IDPH Uniform Practitioner Orders for Life-Sustaining Treatment (POLST) Form

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- Please send requests for institutionally specific modifications to info@PolstIL.org.
• Note that these slides are developed as clinical guidance for the POLST paradigm and should NOT be construed as medical nor legal advice.

• For answers to legal questions, check with your own organizational legal counsel.
By the end of this session, participants will be able to:

• Understand the POLST Paradigm and how patient wishes are determined and documented in a standard form

• Describe the relationship between a Power of Attorney for Healthcare and a POLST form, and when each is appropriate for patient completion

• Recognize the importance of healthcare staff being properly educated regarding interpreting POLST forms during emergencies and other relevant circumstances
Definitions: POLST is a Process

- **POLST Paradigm** – is the ideal approach to end-of-life planning. It promotes quality care through informed end-of-life conversations and shared decision-making.

- **POLST Programs** – are how states are implementing the POLST Paradigm.

- **POLST Form** – the form used by a state to document a person’s wishes. POLST is a set of concrete Medical Orders that must be followed by healthcare providers.
POLST Use in the United States

National POLST Paradigm Programs

www.polst.org

- Mature Programs
- Endorsed Programs
- Regionally Endorsed Program
- Developing Programs
- No Program (Contacts)
- Programs That Do Not Conform to POLST Requirements
National Support for POLST

- A growing body of published evidence supports the use of the POLST model as being superior to other advance directives for aligning patient wishes for treatment near the end of life with what actually transpires.
The POLST Paradigm:

Allows patients to choose all possible life-sustaining treatment, selected life-sustaining interventions, or comfort-focused care only.
Key Factors Work Together to Help POLST Work

Color

The pink color helps the form stand out for easier identification. Any color paper is valid; pink is preferred.

Location

Organizations should assist persons in choosing a standard location in their local area where POLST is kept.

Transportability

Designed to stay with the patient as the patient is transported to a new facility & must be honored in all locations.
Is intended for persons of any age for whom death within the next year would not be unexpected (the “Surprise Question”)

- This includes patients with advanced illness or frail elderly
- POLST is not intended for persons with chronic, stable disability, who should not be mistaken for being at the end of life.
Advance Care Planning Over Time

**Maintain and Maximize Health, Choices, and Independence**

**FIRST PHASE:** Complete a **PoA**. Think about wishes if faced with severe trauma and/or neurological injury.

**NEXT PHASE:** Consider if, or how, **goals of care** would change if interventions resulted in bad outcomes or severe complications.

**LAST PHASE:** End-of-Life planning - establish a specific plan of care using **POLST** to guide emergency medical treatments based on goals.

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Document on Power of Attorney form

Document on POLST form
• POLST reduces medical errors by improving guidance during life-threatening emergencies
• Form accompanies patient from care setting to care setting
• In the absence of a POLST form first responders are required to offer all medically available treatment
• Use of the POLST form by patients is entirely voluntary
Evolution of the IDPH POLST Form

- “Orange” DNR Form
- POLST Language Added
- “Practitioners” Who Can Sign Medical Order are Expanded
- 2000
- 2005
- 2006
- 2007
- 2013
- 2015
- 2016
- IDPH Uniform DNR “Order Form”
- IDPH Uniform DNR “Advance Directive”
- IDPH Uniform “POLST form”
The IDPH Uniform POLST Document

3 Primary Medical Order Sections

A. CPR for Full Arrest
   • Yes, Attempt CPR
   • No, Do Not Attempt CPR (DNR)

B. Orders for Pre-Arrest Emergency
   • Full Treatment
   • Selective Treatment
   • Comfort Focused

C. Medically Administered Nutrition
   • Acceptable
   • Trial Period
   • None
The IDPH Uniform POLST Form
Practitioner Orders for Life-Sustaining Treatment

Cardio-Pulmonary Resuscitation (CPR)
- Medical Interventions
- Medically Administered Nutrition
- Documentation of Discussion
- Signature of Attending Practitioner
- Reverse Side – Contains More Information and Instructions
There are multiple kinds of emergencies. This section only addresses a full arrest event (no pulse and not breathing), and answers “Do we do CPR or not?”

