

POLST:

What is it? Who needs one? How does it work?

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Introductions

Primary care physician in Oregon
x 15 years

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No Financial Conflicts of Interest

- Ambulance teams provide life-saving treatment
- Before POLST, there was no choice. If an ambulance appeared on the scene in an arrest, CPR would be given.
- POLST was created so that individuals' preferences about treatment could be honored in an emergency situation.

Why was POLST Created?



More than “Out of Hospital DNR”

- Mary has moderate dementia and lives in a nursing home.
- She has a POLST with treatment preferences for “DNR, selective interventions”
- When she has a fever, facility staff and emergency medical teams know that it would be consistent with her wishes to treat her in the hospital.
- However, she would not want to be put on mechanical ventilation (“life support”)

| | Advance Directive | POLST |
|---|-------------------|-------|
| Who is it for? | | |
| Who fills it out? | | |
| Who keeps the form? | | |
| Can I change my mind? | | |
| What if there is a medical emergency and I cannot speak for myself? | | |

Oregon POLST®

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

| | | | |
|--|-----------------------------|--|------------------------|
| Patient's Last Name: | Suffix: | Patient's First Name: | Patient's Middle Name: |
| Preferred Name: | Date of Birth: (mm/dd/yyyy) | Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X | MIBN (optional) |
| Address (street / city / state / zip): | | | |

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

Check One **Attempt Resuscitation/CPR** **Do Not Attempt Resuscitation/DNR**

Must check Full Treatment in Section B. If patient not in cardiopulmonary arrest, follow orders in B.

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

Check One **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.**
Treatment Plan: Provide treatments for comfort through symptom management.

Selective Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Generally avoid the intensive care unit.**
Treatment Plan: Provide basic medical treatments.

Full Treatment. In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated.
Transfer to hospital and/or intensive care unit, if indicated.
Treatment Plan: All treatments including breathing machine.

Additional Orders:

C **DISCUSSED WITH: (REQUIRED)**

Check All That Apply Patient Parent of minor Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities.

Person appointed on advance directive

Court-appointed guardian

List all names and relationship: _____

D **PATIENT ACKNOWLEDGEMENT (RECOMMENDED BUT NOT REQUIRED)**

Signature: _____ Name (print): _____ Relationship (write "self" if patient): _____

This form will be sent to the POLST Registry unless the patient wishes to opt out. To opt out, check here.

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

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.

Print Signing MD / DO / NP / PA / ND Name: required Signer's Phone Number: _____ Signer's License Number: (optional) _____

MD / DO / NP / PA / ND Signature: required Date: required *Signed* means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

*This document is Portable Orders for Life-Sustaining Treatment

POLST can only be honored if medical teams know it exists:

- Posted on fridge
- EMS contact Oregon POLST Registry
- Emergency Department query the registry or patient chart
- Medical jewelry

Who should have a POLST conversation?

- Patients with advanced illness or frailty where accurate predictions cannot be made but death is likely in the foreseeable future.
- Start with a conversation about patient's illness(es) and goals of care. Explore what treatments the patient would want if a crisis occurred tonight, in the patient's current state of health.

Who should **not** have a POLST form?

- Patients with stable medical or functionally disabling problems who have many years of life expectancy.
- Patients who would want all available treatments in some situations but not in others
- **In particular:**
 - **Unneeded** for patients in Skilled Nursing Facilities (Facility Code Status Order should be used instead)
 - **Should NOT** be completed for healthy patients at Medicare Wellness Visits.
 - **Inappropriate** for healthy individuals who would want everything done in an emergency.

2023 POLST Revision

| | |
|--------------------------|--|
| A Check One | CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless & not breathing.</i> |
| | <input checked="" type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR Must check Full Treatment in Section B. If patient not in cardiopulmonary arrest, follow orders in B. |
| B Check One | MEDICAL INTERVENTIONS: <i>When patient has a pulse and is breathing.</i> |
| | <input type="checkbox"/> Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> <u>Treatment Plan:</u> Provide treatments for comfort through symptom management. |
| | <input type="checkbox"/> Selective Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> <u>Treatment Plan:</u> Provide basic medical treatments. |
| | <input checked="" type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit, if indicated.</i> <u>Treatment Plan:</u> All treatments including breathing machine. <u>Additional Orders:</u> _____ |

If “Attempt Resuscitation/CPR” is selected in Section A, “Full Treatment” must be selected in Section B.

