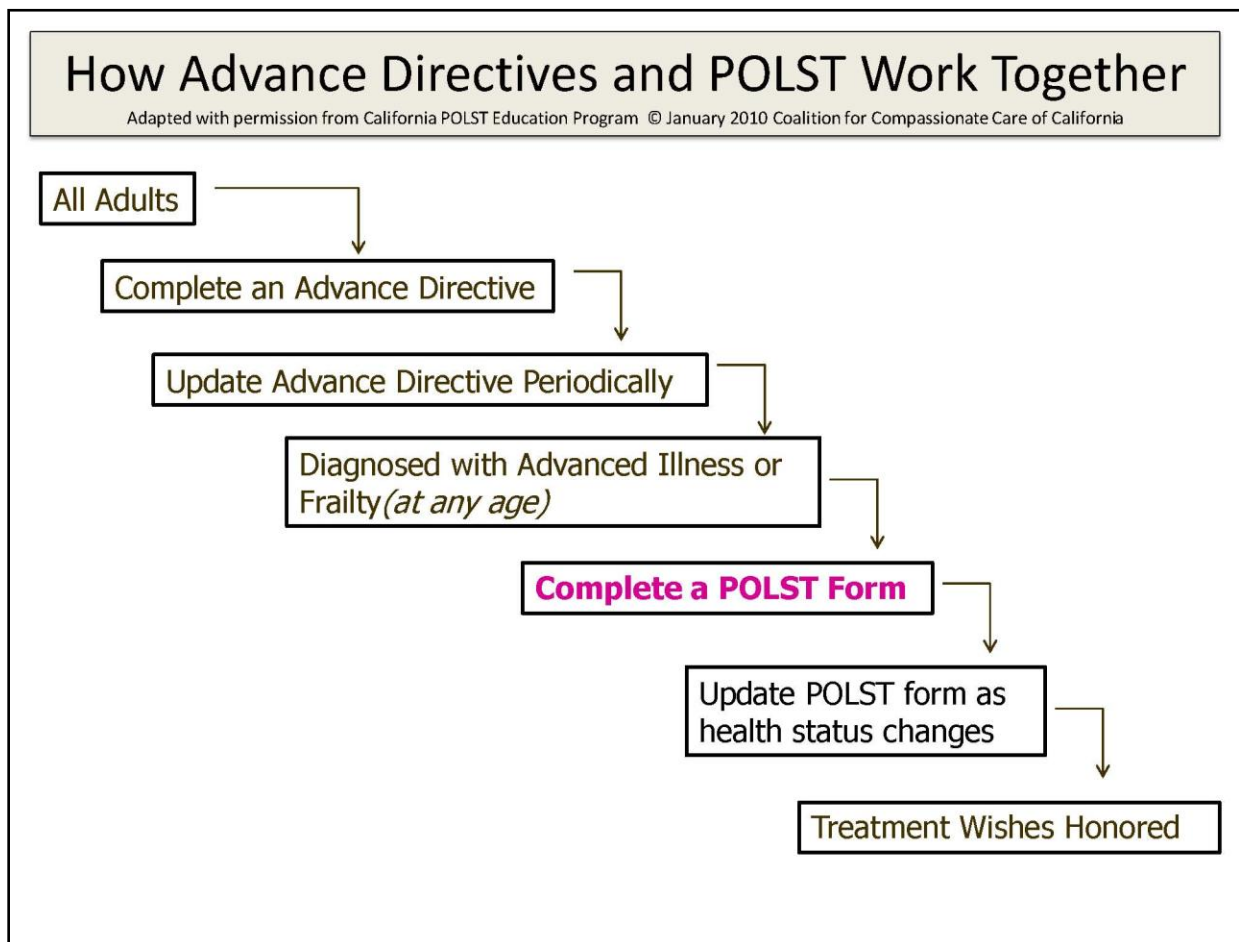
- "Would I be surprised if this patient died or lost decision-making capacity in the next 1-2 years"? If the answer is, "No I would not be surprised," then a goals-of-care discussion and advance care planning with POLST is appropriate to consider.

