

Welcome

This module
provides
information on
POLST

START ➞

What is POLST?

- Physician
- Orders for
- Life
- Sustaining
- Treatment



POLST is a medical order giving people with serious illness or frailty more control to direct the kinds of treatment they receive.



Why POLST?



Patient wishes are often unknown.

- The Advance Directive may not be accessible.
- Wishes may not be clearly defined in the Advance Directive.



POLST complements the Advance Directive.



Incorporates the depth of comfort care.



Allows health care professionals to know and honor wishes for end-of-life care.



Who Would Benefit from Having a POLST Form?

- Individuals with chronic progressive illness.
- Individuals with a serious health condition.
- Individuals who are medically frail.



POLST can be used with both adult and pediatric patients.



POLST vs. Health Care Advance Directives

POLST

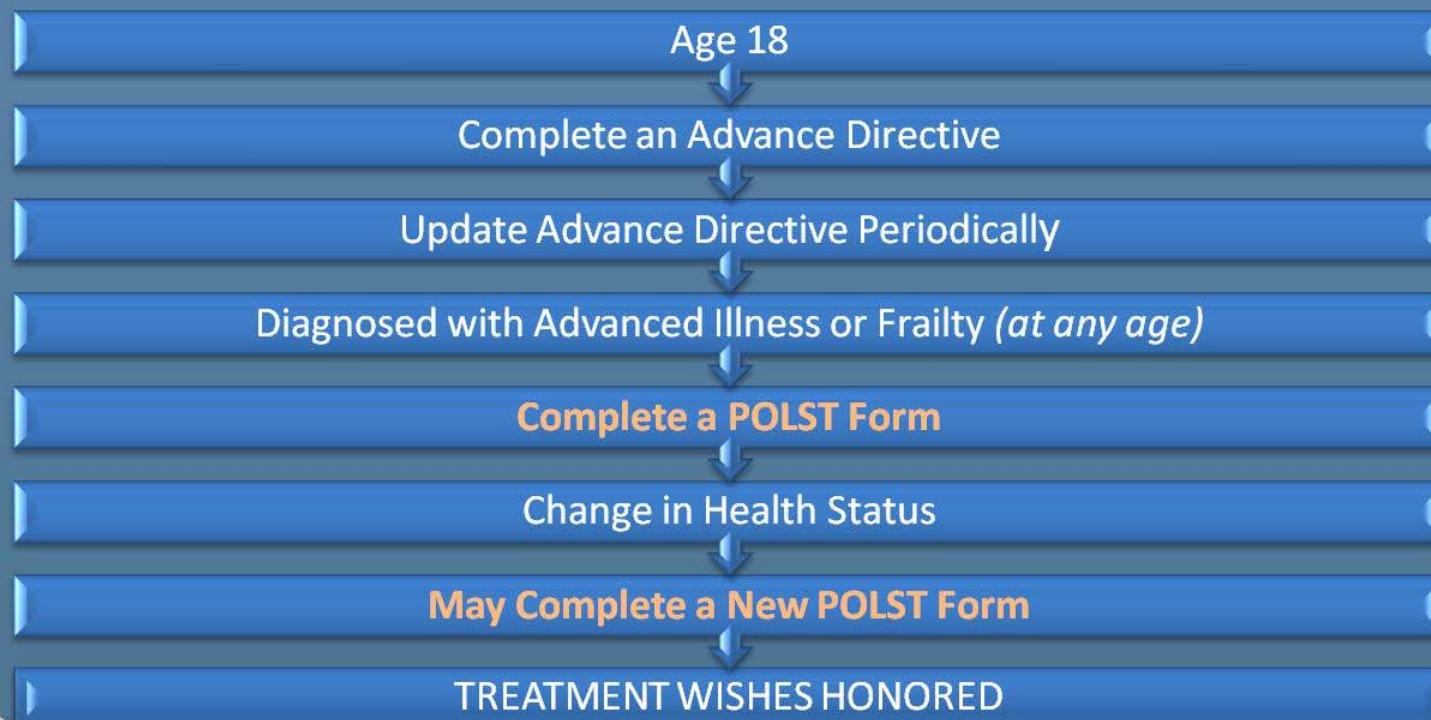
- For seriously ill or very frail (*at any age*).
- Specific order for **current** treatment.
- Can be signed by the patient's decision maker if the patient lacks decision-making capacity.
- There is one, standard form for Oregon.

Advance Directives

- For anyone 18 and older.
- General instructions for **future** treatment.
- Appoints decision maker to speak on patient's behalf.
- There is no universal Advance Directive form.



Where Does POLST Fit In?



What Stands Out About the POLST Form?

