



Practitioner Orders for Life-Sustaining Treatment

THE 2022 ILLINOIS DEPARTMENT OF PUBLIC
HEALTH (IDPH) UNIFORM PRACTITIONER ORDERS FOR LIFE-SUSTAINING
TREATMENT (POLST) FORM

Training for Emergency Medical Services & First Responders

Version 4/23

DISCLAIMER

- Note that this presentation provides clinical guidance for the POLST Model and should NOT be construed as medical or legal advice.
- For answers to legal questions, check with your organization's legal counsel.



Permission to Use

- This slide presentation may be used without permission.
- To promote consistency across the state, the slides may not be altered.
- You may freely take language (but not screenshots) from this presentation to use in your own presentations.
- If you would like a slide presentation modified for your institution, please email polstIllinois@gmail.com with contact information.



Objectives

By the end of this session, participants will:

- Understand the **POLST Model** and how a person's wishes are determined and documented in a standard form;
- Understand why IDPH revised the Illinois POLST form in 2022
- Understand how the sections of the 2022 form have changed from the 2017 version
- Advocate for patients by accurately interpreting IDPH POLST form instructions and taking appropriate action



POLST Model Overview

What is POLST?

- In Illinois - POLST stands for **Practitioner** Orders for Life Sustaining Treatment
- Must be executed by a *qualified health care practitioner* (QHCP):
 - Physician
 - Advanced Practice Registered Nurse
 - Physician Assistant
 - Resident in 2nd year or higher of residency program

All must be licensed in Illinois OR if needed, the state where the Illinois resident is being treated.
- NOT just a form, but a **process**
 - Approach to end-of-life planning based on thoughtful conversations with the patient/patient legal representative and healthcare professionals
 - Incorporates values, beliefs and priorities as these relate to prognosis & treatment choices

FULL TEXT of the Illinois Health Care Surrogate Act:
<https://www.ilga.gov/legislation/ilcs/ilc3.asp?ActID=2111>



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
- Medical orders** - EMS providers and first responders must follow, so that treatment is in keeping with the patient's wishes.
 - If patient wishes are uncertain, contact medical control.
 - If orders are beyond scope of practice, contact medical control and/or consider transport.
- Original IDPH DNR form did not address pre-cardiac arrest emergencies (prior versions of forms are valid)



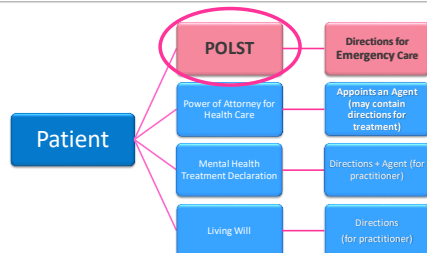
Intended Use of POLST Form

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:** The form cannot be required of any patient as a precondition of admission to a healthcare facility or the provision of care. A patient can void their form at will.
- The POLST form speaks for patients **ONLY** when they can't speak for themselves.
- Pediatric patients with a valid POLST form should be treated the same as an adult.



Rely on POLST ONLY if Patient CANNOT Make Decisions



2022 Form Changes: Background

Why were revisions made to the IDPH Uniform POLST form?

- Illinois Health Care Surrogate Act amended to remove witness signature requirement
- Make the form easier to understand, explain and implement

Has the purpose of the form changed in making the revisions?

- No substantive changes
- Revisions enhance existing features and address information gaps
- More medically accurate

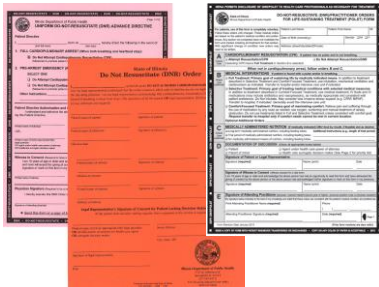
Can the form be completed electronically?

- Form completed on a computer, tablet or other device are valid
- Both electronic and written signatures valid

FULL TEXT of the Illinois Health Care Surrogate Act:
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>



Prior Versions of IDPH Form Are All Valid



Revisions to the Health Care Surrogate Act Expands Valid Form Types

Valid Form Types:

- 2022 IDPH POLST form
- Previously completed Illinois POLST forms on prior form versions
- POLST, MOST, POST, MOLST endorsed by other states
- Out-of-Hospital DNAR Forms endorsed by other states
- **National POLST form**

Follow most recently dated, valid form

FULL TEXT of the Illinois Health Care Surrogate Act:
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>



2022 IDPH Uniform POLST

2022 Form Overview (page 1)

Patient identifiers plus sections A, E, & F are required.

Sections B, C, & D may be left blank – all indicated treatment used when decision unspecified.