The POLST form may also be appropriate for patients who have strong preferences regarding medical interventions, such as:

- Patients who want limitations on the use of artificial administration nutrition can select "No artificial nutrition by tube" in Section C of the POLST form.

Unless it is the patient's preference, 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. (See page 17: *POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life.*)

Advance Directives and POLST Work Together in Advance Care Planning



The voluntary use of the POLST form and the Advance Directive form work together in advance care planning to ensure patient wishes are followed. The POLST form is not intended to replace an Advance Directive document or other medical orders.

The Advance Directive

Recommended for all capable adults – regardless of their health status – the Advance Directive is the legal document for Oregon that allows individuals to:

- Appoint a Health Care Representative to make health care decisions if an individual becomes unable to speak for themselves; and
- Complete health care instructions for end-of-life care.

Part B of the Advance Directive allows an individual to designate a Health Care Representative who can accept or refuse any life sustaining therapy on behalf of the patient. They are to act in accordance with the patient's known preferences or in the patient's best interest. Medical care for patients without decision making capacity is enhanced by an Advance Directive because it gives individuals important guidance over

their medical care if they become incapacitated. It is important to note that, in Section B, the individual must specifically give authority to the Health Care Representative.

Part C of the Advance Directive provides instructions to Health Care Professionals in four specific medical conditions:

- 1) Close to Death
- 2) Permanently Unconscious
- 3) Advanced Progressive Illness
- 4) Extraordinary Suffering

These conditions, for which individuals can give health care instructions, are very specific and limited. The Health Care Representative can make important decisions for the patient prior to these conditions being present.

Key Differences between the Advance Directive and the POLST:

- The Advance Directive is not a medical order. Since emergency medical technicians (EMTs) usually cannot limit care in an emergency with only an Advance Directive, unwanted treatments may be initiated.
- The POLST is a medical order that directs the initial care of the patient by EMTs.
- The Advance Directive helps people communicate their treatment preferences in advance of a serious medical condition, and appoints a Health Care Representative to make medical decisions for the patient should they become incapacitated. It allows a patient's treatment preferences to be known if patients become unable to speak for themselves.
- The POLST orders should reflect the patient's wishes **now** in their **current** state of health. Since the orders will be followed by emergency medical services (EMS), the POLST should **not** reflect future wishes for when a patient's health may have deteriorated. Advance Directives are recommended for all capable adults, regardless of their health status.
- POLST forms are recommended for patients with advanced illness or frailty, or patients with strong preferences about medical interventions in their current state of health.

How the Advance Directive and POLST can work together:

Patients with medical decision-making capacity can change their POLST at any time to reflect changing circumstances – for example, when treatment has been initiated and more medical information becomes available regarding diagnosis, prognosis and potential outcomes, the patient's goals and preferences may change.

If, however, the patient becomes incapacitated, the Health Care Instructions and Health Care Representative appointed in an Advance Directive play an important role in developing goals for care consistent with the patient wishes in their new state of health. The Health Care Representative would participate in updating POLST orders to be consistent with a patient's preferences as the patient's health status changes.

Examples:

- An elderly male is becoming frail and wants a POLST order to state he does not want resuscitation. At the present time his health and quality of life are such that he would want aggressive treatment, including ventilation, for reversible conditions such as pneumonia. So his current wishes on the POLST would be

DNR and Full Treatment. However, he is afraid of becoming incapacitated and kept alive on tubes and would not want aggressive therapy if he would not recover to good quality of life. The Advance Directive (with designated representative and specific instructions) is the appropriate way to document wishes to forgo in the future treatments that he would not want in a more incapacitated state. With updated goals of care, a new POLST could be created with the representative and health care team to represent the current wishes when his health status and prognosis change.

- A patient with advanced lung disease would like to go back to the hospital to have “the easy things fixed”. He does not want CPR and or ICU care but would want a feeding tube for a while to see if he could recover. His POLST form orders should reflect these wishes with DNR in Section A, Limited Additional Interventions in Section B and Defined trial period of artificial nutrition by tube in Section C.

How to Use the POLST Form to Record a Patient’s Preferences

The patient discussion

The POLST form should be completed after careful discussion with the patient or the patient’s surrogate decision-maker based on the patient’s current treatment preferences.