**NOTE!** Patients can use this form to say YES to CPR, as well as to refuse CPR.
The IDPH Uniform POLST Form

Practitioner Orders for Life-Sustaining Treatment

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- Reverse Side – Contains More Information and Instructions
The language was changed to better reflect actual conversations which generally begin with offering maximal medical treatment, before moving to any restrictions the patient/family may wish to place on treatments.
Section “B”: Medical Interventions

Do Not Resuscitate does NOT mean Do Nothing

Three categories defining the intensity of treatment when the patient has requested DNR for full arrest, but is still breathing or has a pulse.

- Full – all indicated treatments are acceptable
- Selective – no aggressive treatments such as mechanical ventilation
- Comfort-Focused – patient prefers symptom management and no transfer if possible
Section “B”: Medical Interventions

- Use “Additional Orders” for other treatments that might come into question (such as dialysis, surgery, chemotherapy, blood products, etc.).
- An indication that a patient is willing to accept full treatment should not be interpreted as forcing health care providers to offer or provide treatment that will not provide a reasonable clinical benefit to the patient (would be “futile”).
Section “B”: Medical Interventions

Yes to CPR in Section A requires full treatment in Section B

If choosing “Attempt CPR” in Section A, Full Treatment is **required** in Section B.

**Why?**

If limited measures fail and the patient progresses to full arrest, the patient will be intubated anyway, thus defeating the purpose of marking Comfort or Selective.
Conversely, Selection of “Full Treatment” in Section B does NOT require “Attempt CPR” in Section A.

Why?

• Section B options are for Medical Emergencies aside from cardiac arrest.

• A person may wish to be intubated/mechanically ventilated in case of Respiratory Distress, but would not want that treatment in the context of Cardiac Arrest (success rates may be very different in those different contexts!).
Section “A” choices influence medical interventions in Section “B”

Section A

- Yes! Do CPR
- DNR: No CPR

Section B

- Full Treatment
- Selective Treatment
- Comfort-Focused Treatment

*Requires documentation of a “qualifying condition” ONLY when requested by a Surrogate.
Some institutions have created orders to better capture the distinction of these categories, such as DNR-Comfort, DNR-DNI, or DNR-Full Treatment.

Hospitals are NOT required to complete this form when writing in-hospital DNR orders for the first time.

- Complete an IDPH Uniform POLST form if the patient/legal representative wishes to continue DNR code status or limit emergency medical interventions after discharge.
The IDPH Uniform POLST Form
Practitioner Orders for Life-Sustaining Treatment

A  Cardio-Pulmonary Resuscitation (CPR)
B  Medical Interventions
C  Medically Administered Nutrition
D  Documentation of Discussion
E  Signature of Attending Practitioner
R  Reverse Side – Contains More Information and Instructions
Section “C”: Medically Administered Nutrition

• Medically Administered Nutrition can include temporary NG tubes, TPN, or permanent placement feeding tubes such as PEG or J-tubes.

• A trial period may be appropriate before permanent placement, especially when the benefits of tube feeding are unknown, or when the patient is undergoing other types of treatment where nutritional support may be helpful.
The IDPH Uniform POLST Form
Practitioner Orders for Life-Sustaining Treatment

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Section “D”: Documentation of Discussion

- The form can be signed by:
  - The patient
  - The agent with a POAHC (when the patient does not have decisional capacity)
  - The designated Healthcare Surrogate
    - when the patient does not have decisional capacity and has no POAHC or applicable Advance Directive
    - a parent of a minor child is a surrogate
    - a guardian is also a surrogate
Quick Refresher on Decision-Maker Priority

Start at the top and move down the list

1. **Patient**
   • Do not move on until patient has been evaluated by the attending physician who **documents the patient lacks decisional capacity** and is not expected to regain capacity in time to make this decision

2. **Power of Attorney for Healthcare**
   • Patient has completed and signed this Advance Directive

3. **Surrogate** (when you can’t speak to patient and no PoA)
   • Court-Appointed Guardian
   • Spouse/Civil partner
   • Adult children
   • Parents
   • Adult siblings
   • Grandparents/Grandchildren
   • Close Friend
Before turning to a POAHC or Surrogate, assess and document **Decisional Capacity**.

