STATE-AUTHORIZED PORTABLE ORDERS (SAPO)

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook defines the use and execution of state-authorized portable do-not-attempt-resuscitation (DNAR) orders and state-authorized orders for life-sustaining treatment by authorized VHA practitioners. **AUTHORITY: Title 38 United States Code 7301 and Title 38 Code of Federal Regulation (C.F.R.) 17.38.**

2. SUMMARY OF MAJOR CHANGES. This is a revised Handbook that:

a. Streamlines the process for implementing State Authorized Portable Orders (SAPO) and reflects this in a revised Appendix A.

b. Clarifies the requirement for associating SAPO with the electronic health record progress note title "Out-of-Hospital Orders" and linking the progress note title to "Crisis, Warnings, Allergies, Directives" (CWAD) postings.

c. Simplifies the requirements regarding which types of SAPO must be accepted and offered in VA health care facilities.

d. Explains that facilities must develop document management protocols for rescinding SAPO that are no longer applicable.

e. Establishes requirements for policy implementation monitoring of this Handbook, no later than March 31, 2013.

3. RELATED ISSUE. VHA Handbooks 1004.01, Informed Consent for Clinical Treatments and Procedures and 1004.02, Advance Care Planning and Management of Advance Directives.

4. RESPONSIBLE OFFICE. The National Center for Ethics in Health Care (10P6) is responsible for the contents of this Handbook. Questions may be directed to 202-501-0364.

5. RESCISSIONS. VHA Handbook 1004.04, dated June 15, 2007.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last working day of October 2017.

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CONTENTS

STATE-AUTHORIZED PORTABLE ORDERS (SAPO)

PARAGRAPH **PAGE**

APPENDIX

STATE-AUTHORIZED PORTABLE ORDERS (SAPO)

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines the use and execution of state-authorized portable do-not-attempt-resuscitation (DNAR) orders and state-authorized orders for life-sustaining treatment by authorized VHA practitioners. **AUTHORITY: Title 38 United States Code 7301 and Title 38 Code of Federal Regulation (C.F.R.) 17.38.**

2. BACKGROUND

a. Patients have expressed concern that their documented life-sustaining treatment preferences may be ignored in emergency situations. In response, the majority of the fifty states have developed protocols that translate a patient's preferences regarding interventions, such as resuscitation, mechanical ventilation, or the provision of artificial nutrition and hydration into portable doctor's orders. As a generally accepted standard of medical practice, State Authorized Portable Orders (SAPO) are communicated to first responders (e.g., ambulance personnel) and clinicians through specialized forms, such as Oregon's Physician Orders for Life-Sustaining Treatment (POLST), or state-authorized identifiers, such as a state-authorized Do Not Attempt Resuscitation (DNAR) bracelet.

b. By legitimizing and standardizing these protocols, states are promoting community-wide use and practitioner adherence in order to ensure that a patient's SAPO status is respected by emergency medical service providers and receiving health care facilities.

c. Section 17.38 of title 38 Code of Federal Regulations (CFR) establishes that care must be provided by the Department of Veterans Affairs (VA) to individuals in accordance with generally accepted standards of medical practice.

d. In keeping with this authority and VA's commitment to promoting patient-centered care and ensuring that Veterans values, goals, and treatment preferences are respected and reflected in the care they receive, VHA supports the use of SAPO.

3. DEFINITIONS

a. **Cardiopulmonary Resuscitation (CPR).** CPR is the use of Basic Life Support and Advanced Cardiac Life Support[(a)] in an attempt to restore spontaneous circulation following cardiopulmonary arrest (i.e., the loss of airway, breathing, or circulation necessary to maintain life). CPR is a life-sustaining treatment. As used in this Handbook, the term "resuscitation" is synonymous with the terms "cardiopulmonary resuscitation" and "CPR."

b. **Decision-Making Capacity.** Decision-making capacity is a clinical judgment about a patient's ability to make a particular type of health care decision at a particular time. In clinical practice, a patient's decision-making capacity is generally presumed; however, when the patient's medical condition or observed behavior raises questions about the patient's decision-making capacity, the responsible practitioner must make an explicit determination by assessing the patient's ability to do all of the following:

(1) Communicate a choice;

(2) Understand the relevant information;

(3) Appreciate the situation and its consequences; and

(4) Reason about treatment options.

