



POLST
ILLINOIS


Practitioner Orders for
Life-Sustaining Treatment

Emergency Medical Services & First Responder Audience

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- For answers to legal questions, check with your own legal counsel.



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Objectives

By the end of this session, participants will be able to:

- Understand the **POLST Model** and how a person's wishes are determined and documented in a standard form;
- Describe how POLST form builds upon and improves existing advance directives
- Advocate for patients by accurately interpreting IDPH POLST form instructions and taking appropriate action



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POLST Program Overview

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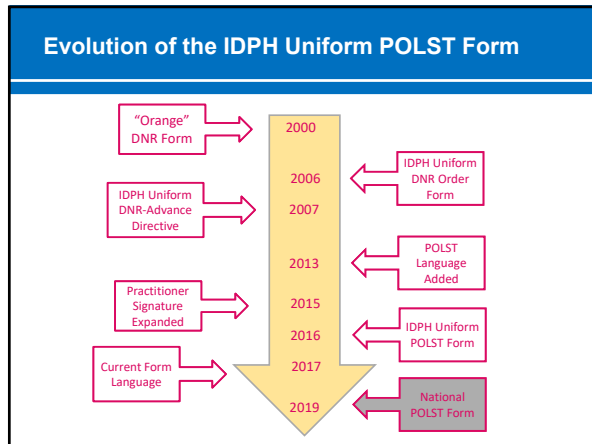
What is POLST?

- In Illinois - POLST stands for **Practitioner*** Orders for Life Sustaining Treatment
- It is NOT just a form, **it is a process**
 - Approach to end-of-life planning based on thoughtful conversations with the person, a friend or family if desired, and healthcare professionals
 - Incorporates values, beliefs and priorities as these relate to prognosis, likely disease course & treatment choices

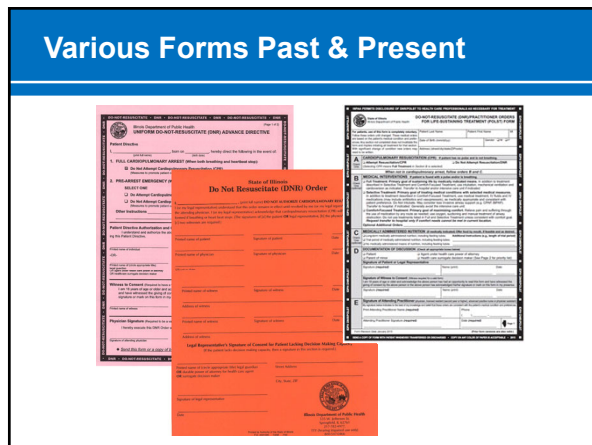
* Physician, Advanced Practice Registered Nurse, Physician Assistant, Resident in 2nd year or higher of residency program



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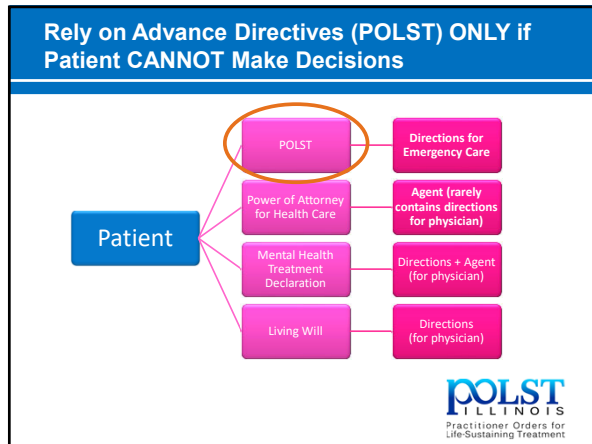
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All Previous Version are Still Valid

- Older versions of the Illinois form are still valid and should direct treatment.
- A valid form does not expire and should be honored.
- Form should always travel with patient and be readily accessible to healthcare professionals.

