SCOPE: Sacred Heart Medical Center

PURPOSE: To provide a process for identifying and reviewing a completed POLST so that definitive patient preferences as expressed through a current POLST are considered when developing goals of care and physician orders within all Sacred Heart Medical Center care settings.

POLICY: It is the intent of Sacred Heart Medical Center to comply with all current POLST forms that express definitive patient preferences upon presentation to the Emergency Department or inpatient admission, and to document definitive patient preferences for treatment via POLST forms upon discharge when appropriate.

PROCEDURE:

1. Emergency Department Procedures:

   1.1. An original, bright pink POLST signed by a physician, physician's assistant or nurse practitioner licensed to practice in Oregon and that contains definitive patient wishes is considered to represent valid standing medical orders when presented to Emergency Department staff, and should be considered when developing goals of care and physician orders.

   1.2. When a patient with a chronic, debilitating condition presents to the Emergency Department and cardiopulmonary resuscitation or other medical interventions as noted on the POLST are medically indicated, the patient’s registered nurse on duty, the attending emergency physician, or other designee should consult the following in order of priority to determine evidence of an existing POLST and clarify the goals of care:

      1.2.1. Patient or surrogate

      1.2.2. Emergency Medical Service personnel

      1.2.3. CareCast (Physicians should look in the HC - Directive section under the Doc/TRX tab in CareCast.)

      1.2.4. Oregon Statewide POLST Registry (877) 367-7657.

   2. Clear and definitive patient preferences regarding resuscitation and other medical interventions must be respected and can be communicated via a valid Do Not Resuscitate order. This is consistent with the American College of Emergency Physician’s position on this issue.

   3. While the patient is in the Emergency Department, if doubts exist regarding the validity of either the patient’s wishes or a POLST, medically indicated resuscitative measures should be
undertaken. However, consistent with the position held by the American College of Emergency Physicians, it is ethically permissible to stop resuscitative measures when additional, definitive information about the patient’s wishes to forgo resuscitative measures are obtained.

4. The patient/surrogate may revoke or void a POLST at any time, either verbally or in writing. Patient/surrogate revocation of a POLST must be documented by the patient’s registered nurse on duty, the attending physician, or other designee. (See Guidelines below for how to void a POLST)

5. **Inpatient Admission Or Transfer Procedures:**

   5.1. At time of inpatient admission or transfer, the patient’s registered nurse on duty, the attending physician, or other designee, should determine the existence of any current POLST through conversation with the patient/surrogate or by examination of the patient’s medical record. CareCast and the Statewide POLST Registry at (877) 367-7657 should be consulted when necessary to verify the existence of a POLST. (Note to Physicians: POLST forms can be found in the HC - Directive section under the Doc/TRX tab in CareCast.)

   5.2. A review of the goals of care (with the patient/surrogate if available) should occur at time of admission and be documented in the patient’s medical record by the patient’s registered nurse on duty, the attending physician, or other designee.

   5.3. When planning the goals of care and completing physician order sheets, the plan of care should address each of the following separately, if medically indicated:

      5.3.1. Use of Cardiopulmonary Resuscitation
      
      5.3.2. Use of Medical Interventions (e.g. Intubation, Ventilation, IV Fluids, etc)
      
      5.3.3. Use of Antibiotics
      
      5.3.4. Use of Artificially Administered Nutrition

   5.4. If it is determined that the patient or patient’s surrogate desires any or all of the current POLST orders for resuscitation, medical interventions, antibiotics and artificially administered nutrition to be followed, then the patient’s registered nurse on duty, attending physician, or other designee should:

      5.4.1. Re-write the POLST orders on the admission orders sheet and indicate those orders "per POLST dated xx/xx/xx signed by Dr. (name)"
      
      5.4.2. Enter the POLST orders into the Electronic Medical Record as current physician orders to be followed.

6. **Surgery Procedures:**
6.1. Before a procedure involving anesthesia or elective surgery, any current POLST order should be reviewed and discussed with the patient/surrogate during the pre-anesthesia evaluation. This is consistent with the ethical guidelines set forth by the American Society of Anesthesiologists on anesthesia care of patients with do not resuscitate orders or other directives.

6.2. Additionally, surgeons should discuss with their patients whether or not a patient’s current POLST or advance directive will be suspended during or after surgery and for how long the suspension will occur. This is consistent with the American College of Surgeons recommendation to offer patients the opportunity to reconsider previous advance care directives prior to having a surgical procedure.

6.3. If changes to a current POLST or advance directive are made based on this discussion, appropriate orders should be written in patient’s medical record. Orders must be written to reinstate POLST if previously suspended.

7. Discharge Procedures:

7.1. At time of discharge, trained staff should consider assisting with completion of a POLST for any patient:

7.1.1. Who requests a POLST

7.1.2. Who requested to have limits to life-sustaining treatment during hospitalization.

7.1.3. Who has a chronic, debilitating condition for which interventions listed on the POLST might be medically indicated.

7.1.4. Who will be receiving palliative care

7.1.5. Who will be discharged to an extended care facility

7.1.6. For whom a DNR or refusal of artificially administered nutrition/hydration was documented during hospitalization

7.1.7. Who has a poor prognosis, and will be receiving life-sustaining treatment after discharge.

8. If a POLST is indicated, request POLST / AD by entering a palliative care referral and writing “POLST at d/c or POLST discussion” in the comments bar.

9. Staff responsible for completing a POLST should place a copy of the completed POLST form as the first form in the paper medical record and give the original back to the patient/patient’s representative.
10. When a POLST reaches Health Records, a Shared Patient Information alert (e.g. "See POLST") will be activated in the electronic medical record.