NOTE: *In contrast, "competence" is a legal determination made by a court of law (see VHA Handbook 1004.01).*

c. **Do Not Attempt Resuscitation (DNAR) Order.** A DNAR order is an order that establishes that CPR must not be attempted for a patient in cardiopulmonary arrest (i.e., the loss of airway, breathing, or circulation necessary to maintain life). Patients with a DNAR order must still receive clinically appropriate emergency interventions short of CPR (for example medications, fluids, oxygen, manual removal of an airway obstruction or the Heimlich maneuver). ***NOTE:*** *The terms DNR, No-CPR, and No Code are synonymous with DNAR. DNAR is the preferred term in VHA.*

d. **Life-Sustaining Treatment (LST).** A LST is a medical treatment that is administered in an attempt to prolong the life of a patient who would be expected to die soon without the treatment.

e. **Medical Emergency.** For the purposes of this Handbook, a medical emergency refers to a situation in which immediate medical care is necessary to preserve the patient's life or avert serious impairment to the patient's health and the practitioner determines that delaying medical care in order to discuss the SAPO with the patient or patient's surrogate (if applicable) would increase the hazard to the life or health of the patient.

f. **State-Authorized Portable Orders (SAPO).** SAPO's are specialized forms or identifiers (e.g., DNAR bracelets or necklaces) authorized by state law, that translate a patient's preferences with regard to specific life-sustaining treatment decisions into portable medical orders. Portable orders are designed to be easily recognizable and understood by first responders and other health care personnel and to travel with the patient whenever the patient is transported to or from a health care facility. Examples of SAPO forms include; Oregon's Physician Orders for Life-Sustaining Treatment (POLST); West Virginia's Physician Orders for Scope of Treatment (POST); New York's Medical Orders for Life Sustaining Treatment (MOLST); and out-of-hospital DNAR orders (e.g., New York State's Out-of-Hospital DNR order form).

g. **Surrogate Decision Maker (Surrogate).** A Surrogate refers to an individual authorized under VHA policy to make health care decisions on behalf of a patient who lacks decision-making capacity. ***NOTE:*** *For more information see VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures for information about surrogate selection, hierarchy, and the surrogate's role in health care decision making.*

4. SCOPE

This Handbook requires that Veterans' SAPO for DNAR and life-sustaining treatment are recognized by VHA, and that authorized VHA practitioners write such orders to the extent permissible by VHA policy, and state and Federal law.

5. PROCEDURES FOR IMPLEMENTATION OF VETERANS' SAPO BY VHA

When a Veteran presents to a VHA facility with SAPO, VHA practitioners must adhere to the following procedures: ***NOTE:*** *See flowchart in Appendix A for more information.*

a. In a medical emergency, the VHA practitioner must:

(1) Act in accordance with the Veteran's SAPO, unless there is a reason to doubt their validity, such as, the form or identifier is inconsistent with known state requirements, required signatures are missing, the form or identifier has clearly been tampered with, or the Veteran indicates by unambiguous verbal or non-verbal instructions that the order is to be rescinded (as the current wishes of the competent patients have priority).

(2) Write orders that correspond to the SAPO. ***NOTE:*** *VHA practitioners may only write such orders as they are otherwise authorized to write under VHA policy and Federal law.*

(3) Document the relevant instructions in the patient's treatment plan for any instruction on a patient's SAPO that would not normally be entered as an order. An example of this would be an instruction for a time-limited trial of mechanical ventilation.

b. Once the patient has been stabilized to the extent that there is no longer a medical emergency, practitioners must, at the earliest reasonable opportunity, confirm the orders with the Veteran or surrogate, depending on the Veteran's decision-making capacity, as follows: ***NOTE:*** *Patients are presumed to have decision-making capacity. However, if the patient's medical condition or observed behavior raises questions about the patient's decision-making capacity, the practitioner must perform (or obtain) and document a clinical assessment of decision-making capacity. See VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures for information about assessment of decision-making capacity.*

(1) If the Veteran has decision-making capacity, the practitioner must conduct a discussion with the patient to review their values and preferences, discuss goals of care, recommend a specific treatment plan to achieve agreed-upon goals, obtain informed consent for the plan, and implement the plan by writing specific VHA orders consistent with the patient's wishes according to applicable VHA policy, including appropriate documentation procedures as indicated in VHA Handbook 1004.3, Do Not Resuscitate (DNR) Protocols Within the Department of Veterans Affairs (VA), and VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures.