The discussion may include:

- Patient (when the patient has capacity)
- Parent of minor
- Court appointed guardian
- The Health Care Representative as appointed in the Advanced Directive or legally recognized surrogate. When the patient lacks capacity, it is imperative when working with a surrogate to make sure that you are working with the appropriate legal surrogate. Refer to your health care facility’s policy and Oregon statute ORS 127.635 (see next page).
- Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion. See page 17: *POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life.*)
- Other, for examples see *Determining Appropriate Surrogate* paragraph below. When filling out a POLST form always specify who the “other” is and their relationship to the patient.

Determining appropriate surrogate

Under Oregon law, a surrogate can be:

- (a) An adult appointed to make health care decisions using Part B of the Advance Directive titled Health Care Representative.
- (b) A court appointed guardian
- (c) A person who has authority under the law to make health care decisions for the individual under four specific end-of-life circumstances: close to death,

permanently unconscious, advanced progressive illness, extraordinary suffering. (See Oregon law ORS 127.635 below).

If the patient has decision-making capacity he/she may appoint a Health Care Representative by completing Part B of the Advance Directive. If a patient does not have decision-making capacity, then the health care professional must rely on a surrogate.

Oregon law ORS 127.635:

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 patient who is authorized to make health care decisions, if any;
- The patient'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 patient who can be so located;
- Either parent of the patient;
- A majority of the adult siblings of the patient 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 (some health systems have additional procedures for decision making in the care of those without a surrogate).

Who completes and signs the POLST form?

The legally valid signers of POLST forms are physicians (M.D. or D.O.), nurse practitioners, or physician assistants. One of these professionals must sign the POLST for the orders to be valid. The document may be completed by other health care professionals under the direction of the physician, nurse practitioner or physician assistant.

The preparer should fill out the health care professional information on the back of the POLST form. The physician/nurse practitioner/physician assistant must sign the form assuming **full responsibility** for the medical orders and that these orders are an accurate reflection of the patient's current treatment preferences. 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.

Should the patient or the Surrogate sign the Form?

Completion of the POLST form is voluntary. The goal of the POLST is to ensure that the patient receives the level of care desired. Currently, Oregon does not mandate a signature from the patient or surrogate, but it is strongly encouraged. In this respect, the

signature of patients or their legal representatives provides a safeguard for patients that the orders on the form accurately convey their preferences.

The National POLST Paradigm 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. 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.

Where should the POLST form be stored?

The POLST form provides documentation of a patient's current preferences and provides life-sustaining treatment orders that reflect these values. In institutional settings, the POLST should be easily accessible in the clinical record. In home settings, it is recommended that the red envelope containing the POLST form or the POLST Registry magnet be attached to the front of the kitchen refrigerator.

Transferring a patient with a POLST form

For patients in institutional settings, the original form should accompany the patient 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. EMS, Emergency Department and ICU staff may check with the Oregon POLST Registry to identify patients with a POLST form, which is not available at the scene.

Honoring a POLST form

Sometimes a patient 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. The Oregon Medical Board has established rules requiring physicians and physician assistants to honor life-sustaining treatment orders that have been executed by a health care professional who does not have admitting privileges at a hospital or health care facility where the patient is being treated.

[OAR 847-010-0110] addresses this:

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.

Dealing with Disputes Regarding a POLST form

Sometimes disputes arise regarding existing treatment orders in a POLST form for a patient who no longer has decision-making capacity. These disputes may center on who has decision-making authority and/or what the decision(s) should be. Typically a family member is requesting treatment changes that are inconsistent with the existing POLST form.

For EMS, the Task Force recommends clarifying the family's understanding of the POLST form, contacting on-line medical advice, if possible, and then if conflict exists transporting to a hospital where there is more time to address the conflict. For organizations and hospitals, if a family dispute arises concerning the validity of a POLST form, the Task Force recommends that you follow your organization's policies regarding surrogate decision-making.

Some organizations offer ethics consults. Organizational policy may also require disputed treatments be continued (or not stopped or started) until the family dispute is resolved. Some disputes may require legal advice.