PATIENT INFORMATION

A. ORDERS IF IN CARDIAC ARREST

B. ORDERS IF NOT IN CARDIAC ARREST

C. ADDITIONAL ORDERS/INSTRUCTIONS

D. ORDERS FOR MEDICALLY ADMINISTERED NUTRITION

E. SIGNATURE OF PATIENT OR LEGAL REP

F. SIGNATURE OF QUALIFIED HEALTH CARE PRACTITIONER

2022 Form Overview (page 2)

Forms with incomplete information on page 2 are valid.

Forms missing page 2 altogether are valid.

OTHER ADVANCE DIRECTIVES (check the EHR)

HEALTHCARE PROFESSIONAL WHO HELPED COMPLETE FORM

BASIC COMPLETION INSTRUCTIONS

WHEN TO REVIEW THE FORM

HOW TO REVOKE A COMPLETED FORM

HCSA PRIORITY INFORMATION

Primary Medical Order Sections

- A. If NO pulse: CPR wishes**
- Attempt resuscitation
 - Do Not Attempt resuscitation (DNAR)
- B. If pulse present: Care wishes**
- Full Treatment
 - Selective Treatment
 - Comfort-Focused Treatment
- C. Additional Orders & Instructions**
- D. Medically Administered Nutrition**
- Acceptable
 - Trial Period
 - None

Do **NOT** assume that the presence of a POLST form means DNAR



POLST '22 Section A Revisions

A Required to Select One	ORDERS FOR PATIENT IN CARDIAC ARREST. Follow if patient has NO pulse.	
	<input type="checkbox"/> YES CPR: Attempt cardiopulmonary resuscitation (CPR). Utilize all indicated modalities per standard medical protocol. (Requires choosing Full Treatment in Section B.)	<input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation (DNAR).

- ✓ Section A is required for form to be valid; **ONLY** one box can be marked
 - If no box or both boxes are marked, form is invalid, and CPR should be initiated.
- ✓ The revision reinforces that this is a medical order that should be followed when the patient is in cardiac arrest.
- ✓ "CPR" used both with YES and NO – signals a binary choice
- ✓ Term "attempt" included in both options – manages expectations because CPR is often ineffective in saving the patient's life

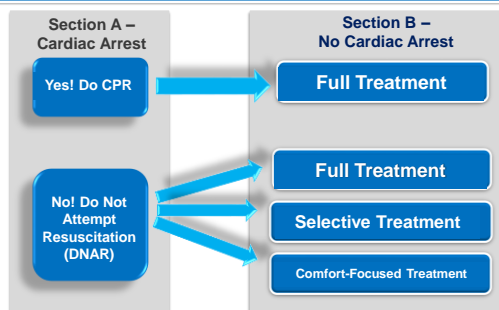


Attempt CPR is the Default so... Why use the form to request CPR?

- Elderly and those with disabilities may fear they will not receive same emergency care as others
- May have created a POLST form marking Do Not Attempt Resuscitation (DNAR) 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



Acceptable Options for a Valid Form



POLST '22 Section B Revisions

B Section may be left blank	<p>ORDERS FOR PATIENT NOT IN CARDIAC ARREST. Follow if patient has a pulse. Maximizing comfort is a goal regardless of which treatment option is selected. (When no option selected, follow Full Treatment.)</p> <p><input type="checkbox"/> Full Treatment. Primary goal is attempting to prevent cardiac arrest by using all indicated treatments, <u>unless resuscitation</u>, mechanical ventilation, cardiovascular, and all other treatments as indicated.</p> <p><input type="checkbox"/> Selective Treatment. Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, respressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated.</p> <p><input type="checkbox"/> Comfort Focused Treatment. Primary goal is maintaining comfort through symptom management. Allow natural death. Use 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. Transfer to hospital only if comfort cannot be achieved in current setting.</p>
---	--

- ✓ Section B may be left blank; if completed **ONLY** one box should be marked.
If no box marked = Full Treatment as default
- ✓ Orders when patient in crisis/quickly declining but **has a pulse**
 - Instructs maximizing comfort is a goal regardless of which choice selected
 - Differentiates each option by stating primary goal first



Section B Summary

Just because there is a POLST form present and valid, it DOES NOT MEAN “Don’t Treat”

- ✓ All patients receive comfort-focused treatment regardless of selection in Section B.
- ✓ If any doubt about form validity or if questions, EMS can call medical control and ask for clarification from a physician.
- ✓ Transporting patients:
 - Consult hospice nurse if applicable and feasible.
 - First responders are sometimes unable to make patients comfortable at home, so transfer to hospital is needed.
 - Make sure a copy of the POLST form goes with the patient when transported whether from a facility, a hospital or home.



POLST '22 Section C Revisions

C Section may be left blank	Additional Orders or Instructions. These orders are in addition to those above (e.g., withhold blood products; no dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]
---------------------------------------	---

Section C has changed from prior forms.