(2) If the Veteran does not have decision-making capacity, the practitioner must determine whether the Veteran also has a valid advance directive(s) and follow the procedures outlined

below: ***NOTE:*** *These steps are consistent with the steps outlined in VHA Handbook 1004.02, Advance Care Planning and Management of Advance Directives, paragraph 13 for implementing a patient's advance directive(s).*

(a) Consult with the surrogate to determine whether the Veteran also has a valid advance directive(s). If a patient has both SAPO and one or more valid advance directive (e.g., a VA advance directive and a State-authorized advance directive), all apply. For any inconsistent or overlapping elements, the information in the document with the most recent date generally supersedes the information in the prior document unless there is sufficient reason to conclude that the more recent information does not actually reflect the patient's current preferences. ***NOTE:*** *Practitioners may wish to consult Regional Counsel or the facility Ethics Consultation Service to make a determination about specific cases in which the patient lacks decision-making capacity and the SAPO and advance directive are inconsistent. See VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, for procedures regarding informed consent for patients who lack decision making capacity.*

(b) Personally and in their entirety read all applicable SAPO and advance directive(s).

(c) Ensure that the relevant clinical criteria described in the applicable SAPO and advance directive(s) are met.

(d) Identify the authorized surrogate decision maker.

(e) Consult with the surrogate and develop a treatment plan based on the applicable SAPO and advance directive(s).

6. DOCUMENTATION OF THE IMPLEMENTATION OF VETERANS' SAPO BY VHA

When a Veteran presents with SAPO to a VHA facility, VHA practitioners must adhere to the following documentation procedures: ***NOTE:*** *See flowchart in Appendix A for more information.*

a. Write a progress note indicating that the Veteran presented with an authorized identifier (e.g., bracelet or necklace) or paper orders (e.g., POLST). Specify the date and jurisdiction of the SAPO, and a description of the substance of the SAPO, describing the relevant orders. The progress note for a current SAPO must be associated with the electronic health record note title "Out-of-Hospital Orders." No other note title or variation on this note title may be used for a current SAPO.

b. If the Veteran presents with a paper SAPO, practitioners must have the paper SAPO promptly scanned into the Veteran's electronic health record with an associated progress note titled "Out-of-Hospital Orders." The original paper document must be returned to the Veteran or surrogate decision maker. ***NOTE:*** *Scanned SAPO are not VA orders.*

c. For SAPO that are no longer applicable, facilities must develop their own document management protocols for rescinding these non-current orders. This may include the use of a note title such as "Out-of-Hospital Orders: Rescinded."

d. Writing, when appropriate, a VHA DNAR order in a medical emergency on the basis of the Veteran's SAPO represents an exception to the documentation requirements of VHA Handbook 1004.3, Do not Resuscitate (DNR) Protocols within the Department of Veterans Affairs. That is, in order to honor and facilitate the portability of valid SAPO, the practitioner is not required, when writing a VHA DNAR and progress note in a medical emergency on the basis of a patient's SAPO, to document diagnosis and prognosis, consensual decisions and recommendations, assessment of the Veteran's decision-making capacity, or Veteran wishes as outlined in VHA Handbook 1004.3.

e. All other orders must be documented in a manner consistent with VHA documentation protocols (see VHA Handbook 1907.01, Health Information Management and Health Records).

7. PROCEDURES FOR THE OFFERING AND WRITING SAPO FOR VHA PATIENTS AS PART OF OUTPATIENT OR HOME CARE OR AT DISCHARGE

a. SAPO are valid outside of VHA facilities. Therefore, such orders may only be written by VHA practitioners who are authorized under both state law and VHA policy to write such orders. If a practitioner determines that SAPO are appropriate, but does not have authority to write them, the practitioner must follow locally established procedures (see subpar. 11c) for identifying the appropriate practitioner to write the orders. Regardless of state law, practitioners who are not authorized within VHA to write DNAR orders are not permitted to write SAPO while functioning in their VHA capacity.

b. If a state within the facility's catchment area authorizes the use of SAPO, VHA practitioners must give Veterans the opportunity to have such orders written or revised as part of the discharge planning process from a VHA facility and, when appropriate, as part of out-patient or home care. These orders must be based on a discussion with the Veteran or, as appropriate, the Veteran's surrogate decision maker, regarding the Veteran's current diagnosis, condition, values and preferences, goals of care, and specific treatment plan.

c. These orders must be offered, written, or revised under the following circumstances:

(1) As appropriate to the Veteran's medical condition and preferences, authorized practitioners must write SAPO when SAPO are requested by a Veteran or the Veteran's surrogate.

(2) As part of discharge planning for Veterans who have presented with existing SAPO, practitioners must discuss with the Veteran or surrogate whether the orders is to remain as-is or whether revisions are needed. If revisions are needed and desired by the Veteran, the authorized practitioner must provide new SAPO to the Veteran at discharge.

(3) SAPO must be offered at discharge to Veterans (or their authorized surrogate) for whom a DNAR order or orders regarding life-sustaining treatment (including artificially administered nutrition and hydration and mechanical ventilation) have been written in the context of their VHA care.