Revising a POLST form

The health care professional taking responsibility for the patient's care should review and update the POLST orders as needed based on the patient's medical condition and treatment preferences.

This POLST should be reviewed periodically and if:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change, or
- The patient's primary care professional changes.

The Task Force recommends that the orders be updated whenever there is a change in the patient's current condition and/or wishes. 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.

According to the Oregon Medical Board and the Oregon State Board of Nursing, POLST orders remain valid while a patient awaits new orders from their new Primary Care Physician, after the health care professional that signed the form no longer practices in Oregon (e.g. relocates, retires, license suspended or revoked or dies).

Voiding a POLST form

A patient with capacity, or the valid surrogate of a patient without capacity, can void the form and request alternative treatment.

- Draw a line through sections A through E and write “VOID” in large letters if POLST is replaced or becomes invalid, or
- Send a copy of the voided form to the POLST Registry as above (required), and
- If included in an electronic medical record, follow voiding procedures of facility/community.

Submitting a POLST form to the Registry

Sending a completed POLST form to Oregon POLST Registry is required unless the “Opt Out” box is checked.

To submit to the Oregon POLST Registry the following **legible** information must be completed:

- Patient’s name (First MI Last)
- Date of birth
- Section A
- MD / DO / NP / PA signature (with legible printed name)
- Date signed

See page 22 for details about how to submit a POLST form to the Registry.

Patient identification sections needed for Registry operations

When the original or copy of the POLST is not available at the scene, EMS personnel can contact the Oregon State POLST Registry to match a patient with their specific POLST orders. For EMS personnel to correctly match a patient with their POLST orders, the patient's full name and birth date must be on the form and legible.

If the emergency communication center where the Registry is housed cannot match a patient with their POLST order forms, they will not release information about POLST orders. To facilitate quick, confident matching of orders with the patient, **do not** put institution/organization identification stickers over the Patient Identification Section.

Section by Section Review of the POLST Form

Physician orders

Side one of the POLST form lists three different medical treatment sections:

- A - Cardiopulmonary Resuscitation
- B - Medical Interventions
- C - Artificially Administered Nutrition

It also contains two sections related to documentation and signatures:

D – Documentation of Discussion that documents with whom the health care professional discussed the POLST orders to assure that the patient’s preferences were known and that the form reflects those preferences.

E- Signature of MD/DO/NP/PA provides mandatory signature and contact information of the physician/nurse practitioner/physician assistant.

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)

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

These orders apply only when the patient 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 patient in respiratory distress because he/she is still breathing. Similarly, this section does not apply to a patient who has an irregular pulse and low blood pressure because he/she has a pulse. For these situations, the first responder should refer to section B, described below and follow the indicated orders.

If the patient 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 patient 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" box is checked. CPR should not be performed.

B - Medical Interventions

B Check One	MEDICAL INTERVENTIONS: <i>If patient has pulse and/or is breathing.</i>
	<input type="checkbox"/> Comfort Measures Only (<u>A</u> llow <u>N</u> atural <u>D</u> eath). 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: Maximize comfort through symptom management. <input type="checkbox"/> Limited Additional Interventions 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 Additional Interventions, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: Full treatment including life support measures in the intensive care unit. Additional Orders: _____

General instructions regarding level of medical interventions:

These orders apply to the patient 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.

- **Choose Comfort Measures Only** (Allow Natural Death) when the patient's goals are to maximize comfort and avoid hospitalizations unless necessary to ensure

comfort needs are met. The treatment plan is to maximize comfort through symptom management. Antibiotics may be used as a comfort measure. If appropriate, consider a palliative care or hospice care referral or make treatment plan for providing comfort care (e.g. pain and symptom management orders).

- **Choose Limited Additional Interventions** when the patient's preferences reflect a desire to be hospitalized if needed, but avoid mechanical ventilation and generally avoid ICU care. Some patients may want hospitalization and treatments for reversible conditions or exacerbations of their underlying illness with the goal of restoring them to their current state of health: e.g. hospitalization for dehydration, pneumonia.
- **Choose Full Treatment** if all life-sustaining treatments are desired including use of intubation, advanced airway intervention, mechanical ventilation, cardiopulmonary bypass, transfer to hospital and use of intensive care as indicated with no limitation of treatment.