Avoid Using the POLST Form to Lead a POLST Conversation

| | |
|-----------------------|---|
| A Check One | CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless & not breathing.</i> |
| | <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR Must check one option in Section B. If patient has primary arrest, follow orders in B. |

| | |
|---|--|
| B Check One | MEDICAL TREATMENT: <i>has a</i> |
| | <input type="checkbox"/> Comfort Measures Only. Do not use any medication by any route, manual treatment or mechanical ventilation. no transfer to hospital for life-sustaining treatment. Treatment Plan: Provide palliative care and symptom management. |
| | <input type="checkbox"/> Selective Treatment. Inpatient treatment only, use medical treatment, antibiotics, blood transfusions, mechanical ventilation, advanced airway interventions or mechanical respiratory support (e.g. CPAP, BiPAP). Transfer to hospital for treatment. Treatment Plan: Provide medical management. |
| <input type="checkbox"/> Full Treatment. Provide all medical treatment, including intubation, mechanical ventilation and mechanical respiratory support. Transfer to hospital for treatment. Treatment Plan: Provide medical management including breathing machine. | |

Previous attachment

Tips for Special Requests

Patients sometimes request detailed additional orders, such as:

- *"Only code for < 5 minutes"*
- *"Intubation for 1-2 weeks."*
- *"No tracheostomy."*
- *"No Feeding-Tube!!" or "Tube feeding ok for a month."*

- Many of these requests **CANNOT** be honored (ambulance teams follow protocols and so cannot follow an order to code for just a few minutes, for example).
- Many such requests are best documented in medical record/Advance Directive and discussed with surrogate decision maker.



Case Studies

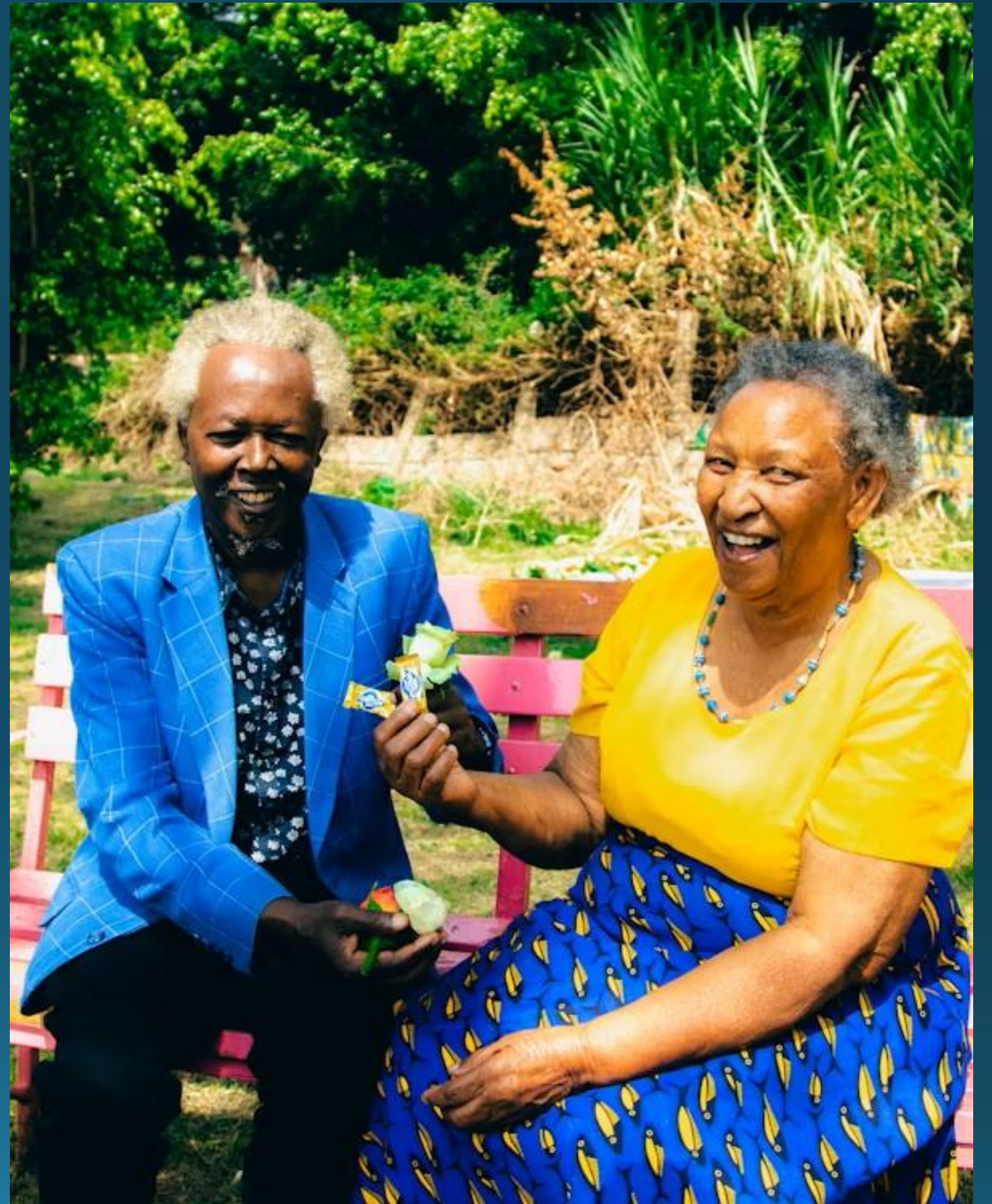
The quality of POLST documentation is only as good as the conversations that precede it.

