National POLST Paradigm
physician orders for life-sustaining treatment paradigm

POLST Frequently Asked Questions (FAQ)

1 - What is the POLST Paradigm?

The POLST Paradigm is a process designed to improve patient care and reduce medical errors by creating a system using a portable medical order form (aka "POLST Form") that records patients' treatment wishes. It can be used across settings of care. A POLST Form is intended to be used by individuals with a serious illness or frailty toward the end of life. For these patients, their current health status indicates the need for standing medical orders for emergency medical care. For example, one may be written for an individual with a diagnosis like cancer or needing kidney dialysis. In a POLST conversation, the patient and his/her health care professional discuss the patient's goals for care consistent with their values and beliefs, and the patient's diagnosis, prognosis, and treatment options, including the benefits and burdens of those treatment options. Together they reach an informed shared decision about what treatments the patient wants in case of medical emergency.

The POLST Paradigm is not a federal mandate or program but is developed state by state. The POLST Paradigm fundamentals are the same but there may be differences among the states. The National POLST Paradigm Task Force creates quality standards for states to follow, helping to ensure patients can have their POLST Form honored throughout the United States.

You can learn more about your state's POLST Program by clicking on your state at http://www.polst.org/programs-in-your-state/

2 - What is a POLST Form?

A Physician Orders for Life-Sustaining Treatment (or POLST[1]) Form helps individuals with serious illness or frailty for whom their health care professional wouldn't be surprised if they died within a year communicate their treatment decisions. It is designed to improve patient care and reduce medical errors by creating a portable medical order form (the POLST Form) that records patients' treatment wishes in what may be their last year of life.

The current standard of care during an emergency is for emergency medical services (EMS) to attempt everything possible to attempt to save a life. Not all patients who are seriously ill or frail want this treatment and POLST provides the option for them to: (1) confirm this is the treatment they want or (2) to state what level of treatment they do want.

3 - Why do I need a POLST Form? (Why should a patient use a POLST Form?)

The POLST Form documents the medical order that helps give patients more control over receiving treatments they do want to receive—and avoiding treatments they do not want to receive—in the event they cannot speak for themselves during a medical crisis.

---

[1]POLST is known by different names in different states, including MOLST (Medical Orders for Life-Sustaining Treatment), MOST (Medical Orders for Scope of Treatment), POST (Physician Orders for Scope of Treatment), LaPOST (Louisiana Physician Order for Scope of Treatment), COLST (Clinician Orders for Life-Sustaining Treatment), IPOST (Iowa Physicians Orders for Scope of Treatment), SMOST (Summary of Physician Orders for Scope of Treatment), TPOPP (Transportable Physician Order for Patient Preference), and WyoPOLST (Wyoming Provider Orders for Life-Sustaining Treatment). For simplicity, the term POLST is used when referring to POLST Forms or programs in general.

All competent adults should have advance directives, documenting who they want to speak for them whenever they lack capacity to speak for themselves. The POLST Form is different (see Question 6 below) but complements an advance directive.

4 - Should I have a POLST Form?

POLST is for those with serious illness or frailty—such as advanced heart disease, advanced lung disease or cancer that has spread—for whom their health care professional wouldn't be surprised if they died within a year.

POLST is not for everyone. For example many people in their 60s are too healthy to need a POLST Form. If something suddenly happened, many healthy seniors would want everything done while more was learned about what was wrong and about their chances of recovery. Healthy people should have an advance directive. Later, if the patient became sicker or frailer, they or their surrogate (example, Power of Attorney for Health Care[2]) can complete a POLST Form to turn their treatment wishes into a medical order that can be followed by EMS.

5 - Who can complete a POLST Form?

A POLST Form is completed by a health care professional in conversation with the patient. Since it is a medical order it must be signed by a health care professional to be valid (which health care professional can sign varies by state). Most states also require the patient or their surrogate to sign the form (and even in states where the patient's signature is not required, we encourage the patient to sign indicating their agreement to the orders).

6 - Does a POLST Form replace a Do Not Resuscitate (DNR) order?

A better question might be "Does POLST identify DNR preferences?" Yes—but it does more! A POLST provides additional information that helps emergency personnel determine what treatments they should provide to a patient. Rather than automatically going to the hospital, a POLST may help keep the patient comfortable where they are located, if that is the treatment level they have chosen.

Like a DNR, a POLST Form lets EMS know whether or not the patient wants CPR. DNR orders only apply when a person does not have a pulse, is not breathing and is unresponsive. However, in most medical emergencies, a person does have a pulse, is breathing or is responsive. That's where POLST is different.

A POLST Form provides more information to emergency personnel than a DNR by indicating that:

(1) The patient still wants full treatment meaning that they want to go to the hospital and that all treatment options should be considered, including use of a breathing machine.
(2) The patient wants limited interventions meaning that they want basic medical treatments but wish to avoid the intensive care unit (ICU); or
(3) The patient just wants comfort measures meaning that they do not wish to go to the hospital but want to be made comfortable wherever they are living.

This additional section about desired medical treatments that a POLST Form provides is incredibly important. Research has shown that, when someone completes a DNR, health care professionals assume

[2] For a list of alternative titles for "Durable Power of Attorney for Health Care," refer to http://www.nolo.com/legal-encyclopedia/health-care-declarations-your-state.html

the patient wants less treatment. Research looking at POLST Forms in Oregon shows that that is not the case: approximately half of patients who complete a POLST Form in Oregon indicating that they do not want CPR also show that they want full treatment or limited interventions (or a higher treatment level).

7 - Does a POLST Form replace an advance directive? (Or: I already have an advance directive. Why do I need or want a POLST Form?)