Note: Some patients with advanced illness might want all measures including intensive care treatment and temporary life support such as mechanical ventilation but would not want to be resuscitated if these attempts fail and their heart stops. Thus a patient can request DNR in Section A and request Full Treatment in Section B.

- Additional clarifying orders to the patient's preferences can be written under **Additional Orders**: e.g. "ICU treatment for sepsis but no intubation/mechanical ventilation for respiratory failure."
- Health care professionals should first administer the level of Medical Interventions ordered on the POLST form and then contact the physician/nurse practitioner/physician assistant.

Additional considerations for the discussion needed to complete Section B

If the patient is wishing to avoid mechanical ventilation in Part B but at the same time wants CPR (when they have no pulse and are not breathing), the health care professional signing the POLST should clarify the patient's understanding of CPR to ensure he or she is aware that CPR often includes intubation and often people are on a ventilator following CPR.

As noted earlier, the **POLST form** should reflect patient's preferences for care based upon their **current** condition. To illustrate, two separate patients with advanced COPD may have similar responses to a discussion about their wishes regarding resuscitation: "I want you to try everything, but I don't want to end up a vegetable or kept alive on a machine." This statement necessitates further exploration of the patient's wishes. For example:

Patient #1: After further discussion regarding prognosis, what CPR entails, the likelihood of CPR restoring the patient to a quality of life acceptable to her, Patient #1 might clarify that she wants all measures which might maintain and extend life as well as all measures to potentially restore life in the event of a cardiopulmonary arrest. However, if at any future time Patient #1's medical condition required ongoing mechanical ventilation to maintain life; she would not want life support measures. To reflect this patient's goals, Patient #1's POLST form should be completed as follows: Section A - Attempt Resuscitation/CPR;

Section B - Full Treatment. This will accurately reflect Patient #1's current preferences. Patient #1 should also complete an **Advance Directive** to indicate her **future** treatment preferences.

Patient #2: After further discussion, Patient #2 might clarify that he wants all measures short of intubation and mechanical ventilation to maintain and or restore life to current condition and does not want anyone to attempt resuscitation in the event of loss of pulse and respirations. Patient #2's POLST form should be completed as follows: Section A - Do Not Attempt Resuscitation/DNR; Section B - Limited Additional Interventions. These orders accurately reflect his current preferences.

Remember, patients' preferences regarding medical interventions may change based on their evolving medical condition or simply because they change their minds. POLST forms should be updated as soon as a health care professional is aware of a change in the patient's preferences as these are medical orders that will be acted upon by EMS personnel.

It is very important to document the patient's goals of care and details of the discussion upon which the orders are based in the medical record. This is helpful if the validity of the POLST is questioned and may provide comfort for family members.

Should you transfer patients with “Comfort Measures Only” orders?

“Comfort Measures Only” orders suggest that 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 pain management, wound care (e.g. 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).

When a patient is transferred, the POLST form should **always** be sent with the patient. Information explaining that the specific goals of care have not changed and specifically outlining the treatments for which the patient 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 treatment plan assures that the patient's wishes are respected and comfort maximized as a patient moves from one care setting to another. Comfort care is always provided regardless of indicated level of EMS treatment.

C – ARTIFICIALLY ADMINISTERED NUTRITION

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

These orders indicate the patient's instructions regarding the use of artificially administered nutrition for a patient 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 patient would consent to artificially administered nutrition, other than hyperalimentation.

This Oregon legal presumption of consent is overcome if:

- The patient as a capable adult specifically stated that he/she would refuse artificially administered nutrition; or
- The patient appointed a Health Care Representative and has given the Representative specific 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 patient does not have an Advance Directive or a Health Care Representative, as long as the patient 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 patient a choice about artificially administered nutrition, oral fluids and nutrition must always be offered to the patient if medically feasible. If long-term artificial nutrition by tube is medically indicated and desired by the patient, 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 patient an opportunity to clarify his/her goals of care. No artificial nutrition by tube is provided for a patient who refuses this treatment.

