| DRAFT<br>**POLICY & PROCEDURE** | | Current Version Effective Date:<br>Next Review Date: | |
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| Title: | **The Physician Orders for Life-Sustaining Treatment (POLST)** | Creation Date: | |
| Author: | | | |

**Introduction:**
The Nevada Physician Orders for Life-Sustaining Treatment (POLST) is a form that summarizes the wishes of an individual regarding life-sustaining treatment. The form is intended for any individual with a serious illness or frailty.

**Purpose:**
The POLST form accomplishes two major purposes:

- It is portable from one care setting to another.
- It translates wishes of an individual into actual physician orders

The POLST form should be completed after a discussion of the patient's goals of care with a health care provider. The patient's attending physician should then review the document with the patient. The attending physician must sign and date the form and assume full responsibility for its accuracy.

The POLST form facilitates the process of translating end-of-life discussions with patients into actual treatment decisions, and provides security for the individual and physician that the expressed wishes will be honored.

**General Information:**
This form has two parts: **Side 1 - Medical Orders** that is completed by a health care provider and signed and dated by the patient's attending physician then copied and the copy included in the patient's medical record, and **Side 2: Supplementary Patient Preferences**, information provided by the patient or their agent and explains who to contact and what other documents are available for guidance at the end of life. This information is reviewed by the patient, their loved ones or agent and must be signed by the patient or legal agent or guardian; and the person who helped them complete it.

*The POLST must be signed and dated by the patient's physician and the patient or their legal representative* and *a copy of the POLST added to the patient's chart.* A copy should be retained in the medical record and the original should be returned to the patient and stay with the patient when discharged.

The POLST is the property of the patient, and just as a driver's license may be copied for information or archival purposes, the *original must be transferred with the patient upon discharge* unless a new original is completed.

Regardless of options chosen, all patients are to be respected and provided comfort care.

**A. Directions for Completing a POLST Form:**

**SIDE 1: MEDICAL ORDERS**

**Section A: Cardiopulmonary Resuscitation**
This section describes what is to be done if the patient's heart stops beating and when signed and dated becomes a medical order. A signed and dated POLST may statutorily serve as a bona fide

out-of-hospital DNR that will be honored by EMS. The State issued DNR identification is no longer needed.

***Attempt Resuscitation*** if checked, then Section B.3 (Full Treatment) should also be checked to assure intubation and cardioversion are attempted. *If "**Attempt Resuscitation**" is checked **be sure other choices in Section B.2. do not contradict or confuse treatment***. For example, if "No Intensive Care" (ICU) admission is checked, it should be explained to the patient that ICU admissions may be necessary to avoid recurrence or complications.

***Allow Natural Death (Do Not Attempt Resuscitation)***" if chosen, there will be no attempt to restart the patient's heart and the patient should be made comfortable in whatever setting they are; they should not be transferred unless comfort cannot be accomplished in the current setting or a lower different level of care is more appropriate. The state issued DNR identification is no longer necessary; the POLST statutorily substitutes for it.

**Section B: Medical Interventions:**

This section describes what is to be done if a patient has a life-limiting condition, and has a pulse and/or is breathing. Once initiated, if a treatment is found not to be of benefit, it may be stopped. The specific pros and cons and implications of each of the following interventions should be discussed with the patient or their agent.

***Comfort Measures Only***. If checked, then the following should also be checked:

- B.2.a. – Life-Sustaining Antibiotics - No antibiotics;
- B.2.b. – Artificially Administered Fluids and Nutrition - No feeding tube and No IV fluids;
- B.2.c. – Other Limitations of Medical Interventions - all boxes in this section should be checked or draw a circle around this entire section and write in large letters "NO".

The patient will be is treated with dignity, respect and kept clean, warm and dry. Reasonable measures will be made to offer food and fluids by mouth. Medication, positioning, wound care and other measures are used to relieve pain and suffering. Oxygen and suctioning may be used as needed for comfort. The patient is not to be hospitalized when in another facility or receiving hospice unless comfort measures fail.

**Life-Sustaining Antibiotics** Patients may receive antibiotics, but underlying problems of frailty and inability to fight infection may cause the pneumonia to recur. Patients may develop other infections that are more likely to be uncomfortable, but not immediately life-threatening, such as bedsores, tooth abscess, etc. Antibiotics for these conditions will not necessarily extend life, but may relieve discomfort. You need to decide with your care providers what level of antibiotic treatment you prefer.

**Artificially Administered Fluids and Nutrition** Nutrition can be supplied artificially with tubes through the nose or through the abdomen into the stomach. Fluids can be provided by IVs, through tubes into veins, usually in the arms, if possible. However, as patients near the end of life they often lose their appetite and ability to digest food and continuing to provide nutrition may result in significant constipation and discomfort. Kidneys may not function well so water and fluids may accumulate in the lungs and other tissues causing breathing problems, swelling and discomfort.

**Other Limitations of Medical Interventions** There are many options in this section, but not all pertain to the patient's illness, so only consider those that do and what each might mean for quality of life and its ability to extend life. Be sure contradictory treatments are not chosen.

**Full Treatment** Choosing this option means that all reasonable treatments to sustain life will be attempted. However, such treatment may or may not be successful and may result in additional pain or discomfort.

**Section C: Physicians Signature:**

The physician is required to sign and date the POLST for validity. Additional information in this section is helpful to others if they have questions regarding the patient's POLST.