No. An advance directive is a legal document that allows the patient to share his/her wishes with his/her health care team *if he/she can't speak for his or herself*.

Table: Differences between POLST and Advance Directives

	POLST Form	**Advance Directive**
Type of Document	Medical Order	Legal Document
Intended Population	For those diagnosed with a serious advanced illness or frailty—at any age	Recommended for all competent adults
Who Completes Form	Health care professional (after talking to patient about diagnosis, prognosis, treatment options—benefits and burdens—and goals of care)	Patient (no conversation with health care professional required)
Who Must Sign the Document?	Signed by health care professional (varies by state); some states require patient or surrogate signatures	Varies by state, usually signed by individual, his/her health care surrogate or representative, and witnesses or notary
What Does the Document Communicate?	**Specific** medical treatments the patient does or does not want in an emergency (when the patient cannot speak for him/herself) based on the patient's **known**, **current** state of health (e.g., wishes documented in POLST are what the patient would want that night if something happened).	**General** wishes about medical treatments the patient does or does not want for **unknown** future medical conditions or injuries (when the patient cannot speak for him/herself)
Must Emergency Personnel Follow the Document?	Yes.	No. Emergency personnel cannot follow but must do everything possible to attempt to save the patient's life. Advance directives are only later reviewed by hospital staff to help determine treatment plan.
Can I Use the Document to Appoint a Surrogate?	No.	Yes.
Is the Document Easy To Find?	Yes. The patient keeps the original and a copy is put in the medical record. In some states, it may also be in a registry.	Generally not. Patients are responsible for giving a copy to his/her health care professional to put into his/her medical record. Patients also need to tell surrogate (and family members) where document is so that it can be found in an emergency.
Is the Document Easy for Health Care Professionals to Understand?	Yes. POLST was created to be an easily understood medical order.	Generally no. The document likely needs interpretation and discussion by health care professional and patient's surrogate in order to determine what the patient wanted or did not want.

While the form varies in name and information by state, generally an advance directive allows a patient to:

- Identify the person he/she wants the health care team to work with in making decisions about his/her medical care (known as a "surrogate"). A POLST Form cannot be used to identify a surrogate.
- Generally says what kinds of medical treatment he/she would or would not want and is not specific to a particular medical condition (such as advanced heart disease, advanced lung disease or cancer). An advance directive is a legal document that should be completed by all adults.

The POLST Form complements an advance directive; it does not replace it.

8 - What happens if the patient's medical condition changes? Can s/he change his/her POLST Form?

Yes! POLST Forms were created to be easily modified and updated. As the patient's medical condition changes or his/her goals of care change he/she can update his/her POLST anytime by talking with his/her health care professional.

Additionally, health care professionals are encouraged to review a patient's POLST Form with them periodically—especially when the patient is transferred from one care setting or care level to another (e.g., upon admission and discharge from every facility) and when there is a substantial change in the patient's health status.

If a patient ever decides that a POLST Form is no longer appropriate for them, it is also easily voided. It is preferred for patients to consult their health care professional to void his/her form. Otherwise, the POLST Form has information about how a POLST Form is voided (usually by drawing a line across the form and writing "VOID" in large letters) but the patient must notify his/her health care professional to make sure his/her medical record is updated- and, if the patient lives in a state with a Registry, he/she must also notify the Registry that the form is no longer valid.

9 - Does a POLST Form limit the type of treatment I can get? What if I develop a simple infection?

POLST Form orders help give the patient more control over receiving treatments he/she wants to receive and avoiding treatments he/she does not want to receive in the event he/she is unable to speak for him/herself during a medical emergency. If the patient wants everything possible done during a medical emergency then his/her health care professional would complete the form showing "CPR" and "Full Treatment." Conversely, the patient wants other treatment, his/her health care professional would complete the form showing "Comfort Measures Only" or "Limited Treatment". Additionally, endorsed POLST Forms[3] state that ordinary measures to improve the patient's comfort and food and fluid by mouth, as tolerated, are always provided.

10 - Does a POLST Form allow for basics like food and water?

Yes. Endorsed POLST Forms state that ordinary measures to improve the patient's comfort and food and fluid by mouth, as tolerated, are always provided. However, POLST Forms allow for individuals to choose whether they would like artificially administered nutrition (and sometimes hydration). In conversation with a health care professional, the patient determines what he/she wants and does not want in a medical emergency and then that section will be completed in accordance with his/her wishes.

[3] To find states that have endorsed POLST Forms, refer to http://www.polst.org/programs-in-your-state/

11 - Can my loved one use a POLST Form to request physician-assisted suicide?

No. The National POLST Paradigm recognizes that allowing natural death to occur is not the same as killing. A POLST does not allow for active euthanasia or physician assisted suicide. That's inconsistent with a Physician's Order for Life-Sustaining Treatment. A POLST Form is specifically about how people want to live. If a POLST Form is used inappropriately it is a medical error and the health care professional should be reported in accordance with facility policies and/or to an appropriate licensing or professional board.

12 - What else should I know about a POLST Form?

A POLST Form always remains with the patient, regardless of whether the patient is in the hospital, at home or in a nursing home. The Form should be placed in a visible location recognized by emergency medical personnel (usually the front of the refrigerator or in a medicine cabinet). In a health care facility a copy of the POLST Form should be in the medical record.

13 - Where can I get a POLST Form?

Talk to a local health care professional.

14 - Is a POLST Form required?

No. Completing a POLST Form should always be voluntary. If someone is being forced to complete a form, contact us at admin@polst.org or his/her state contact (found at http://www.polst.org/programs-in-your-state/).