Grace

- Recently moved to Oregon to be near her daughter and grandchildren.
- Grace has diabetes and had a heart attack a few years ago. She had a stent placed and has recovered well.
- Grace and David walk their dog every morning and pick up their grandchildren from preschool in the afternoon.
- Grace says, “I wouldn’t want anything heroic” at the end of life.



“I wouldn't want anything heroic”



Techniques for Robust Conversations

- Open-ended questions
 - What are you worried about as you age/as your illness progresses?
- Take Value-neutral approach
 - Tell me about what experiences you have had with friends or family at the end of life. Has anyone been put on life support? What was that experience like?
- Clarifying questions
 - Tell me more about what “heroic measures” means to you.



- “Heroic measures” Grace means being kept alive long term on machines if there is no chance of recovery.
- Grace prefers to receive full treatment—at least initially—in the event of a medical emergency. This includes receiving CPR and intubation.

- Grace does not need a POLST form.
- It is appropriate to identify a surrogate decision maker and encourage Grace to complete Advance Directives.

Many conversations about POLST
will not result in the
completion of a POLST form.

Full Code POLSTs—A nuanced discussion



Most “Full Code” Patients Do Not Need a POLST

- Remember, an order for "Full Code" is redundant. This is the treatment that is automatically given.
- Most patients with “Yes to CPR” care preference are better served with discussion of Advance Directive or Serious Illness Conversation.
- Patient’s wishes for care are often complex, dependent on clinical situation, and may change over time. Having a POLST that expresses wishes for Full treatment can delay important conversations when a serious medical illness unfolds.
- Emotional stress on family



Ira and Evan

- Ira and Evan Beechum have been together for 40 years. Ira was recently diagnosed with dementia, and they both want to be sure they have made appropriate preparations.

Ira and Evan



Continuum of Advance Care Planning

Izumi S, Fromme EK. A Model to Promote Clinicians' Understanding of the Continuum of Advance Care Planning. *Journal of Palliative Medicine*. March 2017; 20(3):220-221.