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Why does the POLST Form exist?

First responders need clear guidance for how to respond to a medical emergency in the field

- Recognized IDPH standardized form for the entire state of Illinois
- Concrete **medical orders** that must be followed by healthcare providers and first responders, so that treatment is in keeping with the person's wishes
- Evolved from the original IDPH DNR form (prior versions of forms are valid)

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Intended Use of POLST Form

The POLST decision-making process and resulting medical orders are intended for people of any age who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.

- **COMPLETING FORM IS VOLUNTARY:** Language added stressing that the form cannot be required of any patient and is completely voluntary
- Pediatric patients with a valid POLST form should be treated the same as an adult.

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What are the benefits of POLST?

Promotes Person-Centered Care

- Allows the person, loved ones and providers to discuss and document the person's values and preferences for treatment in a medical emergency
- Protects individuals who live in the community from treatment that is inconsistent with their preferences
- Reduces medical errors by improving guidance during life-threatening emergencies



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IDPH Uniform POLST: Form Explanation

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The IDPH Uniform POLST Form

The image shows a thumbnail of the IDPH Uniform POLST Form. It is a two-page document. The left page contains sections A through E, which are highlighted with red circles. Section A is 'Medical History', B is 'Medical Interventions', C is 'Goals of Care', D is 'Patient's Values and Preferences', and E is 'Signature of Patient or Surrogate'. The right page contains sections F through H, which are also highlighted with red circles. Section F is 'Signature of Health Care Provider', G is 'Signature of Witness', and H is 'Signature of Patient or Surrogate'. The form includes various checkboxes and text boxes for recording patient information and medical orders.

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3 Primary Medical Order Sections

A. If NO pulse and NO breathing: CPR wishes


- Attempt resuscitation
- Do Not Attempt resuscitation (DNR)

B. If pulse and/or breathing are present: Care wishes

- Full Treatment
- Selective Treatment
- Comfort-Focused Treatment

C. Medically Administered Nutrition

- Acceptable
- Trial Period
- None



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Section "A": Cardio-Pulmonary Resuscitation

A Check One: ☐ **CARDIOPULMONARY RESUSCITATION (CPR)** If patient has no pulse and is not breathing.
☐ **Attempt Resuscitation/CPR** (Selecting CPR means Full Treatment in Section B is selected) ☐ **Do Not Attempt Resuscitation/DNR**


When not in cardiopulmonary arrest, follow orders B and C.

Section A documents what a person wishes to occur if they are found with no pulse and not breathing.

The presence of a POLST form **DOES NOT** mean DNR. Patients can use a POLST Form to indicate "Attempt Resuscitation" as well as "Do Not Attempt Resuscitation".

☒ If "Attempt Resuscitation/CPR" box checked: Start CPR and full cardiac arrest care per local protocol.


☒ If "DNR" box checked: **Do NOT** begin CPR.



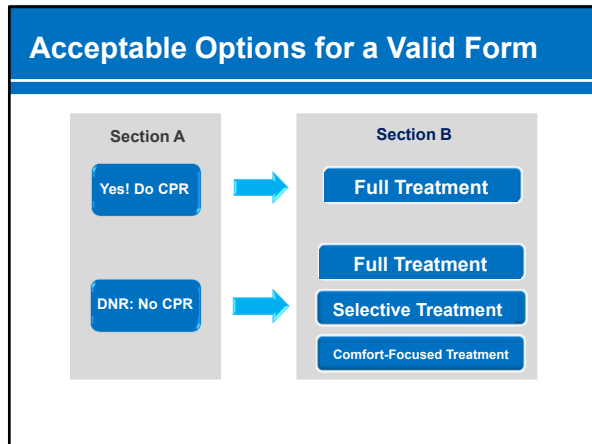
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Attempt CPR is the Default Why use the form to request CPR?

