

Recording 'Do Not Resuscitate' and other Life-Sustaining Orders in the Out-of-Hospital Setting

Guidance for
Healthcare Providers

Developed by:

PACE

&

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Some of the included material was adapted from the Oregon Physician Orders for Life-Sustaining Treatment (POLST) Task Force. The material is used and adapted with permission. Thanks and credit are given to the POLST Task Force for their work as well as the Oregon Center for Ethics in Health Care.

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Introduction

Capable adults have a right to make their own healthcare decisions. In Wisconsin advance directive documents like a living will or a power of attorney for healthcare help adults communicate their treatment preferences when they would otherwise be unable to make such decisions. Unfortunately, the wishes expressed in these documents may not always be available, may not clearly apply to a given situation, and cannot be utilized by non-physicians, e.g., by paramedics and first responders. Because of these reasons, those providing care in various settings may in good faith initiate or withhold treatment that may be medically inappropriate or contrary to the desires of a patient.

This guide book explains two methods for patients to communicate decisions about cardiopulmonary resuscitation (CPR) and other treatments to prolong life. These methods help assure that preferences are available, clear, and utilized by all healthcare providers. These methods are:

1. The Wisconsin DNR bracelet as defined in Chapter 154, Subchapter III of state statute and administrative code HFS 125;
2. The Physician Order for Life-Sustaining Treatment (POLST) document as described in this guide book.

Each of these two methods has distinct advantages and disadvantages. While not all of these advantages and disadvantages will be discussed here, they should be taken into consideration when discussing options with each patient.

	Advantages	Disadvantages
The DNR Bracelet	<ul style="list-style-type: none">• Reliably accessible to emergency personnel• Legal protection for emergency personnel	<ul style="list-style-type: none">• Not available to all patients• Uncomfortable, promotes skin tears, difficult to maintain over months of use (plastic version)• Loss of privacy• Deals only with CPR• Costs more (metal version)
POLST Document	<ul style="list-style-type: none">• Available to all patients• No personal discomfort• Deals with a range of treatments• Easy to maintain• No loss of privacy	<ul style="list-style-type: none">• Might not be available to emergency personnel in some circumstances• No statutory legal protection

Neither the DNR bracelet or the POLST document replaces the need for or importance of a power of attorney for healthcare. These two methods of communicating a physician's DNR orders deal with very specific treatments, especially in emergency settings. A power of attorney for healthcare is still an important and useful document for many decisions.

The inserts for the DNR bracelet (DOH 4764), the DNR order sheet (DOH 4763), and an information sheet can be obtained from the state by calling 608-267-7147. Copies of this guide and the POLST document are available at cost and may be ordered by calling 608-775-4394.

In the remainder of this guide instructions will be provided in how to complete both the DNR bracelet and the POLST document.

Implementing the Physician Orders for Life-Sustaining Treatment Document

Overview

The Physician Orders for Life-Sustaining Treatment (POLST) document should be completed by the attending physician after discussion with the patient/resident or surrogate decision maker regarding patient preferences. The document may be completed by other healthcare professionals under the direction of the attending physician or nurse practitioner. The attending physician or nurse practitioner **must** sign the form and assumes full responsibility for the accuracy of the recorded information.

The POLST has seven sections (A through G). One side of the document is the “Physician Orders for Life-Sustaining Treatment” (Sections A-E). The other side of the form tells you how to change the physician orders. It has the “Patient/Resident Preferences as a Guide for Physician Orders for Life-Sustaining Treatment” (Section F) and “Review of Physician Orders for Life-Sustaining Treatment” (Section G). The POLST is printed on medium-weight yellow color paper to ensure an easily recognizable form that is standard from one care setting to another. Although use of the POLST form is voluntary, the form itself is copyrighted and should not be reproduced or modified by individual facilities.

Title and Patient/Resident Identification

The POLST provides documentation of patient/resident preferences and provides life-sustaining treatment orders which reflect those values. In healthcare facilities, the POLST should be the first document in the clinical record. In noninstitutional settings, the form should be located in a prominent location. Care givers need to know where POLST will be kept and be able to present it to emergency personnel upon arrival. While the original form should accompany the patient/resident upon transfer from one setting to another.

Section by Section Review of the POLST Form

Physician Orders

This section lists four different medical treatments or services including: Section A—Resuscitation, Section B—Emergency Medical Services (EMS), Section C—Antibiotics, and Section D—Artificially Administered Fluids and Nutrition. Section E records the basis for the physician orders.

If the patient/resident requires treatment, the caregiver should first institute any emergency treatment orders recorded on the POLST, and then contact the attending physician or nurse practitioner. Any order section that is not completed indicates that full treatment should be provided.