- ✓ Section C may be left blank
- ✓ Orders inserted by patient's Qualified Health Care Practitioner (QHCP) indicate orders/instructions **in addition** to Section B orders
 - Treatments needed in a medical emergency outside of the hospital setting or before a provider can consult with a substitute decision-maker
 - Examples:
 - Use of pain medications and antiemetics but no cardiac medications
 - No defibrillation, no oral airways or nasal airways
 - IV fluid for hydration only
- ✓ EMS protocol may dictate EMS ability to follow Section C orders



POLST '22 Section E Revisions

E Required	Signature of Patient or Legal Representative. (Signed documents are valid.)	
<input checked="" type="checkbox"/>	Printed Name (required)	Date
<input checked="" type="checkbox"/>	Signature (required) I have discussed treatment options and goals for care with a health care professional. If signing as legal representative, to the best of my knowledge and belief, the treatments selected are consistent with the patient's preferences.	
<input checked="" type="checkbox"/>	Relationship of Signer to Patient:	
	<input type="checkbox"/> Patient	<input type="checkbox"/> Agent under Power of Attorney for Health Care (See Page 2 for priority list)
	<input type="checkbox"/> Parent of minor	<input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list)

Section E is now for "Signature of Patient or Legal Representative" (formerly Section D)

- ✓ Signer attests to statement, prints and signs their name – Required.
- ✓ Electronically signed document by patient or legal representative acceptable
- ✓ "Signature of Witness to Consent" field removed per 2022 amendment to Illinois Health Care Surrogate Act.

FULL TEXT of the Illinois Health Care Surrogate Act:
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>



POLST '22 Section F - NEW

F Required	Qualified Health Care Practitioner. Physician, licensed resident (second year or higher), advanced practice nurse, or physician assistant. (Signed documents are valid.)	
<input checked="" type="checkbox"/>	Printed Authorized Practitioner Name (required)	Phone
<input checked="" type="checkbox"/>	Signature of Authorized Practitioner (required) To the best of my knowledge and belief, these orders are consistent with the patient's medical condition and preferences.	
<input checked="" type="checkbox"/>	Date (required)	

- ✓ "Qualified Health Care Practitioner" (QHCP)
- ✓ Printed Name of QHCP, Signature of QHCP, Date QHCP signed – Required.
- ✓ Electronically signed document by QHCP acceptable.



Applying POLST Forms in the Field

Requirements for a Valid POLST Form

**THE SIGNATURE OF A
“WITNESS TO CONSENT” IS NO
LONGER PART OF THE IDPH
POLST FORM.**

FULL TEXT of the Illinois Health Care Surrogate Act:
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>

Requirements for a Valid POLST Form

REQUIRED

Patient Identifying Information

Section A

2 Signatures:

- 1) Patient or legal substitute decision-maker
- 2) Qualified Health Care Practitioner

Date of Practitioner Signature

NOT REQUIRED

All other information fields

All indicated treatment used
where a decision is unspecified

Pink paper recommended to
enhance visibility, but color does
not affect validity of form

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 or FAX of forms are valid.
- ✓ Picture of POLST form on electronic device is valid.
- ✓ Verbal/Phone:
 - Patient or legal representative verbal/phone consent acceptable
 - Verbal/phone orders by QHCP acceptable with a follow-up signature in accordance with facility/institutional policy

Each health care facility may have different policies on whether copies of DNR or POLST orders completed on a form other than an IDPH Uniform POLST Form are accepted as valid. It is advisable to check with a health care facility regarding its DNR or POLST policy.



Who can revoke POLST orders?

- **Patient**, if able to make their own medical decisions, can revoke a POLST at any time
 - A POAHC/surrogate should generally not overturn decisions made, documented, and signed by a patient
- POAHC/Surrogate revocation may take time for EMS/first-responders to resolve
 - If any doubt or dispute, **call OLMC right away**
 - Start treatment while trying to sort this out or talking with Medical Control.
 - Don't withhold non-invasive treatment to determine the proper course of action. (BVM, oxygen, CPR, etc.)
- EMS responders are **legally protected** if they follow orders on a valid form in good faith



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 On-Line Medical Control for further direction



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

FULL TEXT of the Illinois Health Care Surrogate Act:
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>



Document, Document, Document

- Where POLST form was found
- A call Medical Control
 - Time of call
 - Who first-responder talked with
 - What orders were given
- People present at the scene (family, bystanders, etc.)
- Discussion with family/others



QUESTION & ANSWER

POLST Resources

For POLST Illinois information:

polstillinois@gmail.com

1-855-765-7845

www.polstil.org

National POLST Program

www.polst.org

*This presentation created by the POLST Illinois Education Committee
has been made possible by in-kind and other resources provided by:*