Note: No data has shown that patients with advanced progressive dementia live longer with a permanent feeding tube. For special considerations regarding the developmentally disabled population, see page 17 of this guidebook.

D - DOCUMENTATION OF DISCUSSION

D	DOCUMENTATION OF DISCUSSION:		
	<input type="checkbox"/> Patient (Patient has capacity)	<input type="checkbox"/> Health Care Representative or legally recognized surrogate	
	<input type="checkbox"/> Parent of minor	<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"/> Court-Appointed Guardian	<input type="checkbox"/> Other _____	
	Signature of Patient or Surrogate		
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"/>			

Upon completion of the orders, the physician/nurse practitioner/physician assistant checks the box(es) indicating with whom the orders were discussed (e.g., patient, parent of minor, health care representative, court-appointed guardian, surrogate for

patient with developmental disabilities or significant mental health condition or other). It is recommended that the patient or surrogate sign the form. (See page 5 for further discussion regarding determining an appropriate surrogate.)

Submit to Registry unless patient opts out

Oregon Laws mandate that Health Care Professionals completing, modifying or revoking a POLST form send a copy to the Oregon POLST Registry unless the patient or surrogate checks the “opt out” box. (See page 22 for submission details.)

E – SIGNATURE OF PHYSICIAN / NP/ PA

E	SIGNATURE OF PHYSICIAN / NP/ PA		
	My signature below indicates to the best of my knowledge that these orders are consistent with the patient's current medical condition and preferences.		
	Print Signing Physician / NP / PA Name: <u>required</u>	Signer Phone Number:	Signer License Number: <i>(optional)</i>
Physician / NP / PA Signature: <u>required</u>	Date: <u>required</u>	Office Use Only	
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED, SUBMIT COPY TO REGISTRY			

The professional signing the form is acknowledging that the signature below indicates that the orders are consistent with the patient/surrogate preferences. The signer is recommended to include additional information supporting the basis for the orders. Special consideration must be given to patients with significant disability or severe mental health condition (see page 17: *POLST for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life*).

The most common reason a POLST form needs to be returned by the Registry is that it is not signed and/or dated.

Without MD/DO/NP/PA Signature POLST Orders are Not Valid

Verbal orders are valid as allowed by institutional or organization’s policy. However, forms cannot be entered into the Registry until they are signed.

- Document verbal orders on the POLST form.
- The orders should be later signed by the Oregon-licensed 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 signed.
- 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 patient whenever transferred or discharged. It allows receiving Health Care Professionals to have the same information regarding the medical indications and patient’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.

The Reverse Side of the POLST Form

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT			
Information for patient named on this form		PATIENT'S NAME: _____	
<p>The POLST form is always voluntary and is usually for persons with advanced illness or frailty. POLST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. The Oregon Advance Directive is recommended for all capable adults, regardless of their health status. An Advance Directive allows you to document in detail your future health care instructions and/or name a Health Care Representative to speak for you if you are unable to speak for yourself.</p>			
Contact Information			
Surrogate (optional):	Relationship:	Phone Number:	Address:
Health Care Professional Information			
Preparer Name:	Preparer Title:	Phone Number:	Date Prepared:
PA's Supervising Physician:		Phone Number:	
Primary Care Professional:			

Information for Patient Named on this Form

The June 2011 POLST form includes an educational section for the patient and/or surrogate. This section is intended to help patients know who the POLST form is intended to serve, the role the POLST form plays in advance care planning, and the relationship of the POLST and Advance Directive.

Key points include:

- **POLST is always voluntary** and intended for people with advanced illness and/or frailty.
- The POLST treatment plan should show the patient's wishes now in their **current** state of health and **not** future wishes for when their health may have deteriorated. These future wishes, if different than current wishes, are best documented on an Advance Directive.
- The POLST guides initial medical treatment and the plan of care, and can be changed if patient wishes and goals change when more medical information is available.
- The Advance Directive is meant to document future wishes if the patient is unable to make choices for themselves through designating a health care representative and health care instructions. The Advance Directive guides appropriate POLST designations for patients who cannot speak for themselves.
- Only the POLST form is a **medical order** and it, and the Registry, should be kept up to date with the treatment plan that the patient wants now in their current state of health.

