Introduction

“It is one thing to be able to undertake a medical action, and another thing to know whether or not you should.”

Miles J. Edwards, M.D.

MISSION
The Mission of the Oregon POLST Coalition is to improve the quality of life for Oregonians nearing the end of life by providing an evidence-based, patient-centered, voluntary process that elicits, records, and honors the treatment goals of those with advanced illness and frailty in a compassionate manner that is respectful of the inherent dignity of the individual.

VISION/VALUES
In order to deliver evidence-based, high quality care we will assure the following components are part of the POLST completion process:

- **The right patient:** the patient will feel empowered by the discussion of the POLST form with their health care professional;
- **The right decision-maker:** as part of the quality process, and with the patient’s permission, the patient’s correct legal decision-maker will participate in the conversation to assure they know and feel comfortable honoring the patient’s wishes;
- **The right time:** the healthcare professional would offer the opportunity for a POLST discussion to a patient with advanced illness or frailty;
- **The right conversation:** the health care professional is trained and experienced in having a sensitive and meaningful “Goals of Treatment Conversation” with the patient and their legal decision-maker; and
- **The right documentation:** the POLST form will be carefully and correctly completed, submitted to the Registry, and entered into the patient’s medical record where it is easily available to those who will need to locate and honor the POLST orders across the continuum of care.

PURPOSE
The Oregon POLST® Program is designed to help health care professionals honor the treatment wishes of their patients. The POLST form is a Portable Life-Sustaining Treatment for people with advanced illness or who are older and frail and may or may not want all treatment.

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1 In April 2018, the Oregon POLST Coalition approved the change of the “P” in POLST from physician to portable.
Its purpose is to:

• Promote a patient’s autonomy by creating medical orders that reflect the patient’s current treatment preferences.
• Facilitate appropriate treatment by emergency medicine and EMS personnel.
• Assist parents of minor children and guardians of seriously ill minors or protected persons to express wishes and intentions for treatment.
• Be compliant with HIPAA in the transfer of patient records between health care professionals and health care settings.

The Oregon POLST Form

The POLST form transforms a patient’s treatment plan and goals of care into a medical order. Emergency medical responders and emergency medicine health care professionals follow these orders unless there is new information from a patient or appropriate surrogate/health care decision maker.

The current standard of care in the United States requires emergency personnel, in the absence of a medical order, to make every attempt to save a person’s life. This may include advanced cardiac life support, including cardiopulmonary resuscitation (CPR), endotracheal intubation, and defibrillation, based on Emergency Medical Services (EMS) standard protocols. A POLST form is a medical order that can be used when a patient wishes to avoid some of these treatments. The POLST form alerts medical personnel about the patient’s treatment preferences. It is therefore critical that POLST forms are readily available to alert medical personnel.

The POLST form or POLST magnet should be clearly visible in a patient’s home. When a patient is transferred, the POLST form should always be sent with the patient. If the POLST form cannot be found, contact the POLST Registry to request a copy of the form.

Because each person has the right to make his or her own health care decisions, the POLST form is always voluntary. It is intended for patients with advanced illness or frailty and records choices for medical treatment in the patient’s current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, the patient’s treatment wishes may change, in which case POLST orders can and should be changed to reflect new preferences and treatment choices.

Note: In other states, the Oregon POLST form is usually honored by hospital personnel, however, it may not be respected by emergency medical service (EMS) personnel in states where policy, statute or regulatory issues have yet to be clarified or revised.

2 “Patient” is used throughout this booklet to indicate a child or adult inpatient or outpatient or a resident of a nursing or community based care facility. The “patient” is not the same as a “guardian”.
Emergency responders required to honor POLST forms

The Oregon Medical Board has defined the Emergency Medical Technicians (EMT) Scope of Practice so that an Oregon-certified First Responder or EMT shall comply with life-sustaining treatment orders executed by a physician (M.D./D.O.), nurse practitioner (N.P.), physician assistant (P.A.), or doctor of naturopathy (N.D.) [OAR 847-35-0030(6)].

Who should have a POLST form?

The POLST form is intended for patients with advanced illness or frailty where accurate predictions cannot be made but death is likely in the foreseeable future.

Determine if the patient has a condition that warrants POLST form completion

The health care professional (M.D./D.O./N.P./P.A./N.D.) may use several questions to determine if a POLST form is warranted. If the answer is “Yes” to any of these questions; the patient may have a condition that warrants the completion of a POLST form. A POLST form should be completed on the basis of a deteriorating irreversible health condition and not the stable disability.

- Does the patient have a disease process (not just their stable disability) that is in an advanced stage;
- Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias);
- Is the patient in a palliative care or hospice program; and/or
- Has this patient’s level of functioning become more severely impaired as a result of a deteriorating health condition when intervention will not significantly impact the process of decline?