Supported Decision Making

- Individuals should be encouraged to participate in decisions about their health care to the fullest extent possible.
- By Oregon law (Senate Bill 1606), hospitals must ensure that individuals with developmental or intellectual disability have a support person present for conversations that could result in a decision to limit or withdraw life-sustaining treatments.
- Support person: any individual selected by the patient to assist physically or emotionally to ensure effective communication. **Does not need to be a healthcare representative or surrogate decision maker.**
- If there is concern that he does not have full capacity despite support, then his healthcare representative must be included.

| | | | |
|--|-----------------------------------|--|---|
| C <i>Check All That Apply</i> | DISCUSSED WITH: (REQUIRED) | | |
| | <input type="checkbox"/> Patient | <input type="checkbox"/> Parent of minor | <input type="checkbox"/> Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities. |
| <input type="checkbox"/> Person appointed on advance directive | | | |
| <input type="checkbox"/> Court-appointed guardian | | | |
| List all names and relationship: _____ _____ | | | |

- Section C is **Required**.
- Document everyone present for the conversation, including anyone who participated by phone or video.
- Requiring this documentation **reinforces** the patient's right to support person(s) for these important conversations.

Guidance for POLST in Individuals with Significant Disabilities Who are Near the End of Life

Portable Orders for Life-Sustaining Treatment (POLST®):
*Guidelines on POLST Use for Persons with Significant Disabilities
who are Now Near the End of Life*

(Revised 01.23.2025)

The Mission of the Oregon POLST® Coalition¹ is to improve the quality of life for Oregonians nearing the end of life by providing an evidence-based, patient-centered, voluntary process that elicits, records and honors the treatment goals of those with advanced illness and frailty in a compassionate manner that is respectful of the inherent dignity of the individual.

Maria

- Maria was just diagnosed with metastatic pancreatic cancer. She has three children, one of whom lives in Oregon.
- Maria is thinking of appointing her daughter Luisa as her healthcare representative. "Luisa is a nurse, so she knows best."
- She tells you her other two daughters would "have trouble letting go."





Questions to explore

- What is her understanding of her illness?
- What about her family?
- What conversations has she had with her daughters about her preferences for treatment as she nears the end of life?

Factsheets for La



English

Arabic

Traditional Chinese

Korean

Ukrainian

El POLST puede ayudar a usted y a sus seres queridos



¿Qué significa POLST?

POLST es la sigla en inglés para el formulario de Órdenes médicas de tratamiento para el sustento de vida.

Con ello, si usted se encuentra muy enfermo o enferma, sus deseos se vuelven órdenes médicas. Por ejemplo, si usted llama al 911 o va a la sala de emergencia se asegura que cumplirán con esas órdenes. Puede ser un gran alivio para su familia saber sus deseos.

Algunas personas quieren estar en el hospital conectadas a máquinas de vida artificial para seguir viviendo. Otras personas quieren estar en casa con la familia sin esas máquinas cuando están muy enfermas.



Máquinas de vida artificial en el hospital

La decisión es de usted.

¿Cuál es la función del POLST?

❖ Indica los tipos de tratamiento que una persona quiere o no si está muy enferma o

- Sample -

Oregon

Portable Orders for Life-Sustaining Treatment

Follow these medical orders until orders change. Any section marked with a check box must be completed.

| | | |
|--|---|--|
| Patient's Last Name: Patient's Last Name | Suffix: | Patient's First Name: Patient's First Name |
| Preferred Name: Preferred Name | Date of Birth: (mm/dd/yyyy) Date / of / B | |
| Address (street / city / state / zip): Address | | |

A **CARDIOPULMONARY RESUSCITATION (CPR)**
Check One
 Attempt Resuscitation/CPR
 Must check Full Treatment in Section B. If patient is not breathing or has no pulse, attempt resuscitation.

