

Requirements of the POLST paradigm

The purpose of this paradigm is to convert the patient's treatment goals into medical orders. The process is based on communication with patients and/or surrogates (i.e. an informed consent process). It is not just a form, but a program that brings together multiple providers from across the health care system to meet the goals of patients.

Essential Elements

In order to be considered a POLST Paradigm Program, the Program must include these elements:

1. The form constitutes a set of medical orders
2. The process includes training of health care providers across the continuum of care about the goals of the program as well as the creation and use of the form
3. Use of the form is recommended for persons who have advanced chronic progressive illness, those who might die in the next year or anyone wishing to further define their preferences of care
4. The form may be used either to limit medical interventions or to clarify a request for all medically indicated treatments including resuscitation
5. The form provides explicit direction about resuscitation status if the patient is pulseless and apneic
6. The form also includes directions about other types of intervention that the patient may or may not want. For example, decisions about transport, ICU care, antibiotics, artificial nutrition, etc.
7. The form accompanies the patient, and is transferable and applicable across care settings (i.e. Long term care, EMS, hospital)
8. The form is uniquely identifiable, standardized, uniform color within a state/region
9. There is a plan for ongoing monitoring of the program and its implementation

Optional Elements

The following issues may be handled by states in different ways depending on state law and local preferences.

1. Some states may require patient/surrogate signature on the POLST form and some may not.
2. Ideally, a surrogate should be able to make decisions about treatment choices for a patient without decision-making capacity, but states have varying laws regarding surrogates and decision making.
3. Some states may recognize the form as the only out of hospital DNR form; in others there may be other means of DNR ID as well. Use of the form may be voluntary.
4. Ideally, states would accept forms completed in other states (reciprocity).

For further information on the POLST, go to the following web site, www.POLST.org