

POLST Cue Card with Documentation

Introducing POLST form – Discuss why it is important to discuss your wishes for medical care and normalize the conversation. Start with, *“It’s important to talk about your health and your wishes for medical care if you were to get really sick. We talk about this with everyone with serious illness. Your doctor will review what we talk about and answer questions.”* (If appropriate, encourage patient to complete an advance directive and to designate a health care agent if not previously done.)

Take time to ask, *“How do you feel things are going? Have you noticed any changes in the past weeks, months? What has your doctor told you about your medical condition? What do you hope for with your care? What do you enjoy doing? What is important to you? What gives your life meaning?”*

POLST records your wishes for medical care if you are seriously ill and becomes medical orders after you and your doctor sign. Form goes with you to hospital. POLST can be changed if your condition changes or your treatment wishes change.

Section A: Cardiopulmonary Resuscitation/CPR - Introduce with, *“If you were to die a natural death...”*

“CPR is attempted only if the heart has stopped beating; you are not breathing, not awake and have died. Unfortunately, CPR is usually not successful on older people. The few people who are resuscitated are likely to be on a ventilator (life support) for a period of time and may still die. For those who survive, many have worse disability and brain damage. CPR never cures the original medical problem.”

If you were to die a natural death, would you choose to have CPR?

- If “yes” – Requires Full Treatment in Section B. (Ask about Ventilator Trial)

Section B: Medical Interventions - Introduce with, *“If you got really sick, for example, you had a bad pneumonia...”*

*“There are different treatment options for serious illness. **We always take care of comfort needs.** With aggressive medical care, say you needed a ventilator to help you breathe, the machine is not comfortable and pain and sedating/calming medicines are needed. Recovery time after intensive treatments is often long and difficult.”*

- **Full Treatment: All medical treatment options.** You can ask to stop if doctor thinks you are not going to recover and treatments are just keeping you alive. We can write *“Full treatment for trial period”* on Additional Orders.
- **Limited Additional Interventions: Hospital care, but no ventilator, no intubation.** May use non-invasive positive pressure breathing mask. Patients often choose **not** to have major surgery or treatments with long, difficult recoveries.
- **Comfort Measures Only:** Some patients with illness we cannot cure want us to care for them by treating pain and other symptoms and prefer treatment to be focused on comfort. Oxygen, medications such as antibiotics for bladder infection and other treatments to promote comfort can be provided to help achieve this goal.

What do you think is best for you? *For SNF patients, Limited Interventions,* ask if they want hospital transfer or treatment at SNF with transfer to hospital only if required to meet comfort needs.

Section C: Antibiotics - Introduce with, *“Antibiotics may require a conversation on how they may be used to treat a specific condition.”* You can choose “no antibiotics” or “use if life can be prolonged.” You also may want to determine use or limitation when an infection occurs.

What do you think is best for you? Start with, *“It is helpful for patients to have an understanding that antibiotics may be used as a comfort measure.”* Determine if use of antibiotics aligns with goals for staying in place (no hospitalizations), including whether antibiotic treatment at a hospital is best option from a comfort focus.

Alternate way to discuss antibiotics – Most states have removed the section on antibiotics from the POLST form. The following is an alternative method to discuss. Introduce with, *“Would it be alright if I made a recommendation?”* If yes, you can say the following:

- For those who do not have a definite decision regarding antibiotics, *“If you don’t have strong feelings about whether you may want to receive antibiotics, I would recommend that you determine the use of antibiotics when infection occurs.”*
- For those who choose Full Treatment, *“Based on our conversation, I would recommend antibiotics to prolong life.”* Pause and then ask, *“Is that ok with you?”*
- For those who choose Limited Additional Interventions, *“Based on our conversation, I would recommend that you determine use of antibiotics when infection occurs.”* Pause and then ask, *“Does that make sense to you?”*
- For those with end-stage dementia and frequent aspiration whose decision maker has chosen Comfort Measures Only, *“Based on our conversation, I would recommend no antibiotics.”* Pause and then ask, *“Does that make sense to you?”*

Section D: Artificially Administered Hydration/Nutrition - Introduce with, *“If you had brain damage from a severe stroke with loss of awareness and cognition, Parkinson’s, severe dementia or Alzheimer’s and you cannot speak for yourself, cannot swallow food or fluids and are not expected to recover.”*

“Food is offered by mouth if possible and desired. We will continue to hand feed you with the best texture of food and help you eat as best you can.”

“Artificial tube feeding can be helpful in specific situations like cancer of the mouth or throat or some strokes where the patient is likely to improve, so some may choose a trial period, in hopes that their ability to swallow may get better.”

“A feeding tube can be placed to give artificial nutrition with medically prescribed formula. Careful feeding by hand can be just as effective for most people, and some believe the human touch is better. There is little evidence that artificial tube feeding helps people with advanced dementia.”

*“If you had a condition where you were unable to eat and were not going to recover, **would you want hand feeding to allow you to eat as best you can, or would you want long-term artificial nutrition by tube?**”*

“If you had a condition such as a stroke where you were awake and aware and where you were expected to recover to be able to eat on your own, would you want a period of artificial nutrition by feeding tube to support you temporarily while you recover?”

If patient desires further information you can add, *“Artificial tube feeding may be uncomfortable, does not prevent pneumonia, and can cause swelling and infections.”*

Next steps:

- Review POLST choices.
- Prepare any questions and coordinate time with doctor if follow-up would be helpful or wanted by patient.
- Complete signatures.
- Document the conversation.

Documentation of POLST Conversation:

I have discussed POLST with the patient/resident or legal medical decision maker. Additional notes, questions, or follow-up:

Health Care Professional Preparing POLST _____

Date _____

Patient/Resident Name _____

Date of Birth _____

Decision maker _____

This form can be filed in patient/resident chart to document POLST Conversation.

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