- The patient may be able to make *some* decisions even if s/he can’t make *all* decisions.
  - Patients who are **minors** should be offered the opportunity to participate in decision-making up to their level of understanding.
  - Studies consistently show that decisions made by others are **more aggressive** and **not as accurate** as what the patient would choose for him/herself.
Section “D”:
Documentation of Discussion

- According to IDPH, “one individual, 18 years of age or older, must witness the signature of the patient or his/her legal representative’s consent... A witness may include a family member, friend or health care worker.”
- The witness CANNOT be the same practitioner as the one who signs the order.
• Adults with a completed POLST form are also encouraged to complete a Power of Attorney for Health Care (POAHC)

• Extreme care should be exercised if the POAHC or Surrogate wishes to **reverse the direction** of care previously established by the patient
  – For example, the patient requested **Comfort-Focused** or **Selective** Treatment, but the POAHC or Surrogate wants **Full** Treatment
  – Changes to a form should be based on evidence of the **patient’s** wishes
The form can be signed by the (a) attending physician, (b) a licensed resident who has completed at least one year of training, (c) a physician assistant, or (d) an advanced practice nurse.

If more than one person shares primary responsibility for the treatment and care of the patient, any of those persons may sign the order.
Requirements for a Valid Form

• Patient name
• Resuscitation orders (Section “A”)
• 3 Signatures
  – Consent by patient or legally recognized representative
  – Witness
  – Practitioner
• Date
• All other information is optional
• Pink paper is recommended to enhance visibility, but color does not affect validity of form
• Photocopies and faxes ARE acceptable.
The IDPH Uniform Form

Practitioner Orders for Life-Sustaining Treatment

A  Cardio-Pulmonary Resuscitation (CPR)
B  Medical Interventions
C  Medically Administered Nutrition
D  Documentation of Discussion
E  Signature of Attending Practitioner
R  Reverse Side – More Information and Instructions
Completion of the form is always voluntary.

**THIS SIDE FOR INFORMATIONAL PURPOSES ONLY**

<table>
<thead>
<tr>
<th>Patient Last Name</th>
<th>Patient First Name</th>
<th>MI</th>
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</thead>
</table>

Use of the Illinois Department of Public Health (IDPH) Practitioner Orders for Life-Sustaining Treatment (POLST) Form is always voluntary. This order 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 Power of Attorney for Health Care Advance Directive (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows you to document, in detail, your future health care instructions and name a Legal Representative to speak for you if you are unable to speak for yourself.

**Advance Directive Information**

- Health Care Power of Attorney
- Living Will Declaration
- Mental Health Treatment Preference Declaration

<table>
<thead>
<tr>
<th>Contact Person Name</th>
<th>Contact Phone Number</th>
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</thead>
</table>

**Health Care Professional Information**

<table>
<thead>
<tr>
<th>Preparer Name</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preparer Title</th>
<th>Date Prepared</th>
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Potential System Concerns

1. Signing practitioner **doesn’t have privileges** here
   - Orders still must be translated into specific institutional orders
   - Suggest using “Pt is DNR per POLST form” and have that order signed by assigned staff attending

2. Our clinicians have **never seen this patient** before
   - Law indicates POLST orders must be honored in all care settings
   - **Protected from liability** for following an POLST form in good faith

3. Developing best practices for **storing, locating**, and transmitting document between care settings
   - Institutions should standardize where the document is located so that it is easily available during an emergency, but also protects the patient’s privacy
What Should I do with an Older IDPH Form?

- Continue to follow older IDPH DNR Forms (may be called “IDPH DNR”; “IDPH Uniform DNR form”; “IDPH Uniform DNR Advance Directive”; “IDPH Uniform POLST form”)

- **Update** the older form to the new form when it is feasible.

- **Review** the form with the patient or legal representative when a change in the patient’s medical condition, goals, or wishes occurs
• POLST should not be used as a check-box form, or as a replacement for an informed conversation between patients, families and providers to:
  – Identify goals of treatment.
  – Make informed choices.

• The conversation should be documented in the medical record, along with a copy of the completed POLST form.
This presentation for the POLST Illinois Taskforce has been made possible by in-kind and other resources provided by:
THANK YOU!

Polstil.org (Illinois)
Polst.org (National)

info@PolstIL.org

Original presentation developed by K. Armstrong for the Illinois POLST Taskforce