

## Intended Population & Guidance for Health Care Professionals<sup>1</sup>

The POLST decision-making process and resulting medical orders are intended for patients who are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.

### Examples of appropriate patients for engagement in POLST conversations

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Patients with serious life-limiting medical condition or advanced frailty:

- whose health care professional would not be surprised if they died within 1-2 years; or
- who are at an increased risk of experiencing a medical emergency based on their current medical condition and who wish to make clear their treatment preferences, including about CPR, mechanical ventilation, ICU; or
- who have had multiple unplanned hospital admissions in the last 12 months, typically coupled with increasing frailty, decreasing function, and/or progressive weight loss.

### Examples of medical conditions (not an exhaustive list)

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- Severe Heart Disease
- Metastatic Cancer or Malignant Brain Tumor
- Advanced Lung Disease
- Advanced Renal Disease
- Advanced Liver Disease
- Advanced Frailty<sup>2</sup>
- Advanced Neurodegenerative Disease (e.g., Dementia, Parkinson's Disease, ALS)

Note: For patients with significant disabilities, health care professionals should consider approaching a patient about a POLST conversation only if this patient's level of functioning has become severely impaired as a result of a deteriorating health condition and when intervention will not significantly impact the process of decline.

- Does the person have a disease process (not just their disability) that is an end-stage medical condition or terminal illness? If yes, they are appropriate to engage with the POLST process.

### Other considerations for identifying appropriate patients for engagement in POLST conversations

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- The intended population is patients (or their surrogate decision-makers) with whom health care professionals can initiate specific and detailed conversations about goals of care considering current diagnosis, prognosis and treatment options (including the risk, benefits and alternatives of those options).
- The POLST form provides medical orders for what happens right now if a medical crisis occurs given the patient's current medical condition; the form orders are effective immediately. The standard protocol in an out-of-hospital emergency situation is for patients without medical treatment orders (e.g., DNR or POLST indicating DNR) to receive full resuscitative measures.
- Neither age nor admission to any facility (except hospice) should serve as an automatic indication of patient appropriateness for a POLST form.

The patient (or surrogate decision-maker) must agree to having a POLST form. **POLST forms are voluntary – it is always the patient's choice whether to have one.**

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<sup>1</sup> State law varies about which health care professionals are able to sign a POLST form. Guidance is available at <http://polst.org/state-signature-requirements-pdf>; please check your state law to confirm.

<sup>2</sup> indicating a combination of advanced chronic disease and/or advanced age with significant weight loss and functional decline