**SIDE 2 (or Page 2): Supplementary Patient Preferences**

**SECTION D: Organ Donation**

This section does not authorize organ donation. By current law, such authorization is only allowed by the patient or their agent or as designated on a State issued identification. If checked, ask to see the patient's State issued identification to verify organ donation authorization. If this box is not checked, and the patient now shows interest in donation, you should put a note to this affect in the "Other Instructions" line, then relay this information to the appropriate staff.

**SECTION E: Advance Directives**

If the patient has an existing advance directive (Living Will, Declaration, Durable Power of Attorney for Health Care), this information should be transferred to the POLST form in this section. If the patient does not have an advance directive, they should be provided a document to complete and then transfer it to the POLST. HealtHIE Nevada is a registry for medical records and insurance coverage. Ask the patient to sign a HealtHIE Nevada consent form, upload the AD and, when completed, the POLST so it is available to all Nevada health care providers. If the patient expresses wishes to make changes to their advance directive, those cannot be initiated on the POLST form, they must first be made to the original documents, signed, witnessed and then transferred to the POLST form. If the patient does not have an AD, then enter contact information at E.2.

Advance directives are documents that provide more general information about wishes at the end of life and also identify a person to speak for the patient if they are unable to.

**SECTION F: Signatures**

This section must be signed by the patient or their legal agent or guardian (whichever is circled) and any anyone who may have witnessed and/or also consented to treatments as reflected on Side 1. The health care provider completing this form with the patient should also sign the POLST in this section. Having a witness sign will reduce the possibility of confusion or conflict.

**B. Identification and Documentation for Inpatients**

A. **Patients who arrive at the hospital (or other health care facility) with an executed POLST form or Advance Directive:** When a patient is admitted with an original POLST form, the form must be scanned into the Electronic Medical Record (EMR) and the original document placed in the medical record until and if the patient is transferred, in which case it goes with the patient, or is returned to the patient upon discharge. The health care professional will review the POLST orders and verify wishes with the patient. The health care professional will then write admission orders in accordance with the patient's current wishes. Fi the patient's condition makes verification impossible, the orders on the POLST form will be followed until or unless information to the contrary becomes available

B. **For scheduled admissions**: Admitting personnel must inquire about Advance Directives as required by law. For patients who already have an Advance Directive or POLST form in the Nevada HealtHIE or Secretary of State's LivingWillLockbox, the most recent copy of each of these documents (determined by the most recent date signed) must be added to the EMR. If the patient's AD and POLST are not registered then ask the patient to sign a HealtHIE Nevada

consent form or LivingWillLockbox registration, and upload the AD and the POLST so it is available to all Nevada health care providers.

C. **For patients admitted via the Emergency Department:** A copy of the current Advance Directives and POLST documents should be uploaded to the HealtHIE Nevada to be added to the medical record to assure personnel are aware of the POLST. If the patient arrives with a new Advance Directive and/or POLST form, these documents will be copied and added to the HIE and chart and the original returned to the patient.
D. **For patients admitted from the outpatient setting**: A copy of the current Advance Directive and POLST documents will be copied and added to the HIE or LivingWillLockbox and chart and the original returned to the patient.

## C. Writing Code Orders for Inpatients

A. An order regarding code status is required on every patient admitted to the hospital.
B. A fully informed discussion must occur with the patient or agent before documenting a code status, whether full code or DNR/DNI
C. The physician will review the Advance Directive and/or POLST form before placing an order regarding code status. If these documents conflict, the most recent should be followed.
D. When a patient is changing level of care, such as a transfer to the ICU, the physician should have full appreciation of any previous discussions held with the patient regarding code status before initiating conversations with the patient or placing an order.

## D. Status of Medical Orders on the POLST form

A. The medical orders on Side 1 of the POLST form are to be honored, *regardless of the privileges of the physician who signed and dated the POLST form*, at the admitting facility.
B. Should the current attending physician wish to changed the medical orders reflected on the POLST, then a new form should be completed and a single diagonal line and word **VOID** in large letters should be written across any outdated POLST form and the form retained in the medical record.

## E. Voiding POLST Form and Changing Code Status

A. A patient admitted with a POLST form that has been signed by a physician will have those orders respected and subsequently reflected in admitting orders unless otherwise rescinded of modified.
B. The patient or their agent may rescind a POLST form or Advance Directive and the patient and agent can request a change in code status. For outpatients and inpatients, code status and POLST forms should be re-evaluated and revised if needed each time there is a substantive change in the patient's condition. A single diagonal line and word **VOID** in large letters should be written across any outdated POLST form and the form retained in the medical record.

## F. Status of POLST Form on Discharge:

A. When a hospitalized patient has a DNR order or other orders to limit life-sustaining treatment and wishes those orders to continue afer discharge, then those wishes should be recorded on a POLST form as signed medical orders. Prior to discharge to either another facility, such as a long term care, hospice or another hospital or home, a POLST from should be completed in accordance with the patient's current wishes unless declined by the patient or their agent.
B. If a patient's wishes have not changed and s/he arrived with an original POLST form then the POLST form should be returned to the patient at discharge after assuring that a copy of

this document has been scanned into the EMR. The original form should be returned to the patient or agent at discharge.

C. When a POLST form is newly created for a patient being discharged, the original goes with the patient and a copy is entered into the EMR. The patient should be encouraged to sign a HealtHIE Nevada consent form or a Registration Agreement for the Secretary of State's Living Will Lockbox so the AD and the POLST can be uploaded and made available to all Nevada health care providers.