Recent research suggests the following criteria for POLST in frail elders: (1) patient has had serious illness conversations, including values, priorities, and preferences for life-sustaining treatment; (2) they are beginning to need assistance because of physical or cognitive decline; and (3) patient expresses an interest in setting some limits on life-sustaining treatment.  

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Who should NOT have a POLST form?

Use of the POLST form to limit treatment is **not appropriate** for patients with stable medical or functionally disabling problems who have many years of life expectancy. (Refer to *POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life.*)

Reduce the overuse of POLST in those who are “too healthy”

Two settings where overuse occurs:

- POLST is not needed for every patient being discharged from a hospital to a health care facility.
- POLST should not be completed for healthy patients at Medicare wellness visits.

POLST is not appropriate for healthy individuals who would want everything done in an emergency. Healthier patients should be encouraged to complete an **advance directive**.

Advance directives and POLST work together in advance care planning

The voluntary use of the POLST form and the **advance directive** form work together in advance care planning to ensure patient wishes are followed. The POLST form can also be completed for patients with advanced illnesses who do not have an advance directive.

The POLST form is a medical order and **not** intended to replace an advance directive. The **advance directive** is the appropriate legal document to appoint a surrogate/health care decision maker.

“**POLST: When is the Right Time?**” is a 3-minute video, which is available on **YouTube**, that shares six years of the life of a patient who completes an advance directive when healthy and a POLST when she becomes seriously ill.
Key differences between Oregon’s advance directive and POLST form

<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Voluntary Legal Document</strong></td>
<td><strong>A Voluntary Medical Order</strong></td>
</tr>
<tr>
<td>For all adults regardless of health status at any age, starting at age 18</td>
<td>For those with advanced illness, or frailty, or a limited prognosis at any age, depending on health status</td>
</tr>
<tr>
<td>1) Appoints a legal decision-maker 2) Memorializes values and preferences 3) Is signed by the patient</td>
<td>Is a specific medical order and is signed by a Health Care Professional.</td>
</tr>
<tr>
<td>Provides for theoretical situations in which a person may not have capacity for decision making. Guidelines for imagined future situations which may arise and for which a person may have preferences for a particular kind of care plan.</td>
<td>Provides for likely events that can be foreseen. Specific medical orders addressing defined medical interventions for situations that are likely to arise given the patient’s health status and prognosis.</td>
</tr>
</tbody>
</table>

Why would a patient need both a POLST and an advance directive?

The POLST form is designed to direct medical treatment in acute situations through specific medical orders addressing defined medical interventions. Since these orders are followed in emergent conditions, the POLST should reflect what the patient would want now in their current state of health.

The POLST is NOT designed to provide guidelines of imagined future events (i.e., “If I am not getting better after treatment, I don’t want to end up on tubes”). The focus of the advance directive is to document these future health care instructions for patients who no longer can speak for themselves. The POLST brochure and “POLST: When is the Right Time?” video can help patients and families better understand the role and timing of each document.

Patients with medical decision-making capacity should be assisted by their health care professional (M.D./D.O./N.P./P.A./N.D.) in changing their POLST form to reflect changing circumstances and wishes. If, however, the patient becomes incapacitated, the health care instructions and surrogate/health care decision-maker appointed in an advance directive play an important role in implementing goals for care consistent with the patient wishes in their new state of health. The surrogate/health care decision-maker would participate in updating POLST orders (if needed) to be consistent with a patient’s preferences as the patient’s health status changes.

The 2019 Oregon POLST Form

The Oregon POLST form is part of a continuous quality improvement process. The Oregon POLST Coalition periodically updates the POLST form based on feedback from stakeholders, statutory or regulatory changes, and to incorporate new research findings in order to enhance
the quality of the POLST program in Oregon. If you have comments or suggestions, please email polst@ohsu.edu.

Information about the 2019 Oregon POLST form

- POLST form version #13 became effective January 2, 2019.
- Prior versions of the POLST form remain valid. If the patient’s wishes have not changed, a new POLST form does not need to be completed.
- The biggest changes in the 2019 version is the change from a solid pink form to a white form with a pink border and the removal of the Artificially Administered Nutrition section.
- The summary of changes is available at www.oregonpolst.org.

Section by section review of the 2019 POLST form

Medical orders

Side one of the POLST form lists two different medical treatment sections:

A - Cardiopulmonary Resuscitation (CPR)
B - Medical Interventions

It is very important to document the patient's goals of care and details of the discussion upon which the orders are based in the medical record. This is helpful in guiding future form revision, if the validity of the POLST form is questioned, and may provide comfort and direction for family members.

Any order section that is not completed defaults to the presumption that full treatment should be provided for that section until clarification is obtained.