B **MEDICAL INTERVENTIONS: When patient is breathing and has a pulse**
Check One
 Comfort Measures Only. Provide treatment for pain, anxiety, and other symptoms. Do not use life-sustaining treatments. **Transfer to hospital for life-sustaining treatments. Transfer to hospital if indicated.**
Treatment Plan: Provide treatments for comfort.
 Selective Treatment. In addition to care described in Comfort Measures Only, use oxygen, suction, and manual treatment of airway obstruction as needed. **Transfer to hospital if indicated.**
Treatment Plan: Provide basic medical treatments.
 Full Treatment. In addition to care described in Comfort Measures Only, use intubation, advanced airway interventions, and mechanical ventilation. **Transfer to hospital and/or intensive care unit if indicated.**
Treatment Plan: All treatments including basic medical treatments.

C **DISCUSSED WITH: (REQUIRED)**
Check
 Patient Parent of minor Relative, friend or other support person (without written consent)

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Órdenes Portátiles de Tratamiento para el Sustento de Vida*

Sign these medical orders until the orders change. Any incomplete section implies complete treatment for that section.

| | | | |
|--|---|---|-----------------------------------|
| Apellido del paciente: | Sufijos: | Nombre del paciente: | Segundo nombre del paciente: |
| Nombre Preferido: | Fecha de naciimi: (mes/día/año) ____/____/____ | Sexo: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X | Nº de registro médico: (opcional) |
| Dirección: (calle / ciudad / estado / código postal): _____ | | | |

A **RESUCITACIÓN CARDIOPULMONAR (RCP): No responde, sin pulso y sin respiración.**
Marque una
 Trate de resucitar/ RCP **No trate de resucitar/ No RCP**
 Debe consultar el tratamiento completo en la sección B. Si el paciente no tiene paro cardiopulmonar, siga las órdenes de B.

B **INTERVENCIONES MÉDICAS: Cuando el paciente tiene pulso y está respirando.**
Marque una
 Solamente Medidas de Alivio. Provea tratamientos para aliviar el dolor y sufrimiento mediante el uso de cualquier medicamento por cualquier vía, cambio de posición, cuidados de las heridas y otras medidas. Use oxígeno, succión y tratamiento manual para tratar la obstrucción de la vía respiratoria conforme sea necesario para el alivio. **El paciente prefiere no ser trasladado al hospital** para tratamiento de sustento de vida. **Trasládese si no se puede ofrecer alivio en la ubicación actual.**
Plan de tratamiento: Provea tratamientos para la comodidad mediante el manejo de síntomas.
 Tratamiento Selectivo. Además de los cuidados descritos en Solamente Medidas de Alivio, use tratamiento médico, antibióticos, fluidos intravenosos, y monitor cardíaco tal y como indicado. No intubación, intervención avanzada de la vía respiratoria o ventilación mecánica. Se podría considerar apoyo menos intrusivo (Presión positiva continua de la vía aérea (CPAP), Presión positiva de la vía aérea bi nivel (BiPAP)). **Traslade al hospital si está indicado. Generalmente evite la unidad de cuidados intensivos.**
Plan de Tratamiento: Suministre tratamientos médicos básicos.
 Tratamiento Completo. Además de los cuidados descritos en Solamente Medidas de Alivio y Tratamiento Selectivo, use intubación, intervención avanzada de la vía respiratoria y ventilación mecánica tal y como indicado. **Traslade al hospital y/o a la unidad de cuidados intensivos si está indicado.**
Plan de Tratamiento: Todos los tratamientos, incluyendo el respirador.
Órdenes adicionales: _____

C **SE HABLÓ CON: (OBLIGATORIO)**
 Paciente Familiar, amigo u otra persona de apoyo (sin nombramiento por escrito) (Consulte el dorso si desea ver los requisitos adicionales de participación para personas con capacidad limitada)

Vida

Maria creates a DNR, Full Treatment POLST

- Consider why this decision makes sense for Maria
- Now consider what might happen if Maria ends up in the ICU and her daughters were not aware of her DNR POLST

DNR ≠ “Do Not Treat”

Whenever a POLST is completed, it is important to encourage conversations with family/loved ones and/or surrogate decision maker.