- Elderly and those with disabilities may fear they will not receive same emergency care as others
- May have created a POLST form marking DNR box during a serious illness. May create a new form if health improves or they desire to reach a milestone moment; now selecting attempt CPR



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Section “B”: Medical Interventions

B Check one (optional)

MEDICAL INTERVENTIONS If patient is found with a pulse and/or is breathing.

- ☐ **Full Treatment:** Primary goal of sustaining life by medically indicated means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, mechanical ventilation and cardioversion as indicated. Transfer to hospital and/or intensive care unit if indicated.
- ☐ **Selective Treatment:** Primary goal of treating medical conditions with selected medical measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV fluids and IV medications (may include antibiotics and vasopressors), as medically appropriate and consistent with patient preference. Do Not Intubate. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital, if indicated. Generally avoid the intensive care unit.
- ☐ **Comfort-Focused Treatment:** Primary goal of maximizing comfort. Relieve pain and suffering through the use of medication by any route as needed; use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location.

Optional Additional Orders _____

Section B documents what a person wishes to occur if they are found **with a pulse and/or breathing present** but unable to communicate; cardiac arrest may occur shortly.

The checked box explains patient's goal for treatment and specifies which treatments the patient wants to have and avoid.

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Section “B”: Medical Interventions

B Check one (optional)

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Optional Additional Orders _____

✓ **Full Treatment: Transfer me to the hospital and provide all appropriate treatment. I want to live as long as possible.**

Must be selected when selecting CPR in section A

Either box may be marked in Section A

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Section "B": Medical Interventions

B
Check One (optional)

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☐ **Full Treatment:** Primary goal of sustaining life by medically indicated means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, mechanical ventilation and cardioversion as indicated. *Transfer to hospital and/or intensive care unit if indicated.*

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Optional Additional Orders

IDPH POLST
Check One (optional)
IDPH POLST

✓ **Selective Treatment:** *Transfer me to the hospital for medical treatment, but I do not want to be on the ventilator.*

Person could receive treatments such as:

- IV fluids; IV meds as appropriate
- May use CPAP, BiPAP, BVM
- Other treatments as needed to return to "baseline"



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Section "B": Medical Interventions

B
Check One (optional)

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Optional Additional Orders

IDPH POLST
Check One (optional)
IDPH POLST

✓ **Comfort-Focused Treatment:** *I want to be as comfortable as possible where I am but transfer me to the hospital if my pain or symptoms cannot be alleviated.*



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Section "B": Medical Interventions

B
Check One (optional)

MEDICAL INTERVENTIONS If patient is found with a pulse and/or is breathing.

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Optional Additional Orders

IDPH POLST
Check One (optional)
IDPH POLST

Optional Additional Orders - used to customize form for individual medical conditions when necessary



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Back Page – EMS does not take action

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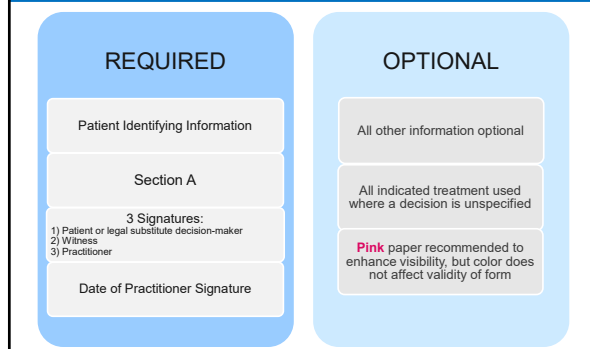
- Completing the back page of the POLST form is optional
- Form is valid if only first page.
- Information is helpful in identifying next of kin/emergency contact information.

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Applying POLST Forms in the Field

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Requirements for a Valid POLST Form



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Valid POLST Forms

- ✓ Properly executed prior versions of the IDPH Uniform DNR or the DNR/POLST Advance Directive are still valid. **Most recently dated is followed.**
- ✓ Photocopies of forms are valid.
- ✓ Picture of POLST form on electronic device is valid.