Contact Information

This section has the contact information for the surrogate including name and relationship. The preparer of the form, if other than the physician, should document their name, degree, and phone number. 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.

Key points include:

- The voluntary nature of the POLST for patients with advanced illness and/or frailty.
- The POLST should reflect patient's wishes now, in their current state of health. If the patient wishes would change in the future if their health changes, and if capable, they should also fill out an Advance Directive.
- Verbal orders, photocopies, faxes and electronic Registry forms are valid and legal.
- Please see page 17 for special instructions for use of the POLST in patients with developmental disabilities and severe mental illness.
- The relevant information required to submit the POLST form to the Registry. Information regarding reviewing and voiding the POLST.

POLST Wallet Card

A wallet card of the POLST orders is also available to summarize medical orders. These cards may be useful for patients 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. Patients 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 Patients 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 patient with significant physical disabilities, developmental disabilities and/or a significant mental health condition. Patients 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.

Unfortunately, many patients 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. 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 patient has a disability or mental illness.***

Evaluation of condition, capacity and identifying appropriate surrogate

To ensure appropriate decisions are being made for the patient, the Health Care Professional must:

- 1) Determine if the patient has a condition that warrants POLST form completion.
- 2) Determine if the patient has the capacity to contribute to his/her health care decisions, and
- 3) If the patient has no decision-making capacity, then determine the appropriate surrogate. It should not be assumed that a patient lacks capacity solely because he or she has a cognitive or psychiatric disability.

Assessment Process

1. Determine if the patient 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 warranted²

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

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

² 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.

2. Determine if the patient has the capacity to make or contribute to his/her health care decisions.

- A patient 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 patients 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 patients 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.

What if the patient never had capacity?

For those who have never had decision-making capacity, the process can be challenging. Frequently, family members, friends, and staff working with the patient can assist in determining the patient's ability to understand and to communicate the information. If a patient'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:

- An adult appointed to make health care decisions for the individual under a power of attorney for health care;
- A court appointed guardian or other person appointed by a court to make health care decisions for the individual, or;
- 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 patient with a disability has decision-making capacity he/she may appoint a health care representative by completing the advance directive form. If a patient 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 patient who is authorized to make health care decisions, if any;
- The patient'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 patient who can be so located.
- Either parent of the patient.
- A majority of the adult siblings of the patient 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.

If the patient 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 on the accepted standard in the medical community.

Administrative Rules and Health Care Representatives for Clients with Developmental Disabilities

In extremely limited circumstances, the Oregon administrative rules (OARs) may provide for the appointment of a health care representative. For patients 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 patient 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 patient'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 patient's wishes (substituted judgment). If wishes are not known, then representative must make decisions in the patient'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 patient's developmental disability case manager.

Summary decision making for persons with developmental disabilities

If the patient 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 patient's best interest.

For more information please see:

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

Resources for Patients and Families

A separate brochure describes the Oregon POLST Program and provides information about treatment options for patients and families in both English and Spanish. The description encourages communication among a patient 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.

Because the POLST form is oriented to Health Care Professionals, patients 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 patients and their families. For further information, please contact the Center for Ethics in Health Care or go to www.polst.org.

Using POLST with an Interpreter

Health care interpreter services should be used when the patient 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. Some POLST forms have been translated into other languages for educational purposes. An Oregon Spanish POLST brochure, translated form and educational video are available on the POLST website, www.polst.org.

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, emailing us at polst@ohsu.edu, or by calling us at (503) 494-3965.

History of Oregon's POLST Program

The POLST program was developed initially in Oregon in 1990 by a multi-professional task force convened by the Center for Ethics in Health Care at Oregon Health & Science University³. The form and implementation process are revised periodically based on feedback from Health Care Professionals and evaluative research.

³ *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, Carol Santesson, Alyce Cheatham and others.*

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 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 patient's wishes regarding use of life-sustaining treatments. However, the Oregon POLST document may not be respected in other states where policy, statute or regulatory issues have yet to be clarified or revised.

