

## National POLST Appropriate POLST Use Policy

POLST is both a process and a portable medical order set. It is an important component of advance care planning that emphasizes eliciting, documenting and honoring patients' preferences about the treatments they want to choose or decline during a medical emergency or as their health status changes.

POLST orders are to be followed once the form is signed by all required parties.

This portable medical order set is designed to promote coordinated care for patients by communicating their treatment preferences as they move across care settings or travel to other states. While not solely for emergencies, POLST is valuable in communicating to emergency personnel and other treating health care professionals whether the patient wants to choose or decline CPR, transfer to a hospital, advanced respiratory interventions, IV antibiotics, and medically assisted nutrition.

The integrity and success of POLST relies on health care professionals following ten fundamental tenets:

- 1. POLST should be used within the intended population, not healthy individuals.** The POLST decision-making process and resulting medical order set 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.<sup>1</sup> This is regardless of patient age or where the patient resides—facility, private home, community setting, or institutional location. POLST is not meant for healthy older adults nor for all residents of a facility, such as a long-term care setting. Completion of an advance directive<sup>2</sup> is appropriate for those individuals and should be encouraged for all adults.<sup>3</sup>
- 2. POLST completion must *always* be voluntary.** Just as patients may choose to refuse treatment or decide to not have an advance directive, patients may refuse to have a POLST completed on their behalf. It is inappropriate to require patients to have a POLST because it may be forcing them into making decisions that they are not ready to make.

A facility, organization, or other entity may have a policy to *offer* a POLST to all appropriate patients but should never *require* POLST completion.<sup>4</sup>

- 3. Conversations are fundamental to the process of completing POLST forms: at initial completion and each time it is reviewed and updated.** POLST is designed to document treatment decisions made after shared decision-making conversations between a patient and health care professional. These ongoing conversations should include the patient's goals of care considering current diagnosis, prognosis, and treatment options (including risks, burdens and benefits of each). The result of the conversation may be the completion of a POLST—or it may be a first step in the care planning process.

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<sup>1</sup> For more guidance on the appropriate population, see: <http://polst.org/guidance-appropriate-patients-pdf>

<sup>2</sup> Terminology varies by state but includes living wills, health care power of attorney, health care proxy form, etc.

<sup>3</sup> For more guidance about POLST and advance directives, see: <https://polst.org/polst-and-advance-directives>

<sup>4</sup> See National POLST's Incentive and Quality Assurance Policy: <https://polst.org/incentive-policy-pdf>

POLST emphasizes the need for a patient-professional conversation in two ways:

- a. National POLST<sup>5</sup> encourages all states to require patient/surrogate signature, attestation, or verbal acknowledgement for POLST orders to be valid.
  - b. The National POLST Form<sup>6</sup> and most state POLSTs include the health care professional's signed attestation that the orders are consistent with the patient's known treatment preferences or applied through the application of best interest. Patient preferences are the basis for shared decision making and can be known through contemporaneous or previous conversations, or directions in an advance care planning document.
- 4. Health care professionals completing the POLST order set should be skilled in facilitating advance care planning.** This includes:
- a. understanding how to elicit patients' goals of care considering their current medical condition;
  - b. aligning the patients' treatment preferences with their expressed goals or known values;
  - c. accurately documenting patient treatment preferences as medical orders in a POLST order set; and
  - d. understanding—and being able to explain to patients and families—the differences between POLST order sets and advance directives as well as their benefits.
- 5. Patient self-determination, informed consent and person and family-centered care are fundamental principles of POLST.** POLST must be completed with patient or surrogate<sup>7</sup> knowledge. Patients and surrogates have a right to participate in medical decision-making regarding the development of their treatment plans.
- 6. Health care professionals must complete the POLST order set; it is never appropriate to provide a POLST form to a patient, surrogate<sup>7</sup> or family member to complete.** Since POLST is a medical order set, POLST must be completed and signed by an authorized provider (i.e., a physician, advanced practice registered nurse, physician assistant or naturopath in line with regulation, scope of practice, or state law).<sup>8</sup> Other professionals may perform vital roles in the process, including registered nurses, social workers, counselors, and chaplains. Supportive roles include helping patients identify and clarify goals of care, and addressing psychosocial, spiritual, cultural and ethnic, values that may impact treatment decisions and the POLST process.