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What if 2 or more POLST forms are present?

- Newest valid form voids past forms
- Follow instructions on form with most recent date and all required elements
- **EMS is not responsible for investigating presence of other forms - consider form presented to be most current and valid.**



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Who can revoke POLST orders?

- **Patient**, if competent to make decisions, can revoke a POLST at any time
- Other situations more complicated and may take time to resolve
- If any doubt or dispute, call OLMC
 - A POA/Surrogate should generally not overturn decisions made, documented, and signed by a patient
- EMS responders are **legally protected** if they follow orders on a valid form in good faith



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What if a POAHC or Surrogate disputes a valid POLST order to which they previously consented?

Determine if person disputing order is the original consenting POAHC or surrogate

- If yes: The POAHC/surrogate may change the order and/or care wishes
- If no: Follow orders on the POLST form; contact OLMC for further direction



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Legal Risk for EMS Following POLST Form

“A health care professional who in good faith complies with a do-not-resuscitate order made in accordance with this Act is not, as a result of that compliance, subject to any criminal or civil liability, except for willful and wanton misconduct, and may not be found to have committed an act of unprofessional conduct.”

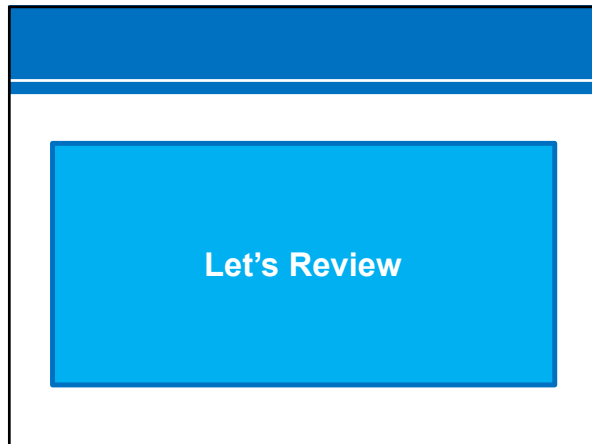
Illinois Health Care Surrogate Act



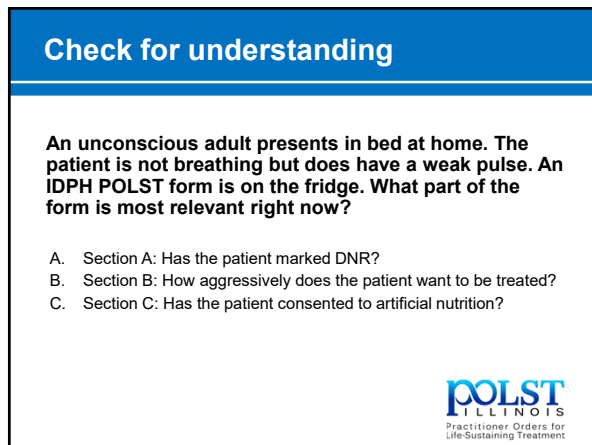
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QUESTION & ANSWER

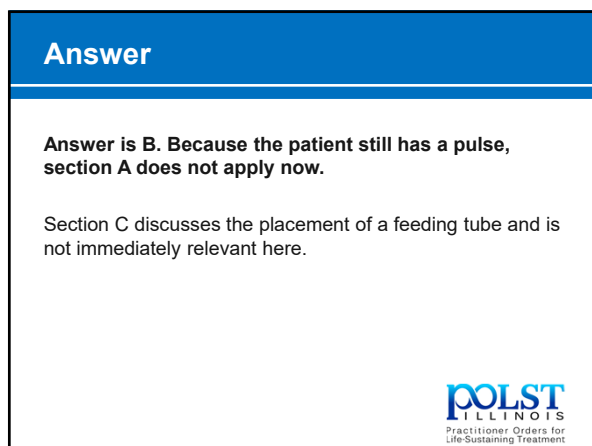
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Check for understanding

You are called to an emergency in a person's home and find a gentleman lying in his own bed. He is not breathing and has no pulse.