Physician Orders for Life-Sustaining Treatment (POLST)

A. CARDIOPULMONARY RESUSCITATION (CPR): Patient has no preference in resuscitating

☐ Attempt Resuscitation/CPR
☐ Do Not Attempt Resuscitation/DNR

B. MEDICAL INTERVENTIONS: If patient has preference in breathing

☐ Comfort Measures Only (prior to/after death): Relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures, vital organ, suction and removal of secretions as needed for comfort. Patient prefers no transfer to hospital for the sustaining treatment. Transfer if comfort needs cannot be met in current location. Treatment Plan: Maximize comfort through symptom management.

☐ Limited Additional Interventions in addition to care described in Comfort Measures Only: use medical treatment, antibiotics, for fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support in a CCU/ICU/ED. Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide less medical treatments.

☐ Full Treatment: In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital under intensive care unit if indicated. Treatment Plan: Full treatment including life support measures in the intensive care unit.

C. ARTIFICIALLY ADMINISTERED NUTRITION: Offer food by mouth if feasible

☐ No artificial nutrition by tube
☐ Artificial (oral) period of artificial nutrition by tube
☐ Long-term artificial nutrition by tube

D. DOCUMENTATION OF DISCLOSURE:

☐ Patient (if patient has capacity)
☐ Parent of minor
☐ Court Appointed Guardian
☐ Health Care Representative or legally designated surrogate
☐ Surrogate for patient with decision-making limitations or significant mental health condition (order signed requirements for completion - see reverse side)
☐ Other

E. SIGNATURE OF PHYSICIAN/NP/PA:

Signature of Physician/NP/PA: _____ Date: _____

- Ultra Pink
- Card stock 65# paper
- Both sides of the form must be printed back to back and not on separate pages
- If making copies, please use Ultra Pink paper so POLST is easily found and recognized
- ***POLST will be honored on any color paper, however***

ePOLST & eSignatures

In Oregon, many health care organizations are moving to electronic methods for POLST form completion (ePOLST)

- ePOLST methods greatly reduce errors in form completion and streamline entry into the Oregon POLST Registry.
- ePOLST forms are completed in a health care professional's office and the patient is given a copy of the electronically signed form.
- ePOLST forms may not be on pink paper.
 - They are valid
 - Some ePOLSTs may be in a pink envelope
- eSignatures may not look like a handwritten signature.
 - They are valid



Samaritan Health Services has adopted an ePOLST System!

- It integrates with Epic's electronic health record to give health care professionals faster access to POLST forms to better direct care in an emergency.
- The ePOLST system can prevent common human errors such as illegible or incomplete paper forms and inaccurate or contradicting patient preferences.
- The system also uploads completed POLST forms to the Oregon POLST Registry automatically, saving time.



Vynca ePOLST is a secure software solution to complete, store, and access POLST forms electronically.



What is the Oregon POLST Registry?

The Oregon POLST Registry provides 24/7 access to POLST information



The Registry stores a secure electronic record of a patient's POLST orders. The Registry allows health care professionals treating a patient to access POLST orders if the original POLST form cannot be found. Information in the Registry is protected and confidential.



Mandatory Elements!



- Oregon law mandates that health care professionals completing, modifying, or revoking a POLST form send it to the Registry unless the patient or surrogate specifically opts out of the Registry.
- For a form to be entered into the Registry, it must have at least one order recorded, as well as the patient's first and last name, date of birth, and an MD, DO, NP, or PA signature and date of signature.



Voluntary Elements!



- Completion of the POLST form is **always voluntary**.
- An individual may also complete the form and check the opt-out box to choose not to have it submitted to the Registry.



When Should a POLST Form Be Reviewed?



The Individual is transferred to a different care setting



There is substantial change in the individual's health condition



The individual's treatment preferences change




At any patient care conference




POLST should be reviewed and verified or changed as needed



Can a POLST Form Be Changed?



Individuals with capacity can request alternative treatment or revoke a POLST at anytime.



Legally recognized decision maker may request a change based on condition change or new information regarding the individual's wishes.



POLST is More Than a Form



Facilitates rich
conversations with
patients and
families



Complements the
Advance Directive



Incorporates the
depth of comfort
care



Using POLST with an Interpreter

An Oregon Spanish POLST brochure, translated form, and educational video are available on the Oregon POLST website, <http://oregonpolst.org/order>



- Health care interpreter services should be used when the patient and/or family/surrogate has limited English proficiency.
- The signed version of the POLST form must remain in English so that emergency medical personnel can understand and follow the orders.



Resources for Health Care Professionals

The Oregon POLST Program offers educational tools for health care professionals. Please use the following link:

<http://oregonpolst.org/professional-resources/>





Module End

Thank you for
completing the POLST
Module

