

Hospital CPR Orders in Communities that have a POLST Paradigm Program

Developed by Bud Hammes, PhD, Director of Medical Humanities for the Gunderson Lutheran Medical Center in La Crosse, Wisconsin

Communities that have implemented a POLST Paradigm Program need a mechanism for translating the medical orders from the POLST Paradigm form into inpatient orders when a patient is admitted to an acute care hospital in order to assure that those orders reflect the medical plan indicated on the form. This is important because the POLST Paradigm form provides information about the patient's goals of treatment beyond whether or not to perform CPR if the person is in cardiac arrest. For example, a person's POLST Paradigm form may indicate "DNR" in Section A and "Full Treatment" in Section B. In this case, the person would not want CPR if in cardiac arrest but it would be appropriate under some circumstances to admit the patient to a critical care unit.

One method of assuring that the POLST Paradigm orders are appropriately translated is to develop standardized order sets. Such order sets can provide clarity to staff about writing and interpreting hospital orders consistent with the POLST Paradigm form, communicate CPR orders more clearly to acute care staff, and allow for clearer handoffs at admission and discharge from the hospital regarding resuscitation issues.

One example of standardized CPR order sets for a hospital has been developed and has been successfully implemented at one medical center: Gunderson Lutheran Medical Center, La Crosse, WI, and is being implemented at three others: Genesis Medical Center, Davenport, IA, Genesis Medical Center, Dewitt, IA, Genesis Medical Center, Silvis, IL. This approach provides four standardized resuscitation orders for a hospitalized patient. One order is for "Attempt Resuscitation, Full Treatment". The other three are specific orders for DNR and other medical interventions consistent with Sections A and B of the POLST Paradigm form. These include: "DNR--Comfort Measures Only", "DNR--Limited Treatment", and "DNR--Full Treatment".

To illustrate how this can work, the following orders would be provided to a clinician admitting a patient to the hospital. The clinician would only be allowed to select one of the four standardized CPR orders. Also included are the general nursing expectations for each order.

Sample inpatient Resuscitation order set

1. DNR--Comfort Measures Only

(Matches POLST Paradigm form of Section A: DNR and Section B: Comfort Measures Only)

Order text

Permit natural death to occur. No CPR. The primary goal is comfort. In the event of cardiopulmonary arrest or deterioration, do not attempt to restore or maintain heart beat or breathing. Clinicians must separately order therapy needed for discomfort, anxiety, dyspnea, etc. Consider a palliative care consultation.

Nursing direction

No efforts should be made to maintain or restore cardiopulmonary function. Allow a natural death to occur. The primary goal is to maintain the patient's comfort. Cardiopulmonary resuscitation or use of medical response team (MRT) should not be used. The patient should not be transferred to a critical care unit. A patient may stay in a critical care unit if death is expected soon and the bed is not needed for another critically ill patient.

2. DNR--Limited Interventions

(Matches POLST Paradigm form of Section A: DNR and Section B: Limited Additional Interventions)

Order text

In the event of cardiopulmonary arrest, do not attempt to restore heart beat or breathing. No CPR. In the event of severe cardiopulmonary deterioration, the goals of care are to maintain cardiopulmonary function to prolong life up to the point of cardiopulmonary arrest (i.e., at the point of an arrest no chest compressions or defibrillation). The patient should not be intubated in the event of respiratory and/or ventilatory failure. CPAP or BIPAP may be considered.

If the patient wishes to limit the treatment of hypotension or heart rate (e.g. do not transfer to a critical care unit for treatment), write additional orders as needed. Telemetry is not always indicated. Physicians must separately order therapy needed for discomfort, anxiety, dyspnea, etc. Consider a palliative care consultation.

Nursing direction

Do not attempt CPR (i.e., chest compressions or defibrillation) in the event of a cardiopulmonary arrest. Do not intubate. Treat hypotension and maintain heart rate, following any limitations as ordered. Review orders to determine if CPAP or BIPAP may be used. Depending on other orders, medical response team (MRT) may be called if needed to manage blood pressure or heart rate. A cardiac monitor may be needed. Transfer to a critical care unit may be appropriate. This order supersedes any orders in an arrhythmia protocol calling for CPR, following ACLS protocol, and defibrillation.

3. DNR--Full Treatment

(Matches POLST Paradigm form of Section A: DNR and Section B: Full Treatment)

Order Text

In the event of cardiopulmonary arrest, do not attempt to restore heart beat or breathing. No CPR. In the event of severe cardiopulmonary deterioration, the goals of care will be to maintain cardiopulmonary function to prolong life up to the point of cardiopulmonary arrest (i.e., at the point of an arrest no chest compressions or defibrillation). The patient should be intubated in the event of respiratory and/or ventilatory failure. CPAP or BIPAP is appropriate to avoid respiratory and/or ventilatory failure.

Nursing Direction

Do not attempt CPR (i.e., chest compressions or defibrillation) in the event of a cardiopulmonary arrest. If necessary, intubate and mechanically ventilate or use CPAP or BIPAP to manage respiratory or ventilatory failure. Cardiopulmonary resuscitation or medical response team (MRT) should be called if needed. A monitor may be needed to monitor heart rate. A crash cart may be needed if intubation is required. Transfer to a critical care unit may be appropriate. This order supersedes any orders in an arrhythmia protocol calling for CPR, following ACLS protocol, and defibrillation.

4. Resuscitate--Full Treatment

(Matches POLST Paradigm form of Section A: Attempt Resuscitation/CPR and Section B: Full Treatment)

Order text

All efforts including CPR and standard ACLS care will be made to maintain or restore cardiopulmonary function in the event of either a cardiopulmonary arrest or deterioration.

Nursing Direction

Cardiopulmonary resuscitation or a medical response team (MRT) should be called as needed to treat cardiopulmonary arrest or deterioration. Transfer to a critical care unit is appropriate.