History and Requirements for the Oregon POLST Registry

In 2009 the Oregon legislature established the Oregon POLST Registry, mandating that Oregon 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).

This secure data base provides back-up when the paper POLST form cannot be immediately found, and is available to EMS, emergency departments and hospital acute care units at all times.

Only Oregon POLST forms can be entered into the Registry, and The Health Care Professional signing the POLST form must be an Oregon licensed Physician, Nurse Practitioner, or Physician Assistant (or licensed federal employee working in Oregon).

Direct access to the Registry via the web is not available. All requests for POLST forms from the Registry must be made by phone or fax.

Additional information is available at:

www.ohsu.edu/polst/programs/OregonPOLSTRegistry.htm

Oregon State Law and oversight of the Registry:

- Completing a POLST form is always voluntary.
- July 1, 2009 – Legislation established the Oregon POLST Registry
 - 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.
 - Administrative rules can be found at OAR Ch 333 Div. 270.
- A POLST Registry Advisory Committee (PRAC) was established to advise the Oregon Health Authority. The Registry is a partnership between:
 - Oregon Health Authority
 - OHSU Center for Ethics in Health Care
 - OHSU Department of Emergency Medicine
 - Oregon POLST Task Force

POLST form demographic information is optional but important for matching patients with forms

- The gender, address fields, and last 4 of a person's social security number are all optional fields. The Registry utilizes these identifiers to help confirm a person's identity.
- Patient address information is used to send registration confirmation packets and updates to registrants (e.g. the person named on the POLST form).
- Instructions for submitting POLST forms completed prior to 2008 version:
 - If a person already has a POLST form with orders that represent his/her **current** wishes, that form can 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 www.ohsu.edu/polst/programs/documents/Demographicinformationform_final.pdf

Submitting Completed POLST Forms to the Registry

When an Oregon POLST form is completed it should be faxed or mailed to the POLST Registry Office (unless the "Opt Out" box is checked).

FAX or eFAX:	503-418-2161
Mail:	Oregon POLST Registry CDW-EM 3181 SW Sam Jackson Park Road Portland, OR 97239

General Questions:	503-418-4083 1-877-367-7657
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What happens once I submit a POLST form to the Registry?

Once received, POLST forms are reviewed by Registry staff to confirm they contain all required elements.

- If an element is missing, it is deemed "Not Registry Ready (NRR)" (see below).
- If the form is an update for a current Registrant, the out-dated form information is removed from the Registry so out-dated orders are not given out by mistake.
- Forms are entered, and then reviewed prior to becoming available/searchable within the Registry.
- It can take between 2 and 10 business days from the date the Registry receives a valid POLST form for it to become available within the Registry.
- Confirmation packet receipt typically takes between 2 and 6 weeks to be received.

The above timelines are given as an estimate—entry and confirmation are both affected by submission volumes which can fluctuate on a daily basis.

Registry confirmation letters are mailed to Registrants

- Confirmation letters are mailed directly to Registrants because:

- It provides the Registrant with their Registry ID number magnets and stickers.
- It gives the Registrant the opportunity to confirm that the information entered in the Registry is accurate.
- It allows the Registrant another opportunity to opt-out if desired.

Incomplete forms are determined to be Non Registry Ready and returned to the sender for correction

- If the required elements (listed above) are not complete, or conflicting information is received that requires clarification, that form is considered “Not Registry Ready” (NRR).
- NRR forms are sent back to the person/clinic/facility when a cover sheet indicating facility of origin is available (ex. When a cover sheet is sent with the form).
- Forms are sent back to attempt to clarify the issue preventing Registry staff from entering the form into the Registry.
 - It is not required (but it is strongly requested) that a sender follow up on form issues sent back for clarification.
 - Until clarification and a completed form is received the Registry staff will be unable to enter that form.
- ***The most common reason for being unable to enter a form in the Registry is that the date signed and/or signer’s name is missing/illegible.***

If you have questions about how to follow up on a form issue that is sent back, contact the Registry staff at 503-418-4083.

POLST Program Contact Information

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