

Appropriate Use of Pennsylvania Orders for Life-Sustaining Treatment - POLST 10 Critical Facts

The following statements are critical elements for the correct and appropriate use of POLST and should be applied by all health care providers engaged in goals of care of discussion and completion of POLST forms in Pennsylvania.

1. POLST is always voluntary.

- POLST should never be mandatory or a pre-condition to admission by any licensed facility type or long-term care facility.
- A POLST form should not be included in admission packets - but brochures about the POLST may be included.

2. Not everyone needs a POLST.

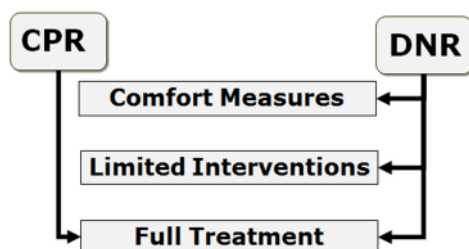
- POLST is intended for, and should be offered to, individuals who have a serious advanced illness or frailty and for whom their health care professional would not be surprised if they died within the year.

3. POLST is the result of a conversation.

- Patients should never be given a blank POLST form to complete.
- POLST forms should only be completed after having a conversation with the patient (or his/her medical decision-maker) about the patient’s diagnosis, prognosis, and treatment options.

4. IF “Attempt Resuscitation / CPR” is the choice, “Full Treatment” is required for Section B, Medical Interventions.

- If a person wants CPR, they must be willing to have Advance Cardiac Life Support (ACLS) guidelines followed, which usually means intubation and care in the ICU.



5. What if a patient’s choice is partial resuscitation, for example, compressions and not intubation? ⁱ

- A partial resuscitation request highlights the misunderstanding of the meaning and scope of resuscitation and requires a clarification of the patient’s goals of care.
- The very small percent of patients who may survive an attempted “partial code” are likely to suffer irreparable anoxic brain injury.

6. Section A “Cardiopulmonary Resuscitation (CPR)” only applies when a person has no pulse and is not breathing.

- If any respirations are still occurring and/or if any pulse is found, Section A is not applicable and the orders in Section B must be followed.

7. **A form is valid if it includes the patient name, completion of Section A and signature of the physician, CRNP or PA.**
 - Not Completing Section B, the heart of the form, is a disservice to patients as it provides necessary direction about treatment preferences to emergency personnel and other professionals in situations other than full cardiac and respiratory arrest.

8. **Only physicians (MD and DO), certified nurse practitioners (CRNP), and physician assistants (PA), can sign a POLST.**
 - There are disciplines other than physician, physician assistant or CRNP who may facilitate the POLST conversation. Typically this would be a nurse or social worker.

 - Regardless of who meets with the patient and/or medical decision-maker, an effective conversation must occur. This requires that facilitators be skilled, knowledgeable and credible to physicians/providers as well as patients and families.

9. **When a patient with a POLST transfers to another facility, the POLST form (or a copy, preferably on pink stock) must be sent with other records.**
 - Ideally notice of the POLST form should be provided prior to transfer to the receiving facility or as soon as feasible thereafter.

10. **A POLST form does not replace an advance directive. The following table defines some of the differences.**

	Advance Directive	POLST
Population	All Adults	Serious illness or frailty
Timeframe	Future care/future conditions	Current care and condition
Who completes form	Individuals/Patients	Health Care Professional
Where completed	Any setting, not necessarily medical	Medical setting
Resulting product	Surrogate appointment and statement of preferences	Medical orders based on shared decision-making
Becomes effective	Patient is incompetent, <u>and</u> ; Permanently unconscious or has end-stage medical condition	When signed and dated by doctor, CRNP or PA and by patient or medical decision-maker
Surrogate role	Cannot complete	Can consent if patient lacks capacity
Portability	Patient/family responsibility	Health Care Professional responsibility
Periodic Review	Patient/family responsibility	Health Care Professional responsibility to initiate

ⁱ Partial codes when less maybe more. JAMA Int Med 2016; 176(8): 1057-1058-
doi:10.1001/jamainternmed.2016.2522