

POLST IL Case Studies

Case 1

60 y/o with metastatic prostate cancer who was previously able to live at home and manage his own ADL's. He was recently hospitalized and soon after admission to your SNF a POLST conversation is conducted. He recognizes that his illness is terminal, and for that reason does not wish to undergo CPR in case of cardiac arrest. He also does not want to be intubated should he suffer a primary respiratory arrest. However, as his quality of life is still good, he is willing to attempt low burden, less-invasive measures to prolong his life.

- a. How should his POLST form be completed?

Section A: Do Not Attempt Resuscitation Section B: Limited Additional Interventions

- b. He is re-admitted to the hospital with urosepsis and hypotension. What life sustaining treatments can be used? Should/could he be transferred to the ICU?

Because he said he is willing to attempt low-burden, less invasive measures to prolong his life, it would be reasonable to treat him with antibiotics and IV fluids. Whether vasopressors and transfer to the ICU could happen is less clear. This points to the importance of having appointed a health care agent who can make real-time decisions when the patient is not decisional and additional questions arise.

Case 2

67 y/o with late-stage COPD who was recently hospitalized, when he was intubated and successfully extubated. A POLST conversation is conducted with the patient upon his return to your SNF, and with his permission, a brother, who is also his POAHC, participates. The patient understands that, should he suffer a cardiac arrest (defined as unresponsive, pulseless, no respirations) the odds of his surviving an attempt at resuscitation all the way to discharge are slim, and he does not wish to have CPR attempted. However, he is willing to be intubated should he suffer a potentially reversible condition, such as a pneumonia, that renders him unable, temporarily, to breathe on his own.

- a. How should his POLST form be completed?

Section A: Do Not Attempt Resuscitation Section B: "Intubation and Mechanical Ventilation" = full treatment plan that also includes treatments described in other two medical intervention categories.

- b. While in your SNF he is diagnosed with pneumonia and is experiencing mild respiratory distress. What life-sustaining treatments can be used? Should/could he be transferred to the ICU? Could he be intubated?

All medically indicated treatments may be used in this scenario of a non-cardiac arrest emergency, including intubation/mechanical ventilation/transfer to the ICU if indicated.

Case 3

Resident is a 70 year-old woman who has just been diagnosed with early stage dementia. A POLST conversation is conducted with the patient, and with her permission, her husband, who is her POAHC. She is anxious to document her strong wish that under no circumstances does she want to have artificial nutrition through a tube, even temporarily. She is otherwise in good health, and she expresses to her physician and her husband that should she have a cardiac arrest, she would want an attempt made to resuscitate her.

- a. How would her POLST form be completed?

Section A: Attempt Resuscitation Section B: "Intubation and Mechanical Ventilation"= full treatment plan that also includes treatments described in other two medical intervention categories Section C: No artificial nutrition by tube.

- b. Five years pass, and the patient's dementia has progressed to the extent that she is unable to communicate her wishes. Her husband would like to change her POLST form to reflect what he believes would now be her wish to not have CPR, and in case of other emergencies, to have comfort measures only. Can he change the patient's POLST form to reflect these wishes?

Yes, as her identified agent with POAHC, her husband may now represent what he believes would be patient's real-time emergency treatment wishes. Along with her physician, he may complete a new POLST form, signed by a witness, specifying Do Not Attempt Resuscitation in Section A, and Comfort Measures Only in Section B. In keeping with patient's own previously expressed wishes, the Section C selection would continue to be No artificial nutrition by tube.