Section A–Resuscitation

The Resuscitation section refers only to the circumstance in which the patient/resident is not breathing **and** has no pulse. This section does not apply to any other medical circumstances. For example, this section does not apply to a patient/resident in respiratory distress because he/she is still breathing. Similarly this section does not apply to a patient/resident who has an irregular pulse and low blood pressure because he/she has a pulse.

For these situations, the caregiver should refer to Section B–Emergency Medical Services (EMS) described below and follow the appropriate orders.

If the patient/resident wants cardiopulmonary resuscitation (CPR) and CPR is ordered, then the “Resuscitate” box is checked and full resuscitative measures should be carried out and 911 should be called.

If a patient/resident has indicated that he/she does not want CPR in the event of no breathing **and** no pulse, then the “Do Not Resuscitate (DNR)” box is checked. The patient/resident should understand that comfort measures will always be provided and no resuscitative efforts would be given.

Section B–Emergency Medical Services (EMS)

This section refers to emergency medical circumstances that are not covered in Section A and was developed in accordance with EMS protocol. If aggressive treatment by EMS is indicated and desired, the “Aggressive Treatment” box is checked and 911 is called. However, if the patient/resident and physician determine that some limitation is preferred, then only one of the other boxes is checked. Caregivers will first provide the level of EMS services ordered and then contact the attending physician or nurse practitioner. Comfort care is always provided regardless of indicated level of EMS treatment.

Comfort Measures Only indicates a desire for only those interventions that enhance comfort. In general, the patient/resident and physician/nurse practitioner would not want an EMS response unless necessary for patient comfort. The patient/resident would not expect to be transported to a hospital unless indicated later by the attending physician/nurse practitioner because acute care skills are needed to enhance comfort (e.g. to treat intractable pain). Oxygen, suction, and manual treatment of airway obstruction may be used as needed for comfort.

Limited Interventions includes comfort measures above and may include cardiac monitor and oral/IV medications. Transfer to a hospital if indicated, but no endotracheal intubation or long-term life support measures. Usually no intensive care.

Aggressive Treatment indicates all measures above plus endotracheal intubation, advance airway, and cardiovascular/automatic defibrillation. If these measures fail, chest compressions are not to be attempted.

Section C–Antibiotics

This section records the desired use of antibiotics. If there is no limitation, the attending physician/nurse practitioner checks the “Aggressive Treatment” box. If limitation of antibiotics is desired, either the “No antibiotics except if needed for comfort” or “No invasive (IM/IV) antibiotics” box should be checked. There is also space for further instruction on the use of antibiotics. For example, a patient may want antibiotic treatment for a urinary tract infection but not pneumonia. These types of specific limitations should be written on the “Other instructions” line.

Section D–Artificially Administered Fluids and Nutrition

This section allows the physician or nurse practitioner to record patient/resident instructions regarding artificially administered fluids and nutrition for patients who cannot take fluids by mouth. If the patient/resident wants a long-term feeding tube of IV fluids, the “Long-term feeding tube/IV fluids” box is checked. If there are limitations ordered for artificially administered fluids and nutrition, either the “No feeding tube/IV fluids” box or the “Defined trial period of feeding tube/IV fluids” box is checked. Other instructions may also be specified.

Section E–Basis for Orders

Upon completion of the physician orders, the attending physician checks the box indicating who the orders were discussed with (i.e., patient/resident, healthcare agent, court-appointed guardian, or other). The attending physician then summarizes the basis for the orders in accordance with the medical indications and patient/resident treatment preferences. For example, the physician might write, “After thorough discussion with the patient and family, and in keeping with the current advance directive, the patient has indicated no desire for aggressive treatment. The above orders reflect this discussion.”

At the bottom of the page, the physician or nurse practitioner **must** sign the form. The physician or nurse practitioner then prints his/her name and the time and date the orders were written. If the physician or nurse practitioner does not sign the form it cannot be treated as a valid order and EMS personnel cannot limit EMS services.

The bottom of the form includes a reminder that the original form should accompany the patient/resident when transferred or discharged. It is very important that the form follow the patient. It allows the receiving facility to have the same information regarding the medical indication and patient/resident preferences for life-sustaining treatment and increases the likelihood that these orders will be respected in the new care setting.

How to Change the POLST Document

The other side of the form tells you how to change the POLST orders and when to review the order form.