A - Cardiopulmonary Resuscitation (CPR)

<table>
<thead>
<tr>
<th>Check One</th>
<th>CARDIOPULMONARY RESUSCITATION (CPR): Unresponsive, pulseless, &amp; not breathing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Attempt Resuscitation/CPR</td>
<td>☐ Do Not Attempt Resuscitation/DNR</td>
</tr>
</tbody>
</table>

If patient not in cardiopulmonary arrest, follow orders in B.

These orders apply only when the patient is unresponsive, pulseless, and not breathing. This section does not apply to any other medical circumstances. For example, this section does not apply to a patient in respiratory distress because he/she is still breathing. Similarly, this section does not apply to a patient who has an irregular pulse and low blood pressure because he/she has a pulse. For these situations, the first responder should refer to section B, described below and follow the indicated orders.
If the patient wants CPR and CPR is ordered, then the ‘Attempt Resuscitation/CPR’ box is checked. Full CPR measures should be carried out and 9-1-1 should be called. If a patient has indicated that he/she does not want CPR in the event of no pulse and no breathing, then the ‘Do Not Attempt Resuscitation/DNR’ box is checked. CPR should not be performed.

**B - Medical Interventions**

<table>
<thead>
<tr>
<th>MEDICAL INTERVENTIONS: If patient has pulse and is breathing.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Check One</strong></td>
</tr>
<tr>
<td>□ Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan: Provide treatments for comfort through symptom management.</td>
</tr>
<tr>
<td>□ Limited Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide basic medical treatments.</td>
</tr>
<tr>
<td>□ Full Treatment. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: All treatments including breathing machine.</td>
</tr>
</tbody>
</table>

**General instructions regarding level of medical interventions:**

These orders apply to the patient who has a pulse and is breathing. This section provides orders for situations that are not covered in Section A and were developed in accordance with EMS protocol. The “Understanding POLST” video is a tool that can be used to educate patients.

- **Choose Comfort Measures Only** when the patient's goals are to maximize comfort and avoid hospitalizations unless necessary to ensure comfort needs are met. The treatment plan is to maximize comfort through symptom management. At times antibiotics are used as a comfort measure. In general, other measures for comfort are provided for those with pneumonia and antibiotics are not provided. If appropriate, consider a palliative care or hospice care referral and make treatment plan for providing comfort care (e.g., pain and symptom management orders).

- **Choose Limited Treatment** when the patient's preferences reflect a desire to be hospitalized if needed, but avoid mechanical ventilation and generally avoid intensive care unit (ICU) care. Some patients may want hospitalization and treatments for reversible conditions or exacerbations of their underlying illness with the goal of restoring them to their current state of health (e.g., hospitalization for dehydration, pneumonia).

- **Choose Full Treatment** if all life-sustaining treatments are desired including use of intubation, advanced airway intervention, mechanical ventilation, cardioversion, transfer to hospital and use of intensive care as indicated with no limitation of treatment. Note: Some patients with advanced illness might want all measures including intensive care treatment and temporary life support such as mechanical ventilation but would not
want to be resuscitated if these attempts fail and their heart stops. A patient can request ‘DNR’ in Section A and ‘Full Treatment’ in Section B.

• Additional clarifying orders to the patient's preferences can be written under Additional Orders (e.g., patient wishes to continue blood transfusions).

Additional considerations for the discussion needed to complete Section B

Section A and Section B orders

• Section A is designed to guide response when a person with a POLST form is in cardiopulmonary arrest.
• Section B is designed to guide care in an acute situation when the person is not in cardiopulmonary arrest.
• It is possible for a POLST form to have orders for ‘DNR’ in Section A and ‘Full Treatment’ in Section B.
• It is not medically feasible to ‘Attempt Resuscitation’ in Section A and ‘Comfort Measures Only’ in Section B. ePOLST systems prohibit this order combination.

While the Oregon POLST Registry currently accepts POLST forms with Section A designating CPR and Section B ‘Limited Treatment’, it is controversial at the national level as it is medically problematic. Patients or their surrogate/health care decision maker should be aware that for those who survive, intubation and ventilation are standard parts of resuscitation.

Special considerations for EMS

The "Limited Treatment" paragraph under Section B, Medical Interventions as outlined on the POLST form can be a source of uncertainty for EMS and other health care professionals, particularly regarding airway management. It reads, "No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g., CPAP, BiPAP)."