Revisiting POLST

- A year later, Maria has learned that her cancer has continued to progress despite chemotherapy. She has had multiple hospitalizations for pulmonary emboli and GI bleeding. She says she does not want to go to the hospital anymore.
- It is time to update her POLST: DNR, Comfort Measures.
- Making decisions about what isn't wanted is not the same thing as having a plan about what to do.
- Discuss hospice referral, in home care support

Take Homes

- POLST is a tool to document treatment preferences in individuals nearing the end of life.
- Emergency medical teams follow the medical orders on the POLST.
- POLST is most helpful for individuals with advanced illness (cancer that has spread, advanced heart/lung disease) or frailty, particularly if they wish to set limits on the care they would receive in an emergency.
- Advance Care Planning documents (Advance Directive, POLST) should be the result of ongoing robust, compassionate conversations involving the patient and their loved ones.
- DNR ≠ “Do Not Treat”
- In individuals nearing the end of life, we have an opportunity to:
 - Honor wishes for treatment
 - Lighten the emotional burden on individuals and their loved ones



Sources

- Abbott J. The POLST Paradox: Opportunities and Challenges in Honoring Patient End-of-Life Wishes in the Emergency Department. *Ann Emerg Med*. 2019 Mar;73(3):294-301. doi: 10.1016/j.annemergmed.2018.10.021. Epub 2018 Nov 28. PMID: 30503382.
- Barnato AE, Anthony DL, Skinner J, Gallagher PM, Fisher ES. Racial and ethnic differences in preferences for end-of-life treatment. *J Gen Intern Med*. 2009 Jun;24(6):695-701. doi: 10.1007/s11606-009-0952-6. Epub 2009 Apr 23. PMID: 19387750; PMCID: PMC2686762.
- Fromme EK, Zive D, Schmidt TA, Cook JN, Tolle SW. Association between Physician Orders for Life-Sustaining Treatment for Scope of Treatment and in-hospital death in Oregon. *J Am Geriatr Soc*. 2014 Jul;62(7):1246-51. doi: 10.1111/jgs.12889. Epub 2014 Jun 9. PMID: 24913043.
- Frydman JL, Arnold RM, Gelfman LP, Smith CB. Techniques for Clinical Practice: Communication Strategies for Black Patients with Serious Illness. *J Pain Symptom Manage*. 2023 Jan;65(1):e105-e107. doi: 10.1016/j.jpainsymman.2022.09.007. Epub 2022 Sep 28. PMID: 36182009; PMCID: PMC9979277.
- Griggs JJ. Disparities in Palliative Care in Patients With Cancer. *J Clin Oncol*. 2020 Mar 20;38(9):974-979. doi: 10.1200/JCO.19.02108. Epub 2020 Feb 5. PMID: 32023155.

- Jesus JE, Geiderman JM, Venkat A, Limehouse WE Jr, Derse AR, Larkin GL, Henrichs CW 3rd; ACEP Ethics Committee. Physician orders for life-sustaining treatment and emergency medicine: ethical considerations, legal issues, and emerging trends. *Ann Emerg Med*. 2014 Aug;64(2):140-4. doi: 10.1016/j.annemergmed.2014.03.014. Epub 2014 Apr 16. Erratum in: *Ann Emerg Med*. 2014 Oct;64(4):342. PMID: 24743101.
- Moore KA, Rubin EB, Halpern SD. The Problems With Physician Orders for Life-Sustaining Treatment. *JAMA*. 2016 Jan 19;315(3):259-60. doi: 10.1001/jama.2015.17362. PMID: 26784769; PMCID: PMC4822707.
- Span P. Filing suit for 'wrongful life'. *NY Times* (Online). <https://www.nytimes.com/2021/01/22/health/elderly-dnr-death-lawsuit.html>. Accessed March 8, 2021.
- Tolle SW. Aligning POLST orders with wishes: Time to put evidence into practice. *J Am Geriatr Soc*. 2021 Jul;69(7):1801-1804. doi: 10.1111/jgs.17150. Epub 2021 Apr 7. PMID: 33826762; PMCID: PMC8360100.