8. DOCUMENTATION OF THE OFFERING AND WRITING SAPO FOR VHA PATIENTS AS PART OF OUTPATIENT OR HOME CARE OR AT DISCHARGE

When SAPO are written by a VHA provider (e.g., at discharge or as part of outpatient or home care), a copy of the completed form must be incorporated into the health record with an associated progress note titled "Out-of-Hospital Orders." If these SAPO contain a DNAR order, the documentation requirements in Handbook 1004.3 must be followed.

9. RESPONSIBILITIES OF THE DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND MANAGEMENT

The Deputy Under Secretary for Health for Operations and Management is responsible for ensuring that policy and procedures, consistent with this Handbook, are implemented in VA facilities by following up on reports of inadequate adherence with this Handbook.

10. RESPONSIBILITIES OF THE NATIONAL CENTER FOR ETHICS IN HEALTH CARE

The National Center for Ethics in Health Care is responsible for:

a. Providing ethics consultation services to the field regarding the policy and procedures process as outlined in this Handbook.

b. Annually and as needed, establishing policy implementation monitoring criteria for this Handbook, collecting VA facility data on policy implementation monitoring, and providing data to the Deputy Under Secretary for Health for Operations and Management.

11. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for:

a. Ensuring that local policy and procedures, consistent with this Handbook, are developed, published, and implemented, no later than March 31, 2013.

b. Consulting with Regional Counsel to develop local policy and procedures on SAPO, including determination and identification in policy of the categories of practitioners authorized under state law and VHA scope of practice or clinical privileges to write SAPO for use outside of VHA facilities. ***NOTE:*** *Because state laws vary regarding the forms or identifiers that may be recognized and the categories of professional who may write SAPO, it is essential that facility staff consult with Regional Counsel before developing facility-based policy and procedures.*

c. Developing protocols identifying who will write SAPO when the practitioner responsible for the Veteran's care is not authorized to write the order under state law or their VHA scope of practice or clinical privileges.

d. Ensuring a document management protocol for entering and managing SAPO in a Veteran's electronic health record, to include a protocol for rescinding non-current SAPO.

e. Specifying in the local policy the different types of SAPO that must be routinely accepted and offered at the facility. This list must include, at a minimum, the different types of SAPO authorized by the state in which the facility is located, as well as the different types of SAPO that are authorized by other states in the facility's catchment area or where a large number of Veterans served by the facility reside. For example, a facility near the border of Connecticut, New York, and New Jersey might specify that the following types of SAPO must be routinely accepted and offered: Connecticut DNR Transfer form; Connecticut DNR Bracelet; New York Nonhospital Order Not to Resuscitate; (DNR Order); New York Medical Orders for Sustaining Treatment (MOLST); and New Jersey Goals of Care POLST Pilot form.

f. Ensuring that, as part of the implementation of this Handbook, staff who implement SAPO and are authorized to write SAPO have been informed about the requirements established in this policy. This includes ensuring that appropriate staff members are familiar with all of the state forms and identifiers accepted at the facility.

g. Ensuring that relevant SAPO forms and identifiers are available for ready access on units, in clinics, and in community-based settings. ***NOTE:*** *To facilitate access to state forms, the Facility Director may instruct the iMedConsent Administrator to enter relevant forms into the iMedConsent library for easy download.*

h. Ensuring that the implementation of this Handbook is monitored according to the requirements established by the National Center for Ethics in Health Care. The Facility Director may delegate this responsibility, e.g., to the Quality Management Officer or to the Integrated Ethics Council.

12. RESPONSIBILITIES OF THE FACILITY CHIEF OF STAFF

The Facility Chief of Staff is responsible for ensuring that the Clinical Staff:

a. Act in accordance with a Veteran's SAPO as outlined in this Handbook.

b. Write SAPO for DNAR and life-sustaining treatment, in accordance with state law and their VHA scope of practice.

c. Familiarize themselves with the array of SAPO that are accepted and offered at their facility.

13. RESPONSIBILITIES OF FACILITY OFFICE OF HEALTH INFORMATION AND TECHNOLOGY REPRESENTATIVE OR CWAD MANAGER

The facility Office of Health Information and Technology representative or CWAD manager is responsible for linking "Out-of-Hospital Orders" progress note titles to the CWAD postings.

14. REFERENCE

American Heart Association. Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science. Circulation. 2010;122(18) supplement: 639-946.

THE STATE-AUTHORIZED PORTABLE ORDERS (SAPO) PROCESS

This flowchart depicts the processes to be followed when a Veteran presents to a Veterans Health Administration (VHA) facility with State Authorized Portable Orders (SAPO).