To clarify in greater detail:

• "No intubation" refers to endotracheal intubation.
• "Advanced airway interventions" refer to interventions including placement of supraglottic airway devices, cricothyrotomy, and transtracheal jet insufflation, in addition to endotracheal intubation and mechanical ventilation.
• Inserting an oropharyngeal or nasopharyngeal airway, tracheostomy tube or stoma care (e.g., suctioning), and/or providing bag valve mask ventilation/oxygenation, would not be considered an "advanced airway intervention." These treatments should be provided, as appropriate, in patients with orders for Limited Treatment, including those with return of spontaneous circulation (ROSC).
C - Documentation of Who Was Present For Discussion

<table>
<thead>
<tr>
<th>DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION</th>
<th>See reverse side for add'l info.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion - see reverse side)</td>
</tr>
<tr>
<td>Parent of minor</td>
<td>Relative or friend (without written appointment)</td>
</tr>
<tr>
<td>Person appointed on advance directive</td>
<td></td>
</tr>
<tr>
<td>Court-appointed guardian</td>
<td></td>
</tr>
</tbody>
</table>

Discussed with (list all names and relationship): ____________________________

D – Patient or Surrogate Signature

<table>
<thead>
<tr>
<th>PATIENT OR SURROGATE SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature: <strong>recommended</strong></td>
</tr>
<tr>
<td>Name (print):</td>
</tr>
<tr>
<td>Relationship (write &quot;self&quot; if patient):</td>
</tr>
</tbody>
</table>

This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box [ ]

The POLST form should be completed after a goals of care discussion and based on the patient’s current treatment wishes (the treatments the patient would want if a crisis occurred tonight).

All individuals present for the POLST discussion should be documented in Section C. Note, the option for Relative or Friend (without written appointment) includes family members when there is no advance directive or family members not listed on the patient’s advance directive.

It is the responsibility of the signer (Section E) of the POLST form to know if the patient is capable of making decisions. If the patient is not fully capable of making decisions, it is imperative that the signer discusses the POLST with the correct surrogate/health care decision maker.

If the patient is not fully capable of making decisions, the surrogate/health care decision-maker as appointed in the advance directive is the legally recognized surrogate and discussions should occur with this person. It is prudent for the signer to review the advance directive and verify its validity. The health care decision maker has the legal right to accept or refuse medical treatments for the patient as long as they are acting in the patient’s best interest [Refer to ORS 127.635].

Additional information regarding Sections C and D

- **The POLST form does NOT appoint a surrogate/health care decision maker.** Neither Section C or D appoints a legal representative. That can only be done on an advance directive.
- Documentation of person’s present in Section C does NOT give the surrogate/health care decision making powers.
- If the patient lacks capacity, it is the responsibility of the signer to determine the legal representative(s) and discuss the POLST with the correct person(s).
- In Section D, if a surrogate signs the POLST, it must be the legal decision maker.
- Section C, includes all persons present and they do not have to be legal decision makers.
Is the patient or surrogate signature mandatory?
Oregon does not mandate a signature from the patient or surrogate, but it is strongly encouraged. In this respect, the signature of patients or their legal representatives provides further documentation that the orders on the form accurately convey the patient's preferences.

Oregon is one of a few states not requiring patient or surrogate signatures on its POLST form. Due to concerns about Oregon POLST forms not being honored in states requiring patient signatures, indicating who participated in decision making in Section C was made a requirement for form completion.

What if the patient does not have an advance directive?
If the patient does not have an advance directive, ORS 127.635 identifies the appropriate surrogate decision makers that maybe invited to speak on the incapacitated patient's behalf or provide input into treatment options. Facility ethics committees or institutional policy may provide additional guidance for those who do not have a surrogate.

Determining appropriate surrogate for those who have not completed an advance directive
Oregon law ORS 127.635 defines the surrogate as the first of the following, in the following order, who can be located upon reasonable effort by the health care facility and who is willing to serve as the health care representative:

- A guardian of the patient who is authorized to make health care decisions, if any;
- The patient's spouse or reciprocal beneficiary [partner of a registered civil union];
- An adult designated by the others listed here who can be so located, if no person listed here objects to the designation;
- A majority of the adult children of the patient who can be so located;
- Either parent of the patient;
- A majority of the adult siblings of the patient who can be located with reasonable effort; or
- Any adult relative or adult friend.

If none of the persons described above is available, then life-sustaining procedures may be withheld or withdrawn upon the direction and under the supervision of the attending physician (some health systems have additional procedures for decision making in the care of those without a surrogate).

Evaluation of Capacity
It is the responsibility of the signer (Section E) to determine capacity and discuss POLST orders with the correct legal decision maker(s). It is prudent for the signer to review the advance directive and verify its validity.

1. Determine if the patient has a condition that warrants POLST form completion
It is the responsibility of the signer (Section E) to determine capacity and discuss POLST orders with the correct legal decision maker(s). When an advance directive exists, it is prudent for the signer to review the advance directive and verify its validity.
The health care professional (M.D./D.O./N.P./P.A./N.D.) may use several questions to determine if a POLST form is warranted.