11. A POLST form signed by the attending physician during a patient’s inpatient stay and placed in the chart will be construed as a request from the physician to submit the form to the Statewide POLST Registry.

12. Upon discharge, a current copy of the POLST is scanned into the electronic medical record (under Healthcare Directives) by Health Records and the original is sent with the patient as part of the medical records transfer/discharge pack. Health Records will be responsible for faxing completed POLST forms to the Oregon Statewide POLST Registry.

13. **General Guidelines:**

   13.1. A POLST from a state other than Oregon is not valid.

   13.2. The original bright pink form is preferred but a photocopy or wallet card version will also be honored. If a patient presents to the ED or is re-admitted to the hospital but does not bring the original or a photocopy of their POLST with them, the photocopy on the old chart or the most recent POLST previously scanned into the patient’s electronic medical record is acceptable.

   13.3. To void a POLST form, write “VOID” across the front and back of the form, and place a copy of the voided form in the chart behind any new updated POLST. All voided POLST forms should be documented in the electronic medical record and new physician orders documented.

   13.4. When multiple POLST forms are contained in the electronic medical record, the most recently dated form is considered more current, yet verifying that it is the definitive expression of a patient’s wishes should still be determined via the procedures above.

   13.5. A POLST should be completed by the attending physician in discussion with the patient/surrogate to determine the patient's preferences. Trained health care professional staff (social workers, care coordinators, etc.) can fill out the POLST form with the patient or surrogate. To activate the form a physician, nurse practitioner, or physician's assistant must review and sign the form.

   13.6. **Patient teaching should include but not be limited to:**


   13.6.2. How long it is valid and how it is reviewed.

   13.6.3. Right to revoke or void the POLST at any time.

   13.6.4. Where to place the form in non-institutional settings so that it will be recognized by emergency personnel.
13.7. A POLST can be signed by a legal surrogate if the patient lacks capacity to do so. A patient’s or surrogate’s signature is not required, but is recommended.

13.8. A POLST provides valid initial medical orders when there are not more recent hospital orders to address resuscitation, medical interventions, antibiotics, and artificially administered nutrition (unless the patient/surrogate indicates the POLST no longer represents their wishes).

13.9. Any section of the POLST not completed implies full treatment for that section.

13.10. The POLST should be reviewed periodically and a new POLST completed if necessary when:

- 13.10.1. Patient is transferred from one care setting or facility to another.
- 13.10.2. Substantial changes in the patient's health status.
- 13.10.3. Patient's treatment preference changes.

**DEFINITIONS:**

1. **POLST**: A written medical order completed by a physician, nurse practitioner, or physician assistant after learning the patient's wishes about end of life health care for a chronic, debilitating condition. It goes a step beyond the Advance Directive by turning the patient's wishes concerning life-sustaining treatment into specific written medical orders which can be understood and followed by other physicians, nurses, emergency medical services personnel, and health care facilities. The physician's orders in the POLST form covers: (A) resuscitation, (B) medical interventions if the patient has pulse and/or is breathing, (C) use of antibiotics, and (D) artificially administered nutrition through a feeding tube. The form can be reviewed and changed over time. The POLST is not meant to replace an Advance Directive, but to complement it.

2. **Advance Directive**: Written instructions about a patient's wishes for life sustaining medical treatment if a patient is unable to speak for themselves, and/or durable power of attorney for medical care which appoints a health care representative who can make health decisions on a patient’s behalf when he or she cannot speak for him or herself.

3. **Surrogate**: The designated decision-maker for an incapacitated patient. If a patient is unable to make decisions for themselves, ORS 127.635 offers a prioritized list of possible surrogates for patient decision-making under certain end of life circumstances. Persons authorized to give informed consent are listed in Consent for Treatment OR.387.75

4. **Life sustaining treatment**: Any medical procedure, pharmaceutical, medical device or medical intervention that maintains life by sustaining, restoring or supplanting a vital function.

5. **Resources for Support and Questions:**
5.1. The following resources and support are available to assist clinical staff and patients/families regarding completion of a POLST.

5.2. Palliative Care Team: A member of the palliative care team can help with the completion of a POLST. The team can be contacted by calling 541-222-5870.

5.3. Ethics Services: The Director of Ethics or Ethics Consultation services are available to assist with conflicts or questions regarding the relevancy of a POLST. Ethics services can be accessed by calling 541-222-2262.

REFERENCES:

Forms:

- Medicine Admission Orders Form

Law & Regulations:

- OAR 333-270-0010
- OAR 847-010-0110
- OAR 847-35-0030 (6)
- ORS 127.635 (2)

Other:

- American Society of Anesthesiologists Ethical Guidelines for the Anesthesia Care of Patients with Do-Not-Resuscitate Orders or Other Directives that Limit Treatment
- American College of Emergency Physicians Statement on Ethical Issues of Resuscitation
- American College of Surgeons Statement on Advance Directives by Patients: “Do Not Resuscitate” in the Operating Room

Policy Documents:

- Preanesthetic Evaluation by an Anesthesiologist OR.239.23
- Surgery Consent Forms Policy
- Patient Resuscitation Policy OR.387.164
• **Withholding and Withdrawing Treatment, Decision Making** OR.387.227

• **Advance Directives** OR.387.20

**HELP:** For questions or assistance with this procedure, please contact the Chair, Nurse Practice Committee

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**End of Procedure**

_The last page of this policy document contains approval, review and revision information only._

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<tr>
<td>Responsible Party:</td>
<td>Kristin Thurston, Chair, Nurse Practice Committee</td>
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**REVIEW:**

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**REVISION:**

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**RETIRED:**

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