The neighbor has already started CPR. The IDPH POLST form is on the fridge. What instructions are you looking for?

- A. Section A: has the patient marked DNR?
- B. Section B: how aggressively does the patient want to be treated?
- C. Section C: has the patient consented to artificial nutrition?



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Answer

Answer is A. Patient is not breathing and does not have a pulse so sections B and C would not apply now.

If the neighbor is not a healthcare provider, they would not be expected to know about or follow the POLST form. If the neighbor has not restored breathing or a pulse, the EMS provider would still follow the POLST instructions under section A.



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Check for understanding

A patient presents in cardiac arrest and his wife provides two forms, one earlier IDPH DNR Advance Directive/POLST form, dated 3/16/15 and one revised IDPH POLST form dated 3/27/ 2019. The options chosen on the two forms conflict. What should you do?

- A. Provide the more aggressive treatment indicated, just in case.
- B. Ask the patient's wife to resolve the difference between the forms.
- C. Provide the treatment indicated in the most recently dated POLST form.



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Answer

Answer is C. Provide the treatment indicated in the most recently dated POLST form.

Newest valid form voids past forms. Follow instructions on form with most recent date and all required elements.



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Check for understanding

An unconscious female presents on the floor at home. The patient is having a seizure, is breathing and has a pulse. The patient's husband shows you her IDPH Uniform POLST form where CPR is selected in Section A, and Comfort-Focused Care is selected in Section B. What should you do?

- A. Provide Full Treatment as indicated and within your scope of practice.
- B. Provide Comfort-Focused Treatment only.
- C. Contacting OLMC for assistance before doing anything.



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Answer

A person who has chosen CPR in Section A of IDPH Uniform POLST form will receive all medically indicated treatments in a pre-arrest emergency, i.e. Full Treatment in Section B, even if Comfort Care or Limited Additional Interventions are selected on the form.

It would not make sense to provide only comfort-focused treatment up until a person dies and then provide CPR.



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POLST Resources

For POLST Illinois information:
polstllinois@gmail.com
1-855-765-7845
www.polstil.org

National POLST Program
www.polst.org

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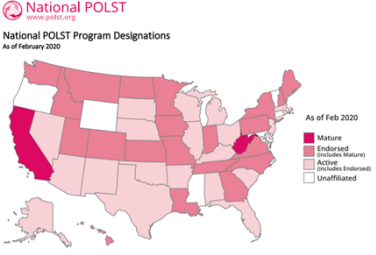
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Where did POLST come from?




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Why would a person need a POLST form?

- Helps ensure appropriate care and treatment if a person experiences an acute deterioration of their health
- Helps share goals-of-care preferences and instructions amongst family caregivers or when transferring sites of care (e.g., nursing home, paramedics, hospital, home)
- Allows loved-ones to contact 911 in a critical medical emergency without fear of patient receiving unwanted treatment if death is imminent



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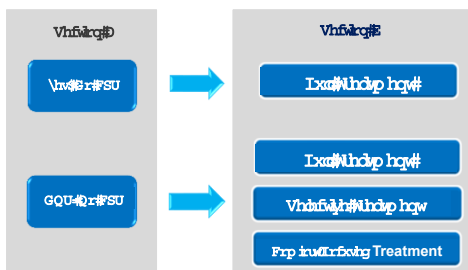
How is a POLST Form different from a Power of Attorney for Health Care?

	POWER of ATTORNEY for HEALTH CARE	POLST Form
Who needs	All Decisional Adults	Serious Life-limiting Medical Condition
Who completes	Individual	Health Care Practitioner
Appoints a substitute decision maker	Yes	No
Real-time instructions for first responders	No	Yes



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Acceptable Options for a Valid Form



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