- Does the patient have a disease process (not just their stable disability) that is in an advanced stage;
- Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias);
- Is the patient in a palliative care or hospice program; and/or
- Has this patient’s level of functioning become more severely impaired as a result of a deteriorating health condition when intervention will not significantly impact the process of decline?

If the answer is “Yes” to any of these questions; the patient may have a condition that warrants the completion of a POLST form should the patient wish to set treatment limits. A POLST form should be completed on the basis of a deteriorating irreversible health condition and not the stable disability.

2. Determine if the patient has the capacity to make or contribute to his/her health care decisions

- Assessing capacity is a clinical skill, requires a face-to-face interview and open-ended questions, and begins with the presumption that a person has adequate capacity to make decisions (more detailed clinical instructions may be found at https://www.uptodate.com/contents/assessment-of-decision-making-capacity-in-adults).
- A person has decision-making capacity when he/she can choose and communicate a specific decision or choice, understands the basic information, appreciates the consequences of a decision, evaluates the information rationally, and demonstrates that the decision is consistent with previously expressed values.
- All persons should be given the opportunity to participate as much as their capacity will allow. Even those who have little capacity frequently have expressed desires or wishes that should be respected in the decision-making process.
- Persons with disabilities have a wide range of abilities, some can make only simple health care decisions, others can make complex ones. Many have the capacity to appoint a health care representative.

What if the patient never had capacity?

For those who have never had decision-making capacity, the process can be challenging. Frequently, family members, friends, and staff working with the patient can assist in determining the patient’s ability to understand and to communicate the information. If a patient’s capacity to make decisions remains unclear after discussing with family, close friends and direct care staff, health care professionals should then seek consultation with a mental health professional.

D – POLST Registry “Opt Out” Box

Submit to Registry unless patient opts out
Oregon laws mandate that health care professionals (M.D./D.O./N.P./P.A./N.D.) completing, modifying or revoking a POLST form fax or electronically submit a copy to the POLST Registry unless the patient or surrogate checks the “opt out” box.

**E – Attestation of MD/DO/NP/PA/ND**

<table>
<thead>
<tr>
<th>Must Print</th>
<th>Name, Sign &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E</strong></td>
<td></td>
</tr>
</tbody>
</table>

**ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)**

- By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient’s current medical condition and preferences.
- Print Signing MD / DO / NP / PA / ND Name: required
- Signer Phone Number:
- Signer License Number: (optional)
- MD / DO / NP / PA / ND Signature: required
- Date: required

“Signed” means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

According to Oregon POLST Registry data, the most common reasons for an incomplete POLST form is that it is not signed and/or dated by the M.D./D.O./N.P./P.A./N.D., or the signature is illegible.

The legally valid signers of Oregon POLST forms are physicians (M.D. or D.O.), Nurse Practitioners (N.P.), Physician Assistants (P.A.), or Doctors of Naturopathy (ND). One of these professionals must sign or verbally authorize the POLST form for the orders on it to be valid (Note: forms may be completed electronically and signed using an electronic signature).

The preparer (if other than the signer) should fill out the health care professional information on the back of the POLST form. The M.D./D.O./N.P./P.A./N.D. must sign the form assuming full responsibility for the medical orders and attest that these orders are an accurate reflection of the patient’s current treatment preferences. In signing the POLST form, a physician assistant must include the name and phone number of the supervising physician on the back of the form under “contact information.” This allows nurses to follow the orders signed by a physician assistant.

By signing, the M.D./D.O./N.P./P.A./N.D. is attesting the POLST form orders reflect and are consistent with the patient’s current medical condition and treatment preferences. It is recommended that the signer include additional information in the patient’s medical record to support the basis for the orders.

If the POLST form has been prepared by someone other than the signer, this attestation confirms that the signing professional personally knows that the information is correct. It is the legal responsibility of the signer, not the preparer, to confirm that POLST orders reflect the patient’s wishes in their current state of health and to assure that a copy of the form is submitted to the Registry.

Special consideration must be given to patients with significant disability or severe mental health condition (Refer to POLST for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life).
POLST forms signed by Verbal Order
Verbal orders are useful in the care of home hospice patients. The Oregon POLST Registry will accept verbal/phone orders from M.D./D.O./N.P./P.A./N.D. in accordance with the submitting facilities' verbal order policy.