Section F—Patient/Resident Preferences as a Guide for POLST

The patient/resident has personal values that may be expressed orally, in writing (such as an advance directive) or by a surrogate (healthcare agent or court-appointed guardian). We encourage you to attach copies of advance directives or guardianship documents to the form. The physician should carefully consider these individual preferences when completing and reviewing the life-sustaining treatment orders. If the patient's/resident's preferences or medical status changes, the POLST should be reevaluated. The patient/resident may sign this section indicating agreement with the orders, but the individual's signature is optional. Some patients/residents may not be able to sign the form. If the form is prepared by someone other than the attending physician or nurse practitioner, the preparer is encouraged to record their signature, name, and time and date of preparation.

Section G—Review of Physician Orders for Life-Sustaining Treatment

This section records the review of POLST if patient/resident preferences or medical status change. The orders should also be reviewed by the attending physician or nurse practitioner (or designee) immediately after the patient/resident is transferred from one care setting to another. This review includes the date, the reviewer's name, and the location of the review. The outcome of the review is also recorded by checking either the box indicating no change, or one of the two boxes indicating the old form has been voided and a new form completed or not completed. The reviewer may also wish to record why the form was voided. With any change, the document should be voided by drawing a diagonal line and/or the word VOID across the front of the form. After voiding the form, a new form should be completed reflecting the new medical indications and treatment wishes of the patient/resident. A voided form may be destroyed after clear documentation of the action in the patient's/resident's advance directive education record or healthcare record.

Revoking

A patient may orally revoke the POLST at any time.

Use of Wisconsin's DNR Bracelet

Qualified persons

In order for a person to get a Wisconsin DNR bracelet he/she must be at least 18 years old and the person's physician (licensed in Wisconsin) must determine that the person meets one of three criteria. (A healthcare agent who is authorized to make healthcare decisions in a valid power of attorney for healthcare and a legal guardian may request a DNR bracelet for incapacitated persons.) These criteria are:

1. The person has a terminal condition.
2. The person has a medical condition such that, were the person to suffer a cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
3. The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period of time.

Guidelines for completing the DNR form and affixing the DNR bracelet

1. After discussing treatment options with a qualified patient, the state form DOH 4763 (EMERGENCY CARE DO NOT RESUSCITATE ORDER) is complete for a patient who wants a DNR bracelet. The types of care to be rendered and withheld should be carefully explained before the form is signed. After the form is completed, the physician or designee shall affix the DNR bracelet to the patient's wrist and record the decision in the medical record. A medic alert bracelet may also be used. The patient must wear the DNR bracelet for the order to be valid. (Information on how to complete the bracelet is included with the bracelet insert form). It is recommended that the written documentation include:

- a. The rationale for the decision including qualifying medical condition.
 - b. The presence of decision-making capacity on the part of the patient.
2. The patient and physician must sign and date the state form DOH 4763 to be valid.
 3. The patient needs to be provided a copy of form DOH 4763 including the written instructions on the back side of this form.

Revoking the DNR bracelet

The patient can revoke the DNR bracelet by any of the following means:

1. The patient expressing to emergency personnel the desire to be resuscitated.
2. The patient defaces, burns, cuts, or otherwise destroys the DNR bracelet.
3. The patient removes the DNR bracelet or another person, at the patient's request, removes the DNR bracelet.

When a the DNR order is revoked the bracelet should be removed from the patient's wrist and all copies of the state form DOH 4763 should be destroyed. Family members or other individuals may not revoke this DNR order.

Answers to Frequently Asked Questions

1. What if a patient has a POLST document and then wants a bracelet?

The patient may have both, but this will still require the POLST document and the state form to be completed.

2. What if a person has a POLST document but wants to travel from his or her residence?

a) The POLST document is not yet a state wide system. This document may only be followed by some local emergency systems. For more information of where the POLST document will be followed you may call Bud Hammes at 608-782-7300, ext. 52412.

b) The POLST document will need to be presented to emergency personnel if they are called. At this point only a POLST document on the yellow form will be followed by emergency personnel. This means that this document will need to be taken with a person if they leave his or her residence. If the POLST document is not presented and the person is not wearing a DNR bracelet, emergency personnel will start emergency care.

3. Does a patient need to be qualified as defined in the state statute to have a POLST document?

No. The POLST document is created as a medical standard of care. It represents the standard of good medical decisions and is not directly controlled by state law like the DNR bracelet.

4. Will only patients who are DNR have a POLST document?

No. Many long-term care facilities may chose to have a POLST document on every resident. This approach would make sure that there would be no ambiguity about DNR status or the preference for their life-sustaining treatment. It would also make it routine to send a POLST document with every patient when they are transported.

Comments or questions?

Please contact one of the following:

Nickijo Hager - Franciscan Skemp Healthcare	608-791-9708
Bud Hammes - Gundersen Lutheran	608-782-7300, ext. 52412