Suggested steps for Hospice
- A designated trained staff person assists a patient or surrogate decision maker to complete the POLST form.
- If the signer is not present, a verbal order for POLST is obtained from the responsible physician/nurse practitioner.
- Per their institutional/organizational policy, an authorized staff person documents the verbal order (‘VORB’ or ‘VO’ or ‘TO’) with the first and last name of the authorizing physician/nurse practitioner along with their name and role in the signature box, the date the order was authorized in the required date field AND LEGIBLY prints the first and last name of the authorizing physician/nurse practitioner, with license number if possible, in Section E ‘Print Signing M.D./D.O./N.P./P.A./N.D. Name.’ This will allow for easier and faster entry into the Registry.
- Same day submission: The staff person then takes the POLST form and using a FAX cover sheet, FAXes it to the Registry, and returns the POLST form as soon as possible to the patient’s home.
- The Registry should be sent the authenticated/signed POLST form once it is available.

Side 2 of the POLST Form
Information Regarding the POLST

<table>
<thead>
<tr>
<th>Information Regarding POLST</th>
<th>PATIENT’S NAME: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>The POLST form is:</td>
<td></td>
</tr>
<tr>
<td>• Always voluntary and cannot be required</td>
<td></td>
</tr>
<tr>
<td>• A medical order for people with a serious illness or frailty</td>
<td></td>
</tr>
<tr>
<td>• An expression of wishes for emergency treatment in one’s current state of health (if something happened today)</td>
<td></td>
</tr>
<tr>
<td>• A form that can be changed at any time, with a health care professional, to reflect new treatment wishes</td>
<td></td>
</tr>
<tr>
<td>• NOT an advance directive, which is ALSO recommended (an advance directive is the appropriate legal document to appoint a surrogate/health care decision maker)</td>
<td></td>
</tr>
</tbody>
</table>

The POLST form includes an educational section with key points such as who the POLST form is intended for and to clarify that the form is not an advance directive.

Contact Information and Health Care Professional Information
The patient’s emergency contact is an optional section to complete.
Health Care Professional Information

The POLST form may be prepared by other health care professionals under the direction of the M.D./D.O./N.P./P.A./N.D. for review and signature. Preparers should consult their institutional/organizational policy regarding medical orders.

- The preparer of the POLST form, if other than the signer, should complete this section.
- Physician Assistants must print the name and phone number of their physician supervisor. This allows nurses to follow the orders signed by a physician assistant.

Directions for Health Care Professionals

Common questions arising from using the POLST form are described in this section.

Submitting a POLST form to the Oregon POLST Registry

The Oregon POLST Registry accepts all prior versions of the Oregon POLST form. Send a copy of both sides of the completed POLST form to the Registry unless the “Opt Out” box is checked.

To submit to the Registry the following legible information must be completed:

- Patient’s full name
- Date of birth
- M.D./D.O./N.P./P.A./N.D. signature (with legible printed name)
- Date signed by the M.D./D.O./N.P./P.A./N.D.

The POLST form should be faxed (with a cover sheet) or mailed to the POLST Registry (unless the “Opt Out” box is checked).

Registry FAX: 503-418-2161
Mail: Oregon POLST Registry
3181 SW Sam Jackson Park Road, Mail Code: BTE 234
Portland, OR 97239
POLST Registry ID Magnet and Stickers

What happens once a POLST form is submitted to the Registry?

Once received, POLST forms are reviewed by Registry staff to confirm they contain all required elements prior to becoming available/searchable within the Registry.

- If an element is missing, it is deemed Not Registry Ready (NRR)
- If the form is an update for a current registrant (e.g., the person named on the POLST form), the outdated form information is removed from the Registry so outdated orders are not given out by mistake.
- If the patient’s address is listed on the front page, the Registry will mail them a confirmation letter. The letter may take four weeks for delivery.

Registry confirmation packets

Patient address information is used to send registration confirmation letters and updates to registrants. Registrants will receive a letter confirming their POLST orders, and a pink magnet and stickers that include their POLST Registry ID number.

Confirmation letters are mailed directly to Registrants because:

- It provides the registrant with their Registry ID number magnets and stickers.
- It gives the registrant the opportunity to confirm that the information entered in the Registry is accurate.
- It allows the registrant another opportunity to opt-out, if desired.

Where should the POLST form be stored?

The POLST form provides documentation of a patient's current preferences and provides life-sustaining treatment orders that reflect these values.

- In institutional settings, POLST forms should be easily accessible in the clinical record. In electronic medical record (EMR) systems, linkage to the patient header is recommended with access to the form with one-click.
- In home settings, the patient should keep their magnet on the fridge so that family members, care providers, and EMS are able to locate and reference the patient’s Registry ID number in an emergent situation. It is also recommended that the patient put the POLST sticker on/in their wallet, on the back of their name tag (if they live in assisted living, skilled nursing facility, etc.), or on anything they might carry with them when leaving home.

Printed versions of an electronically completed form and photocopies of the original POLST form are valid.
Requirements for the Oregon POLST Registry

Only POLST forms can be entered into the Registry. The Registry can only enter POLST forms that have been signed by an Oregon licensed M.D./D.O./N.P./P.A./N.D. (or licensed federal employee working in Oregon).

Direct access to the Registry via the web is not available. All requests for POLST forms from the Registry must be made by phone or fax.

Incomplete forms are determined to be Not Registry Ready (NRR) forms and returned to the sender for correction

- It is important that a cover sheet is used when submitting POLST forms.
- If the required elements are not complete, or conflicting information is received that requires clarification, that form is considered NRR.
- NRR forms are sent back to the person/clinic/facility when a cover sheet indicating facility of origin is available.
- Forms are sent back to attempt to clarify the issue preventing Registry staff from entering the form into the Registry.
- Until clarification and a completed form is received, the Registry staff will be unable to enter that form.
- The two most common reasons for being unable to enter a form in the Registry is missing or illegible patient name and missing or illegible date signed (Section E).

Patient identification sections needed for Registry operations

When the original or copy of the POLST form is not available at the scene, EMS personnel can contact the Oregon POLST Registry to match a patient with their specific POLST orders. For EMS personnel to correctly match a patient with their POLST orders, the patient's full name and birth date must be provided. The suffix, preferred name, gender (self-identified), and address fields are optional fields, although the Registry may utilize these identifiers to help confirm a person's identity.

If the Emergency Communication Center (where the Registry is housed) cannot match a patient with their POLST form, they cannot release information about POLST orders. To facilitate quick and confident matching of orders with the patient, do not put institution/organization identification stickers over the patient identification section.

If you have questions about how to follow up on a form issue that is sent back, contact the Registry at 1-877-367-7657.

Oregon POLST Registry provides 24/7 access to POLST information

The Oregon POLST Registry is a secure database of POLST forms. It offers EMS, emergency departments and hospital acute care units 24-hour access to POLST form information, ensuring that patients' treatment wishes are known even if the paper POLST form cannot be found during a medical emergency. Oregon law (OAR 333-270-0040(1a)) mandates that health care
professionals completing, modifying or revoking a POLST form send it to the Registry unless the patient or surrogate specifically opts out of the Registry. Any person may submit a completed POLST form or revocation to the Registry, regardless of when the POLST form was completed.

**Revising a POLST form**

The health care professional taking responsibility for the patient’s care should review and update the POLST orders as needed based on the patient’s medical condition and treatment preferences.

This POLST should be reviewed periodically and when:

1. The patient is transferred from one care setting or care level to another, or
2. There is a substantial change in the patient’s health status; or
3. The patient’s goals of care and/or treatment preferences change.

The POLST Coalition recommends that the orders be updated whenever there is a change in the patient’s current condition and/or wishes. However, sometimes the need to follow the orders occurs before a reassessment can be accomplished. The Coalition recommends, as with EMS, that unless there is information to the contrary the POLST orders be followed until a review is completed by the accepting health care professionals.

According to the Oregon Medical Board, the Oregon State Board of Nursing, and the Oregon Board of Naturopathic Medicine, POLST orders remain valid even though the health care professional that signed the form no longer practices in Oregon (e.g., relocates, retires, license suspended or revoked or dies).

**Voiding a POLST form**

A patient with capacity, or the surrogate/health care decision-maker of a patient without capacity, can void the form and request alternative treatment.

- For facilities using a paper form, draw a line through sections A through E and write “VOID” in large letters if POLST is replaced or becomes invalid, and send a copy of the voided form to the POLST Registry.
- If included in an electronic medical record, follow voiding procedures of facility/community, and send a copy of the voided form to the POLST Registry.

**Archived POLST forms**

The Oregon POLST Registry has maintenance processes in place, which include archiving POLST forms of deceased registrants and forms older than 10 years. For forms older than 10 years, the Registry mails notification letters to registrants with known addresses asking if the orders are still current. If no address is on file for the registrant, their form is automatically voided after 10 years.
Transferring a patient with a POLST form

For patients in institutional settings, the POLST form should accompany the patient upon transfer from one setting to another. A copy of the POLST form should be kept in the individual's medical record. HIPAA permits disclosure of POLST orders to other health care professionals across treatment settings. Copies of the POLST form are valid and should be honored by EMS and other professionals. EMS, Emergency Department and ICU staff may check with the Oregon POLST Registry to identify patients with a POLST form, if there is no form available at the scene or to locate a more recent version of the form.

Should you transfer patients with Comfort Measures Only orders?

‘Comfort Measures Only’ orders suggest that the patient prefers not to be transferred to a hospital unless comfort needs cannot be met in the current location. Sometimes it is necessary to transfer patients to the hospital to control their suffering. Examples include pain and other symptom management (e.g., immediate and ongoing pain relief, control of bleeding, uncontrolled seizures, wound closing and treatment of lacerations), and stabilization of any fracture or other measures with the goal to control pain.

Honoring a POLST form

Sometimes a patient is evaluated in a setting (e.g., Emergency Department) and has a POLST form signed by a M.D./D.O./N.P./P.A./N.D. not on medical staff of the facility. The Oregon Medical Board has established rules requiring physicians and physician assistants to honor life-sustaining treatment orders that have been executed by a health care professional who does not have admitting privileges at a hospital or health care facility where the patient is being treated.

OAR 847-010-0110 addresses this:

Physicians and Physician Assistants to Honor Life-Sustaining Treatment Orders

(1) A physician or physician assistant licensed pursuant to ORS chapter 677 shall respect the patient's wishes including life-sustaining treatments. Consistent with the requirements of ORS chapter 127, a physician or physician assistant shall respect and honor life-sustaining treatment orders executed by a physician, physician assistant or nurse practitioner. The fact that a physician, physician assistant or nurse practitioner who executed a life-sustaining treatment order does not have admitting privileges at a hospital or health care facility where the patient is being treated does not remove the obligation under this section to honor the order. In keeping with ORS chapter 127, a physician or physician assistant shall not be subject to criminal prosecution, civil liability or professional discipline.

(2) Should new information on the health of the patient become available the goals of treatment may change. Following discussion with the patient, or if incapable their surrogate, new orders regarding life-sustaining treatment should be written, dated and signed.
Addressing disputes regarding a POLST form

Sometimes disputes arise regarding existing treatment orders on a POLST form for a patient who no longer has decision-making capacity. These disputes may center on who has decision-making authority and/or what the decision(s) should be. For example, a family member is requesting treatment that is inconsistent with the existing POLST form.

For EMS, the POLST Coalition recommends clarifying the family's understanding of the POLST form, contacting your On-Line Medical Control, if possible, and then if conflict exists transporting to a hospital where there is more time to thoughtfully address the conflict.

For organizations and hospitals, if a family dispute arises concerning the validity of a POLST form, the Coalition recommends that you follow your organization's policies regarding surrogate decision-making.

Some organizations offer ethics consults. Organizational policy may also require disputed treatments be continued (or not stopped or started) until the family dispute is resolved. Some disputes may require legal advice.

Use of POLST for Children with a Serious Illness

The POLST form can also be used to clarify treatment orders for children with a serious illness. For a child, either custodial parent or a guardian has the authority and responsibility to consent or refuse consent to health care for minors who are unable to consent for themselves. In Oregon for example, a minor who is 15 years of age or older may consent or refuse consent for health care.

Section A - Attempt Resuscitation/CPR: Since arrest in most children is primarily respiratory, a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse, the child should be treated as directed under Section B.

POLST Use for Patients with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition who are Now Near the End of Life

The POLST form should not be used solely because a patient has a disability or mental illness.

Special consideration is required when completing a POLST form for a patient with significant physical disabilities, developmental disabilities and/or a significant mental health condition. Patients in these groups have the right to both the highest quality of care for their chronic disability and for equally high quality care at the end of their life.

Patients with disabilities are at risk of bias resulting in under-treatment and/or have their chronic health conditions mistaken for illnesses or conditions nearing the end of life. The challenge to the health care professional is to discern when the patient is transitioning from a stable chronic
disability to a more advanced phase of their illness (refer to page 6, Who should have a POLST form).

Using POLST with an Interpreter

Health care interpreter services should be used when the patient and/or family/surrogate has limited English proficiency. The signed version of the POLST form must remain in English so that emergency medical personnel can understand and follow the orders.

Some POLST forms have been translated into other languages for educational purposes and to assist during the completion of a POLST form. An Oregon Spanish POLST brochure, translated form, and educational video are available www.oregonpolst.org.

Resources for Health Care Professionals

Additional resources for health care professionals are also available at www.oregonpolst.org. Resources include downloadable educational materials, presentations, research publications, and Department of Human Services Provider Alerts.

Resources for Patients and Families

Educational resources are available to patients and family members at www.oregonpolst.org. The Patient and Family Resource Library has videos and brochures in English and Spanish. Since POLST forms are medical orders, patients should ask their health care professional about completing a POLST form.

Advance Care Planning

- Oregon’s Advance Directive: https://healthcare.oregon.gov/shiba/topics/Pages/advance-directives.aspx
- Oregon Health Decisions: www.oregonhealthdecisions.org
- Advance Care Planning Decisions: www.acpdecisions.org
- Conversation Project: www.theconversationproject.org
- PREPARE: www.prepareforyourcare.org

Aging and Disability

- Aging and Disabilities Resource Connection of Oregon: www.adrcoforegon.org
- Oregon Department of Human Services for Seniors and People with Disabilities: www.oregon.gov/dhs/seniors-disabilities

Oregon POLST Program Contact Information

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