The POLST order set requires facilitation by a health care professional: the frequent use of medical terminology during POLST execution often requires explanations by health care professionals to ensure better understanding and informed consent. Health care professionals should share treatment options utilizing language and tools (e.g., videos, visuals, and decision aids) that can be best understood by the patient and surrogates involved in making informed treatment decisions. It is the health care professional's responsibility to interpret and translate the patient's goals of care and priorities into medical orders.

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<sup>5</sup> National POLST creates standards for POLST implementation, including the process, forms, program recognition, guidance, and policies through consensus.

<sup>6</sup> <https://polst.org/national-polst-form-pdf>

<sup>7</sup> The term "surrogate" refers to anyone authorized to make health decisions on behalf of a patient lacking decisional capacity. Depending on the state, this person may be known as a "proxy," "durable power of attorney for healthcare," "health care agent," or "medical power of attorney". See also <https://polst.org/surrogate-pdf>

<sup>8</sup> <https://polst.org/state-signature-requirements-pdf>

7. **POLST orders should be followed in an emergency and during applicable changes in medical condition, recognizing that respecting patients' wishes expressed in medical orders is in accord with standards of care.** Ignoring known POLST orders violates the patient's wishes (or authorized surrogate's expression of the patient's wishes) conveyed through the professional's medical order. POLST orders should be followed except in extraordinary circumstances, such as a response to a traumatic event.<sup>9</sup>

Federal Medicare regulation does not require provider credentialing for a POLST to be honored in a facility.<sup>10</sup> A facility can have a policy that the POLST must be honored at the time of transfer but then reviewed by a credentialed provider.

8. **Because POLST provides time-sensitive, critical and comprehensive information about a patient's preferences, all sections of the POLST form should be completed.** The POLST order set is intended to document the patient's goals of care including their desired level of medical intervention and treatment preferences (full, selective or comfort-focused<sup>11</sup>) in light of their medical condition in emergent and non-emergent settings. Completing only the section on Cardiopulmonary Resuscitation (Section A) fails to provide valuable information about the patient's goals of care and desired treatment preferences, which may result in conflicting orders.

Section B (Initial Treatment Orders)<sup>12</sup> provides the patient/surrogate's informed decisions about symptom management, advanced respiratory interventions, IV antibiotics, and transfer to hospital. This information is used during emergencies when first responders, such as EMS, use POLST like other healthcare professionals: referencing and honoring patient decisions for resuscitation, symptom management orders and transfer to hospital decisions. It also allows them to have clearer goals to communicate to Online Medical Direction if they need direction in how to respond.

Beyond emergencies, Sections B and C provide guidance for treatment decisions not specified on the POLST such as a no dialysis order for a chronic kidney disease patient or blood transfusion preferences, etc. Additionally, the medically assisted nutrition section<sup>13</sup> directs health care professionals to offer food by mouth if safe, desired, and tolerated by the patient, and provides information about the patient's treatment preferences regarding feeding through a tube surgically or non-surgically placed, for an indefinite or time-limited trial basis, or to decline all feeding tubes.

9. **A POLST form is not a "one-and-done" document; periodic reviews are essential.** Advance care planning is a process, not a singular event. National POLST recognizes that a patient's goals of care, prognosis, health status, treatment options, and preferences for treatments may change over time. The POLST order set is intended to be dynamic, reflecting a patient's current condition and preferences about medical treatments. This dynamic process is achieved through periodic

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<sup>9</sup> <https://polst.org/trauma-policy-pdf>

<sup>10</sup> See Legislative Guide <https://polst.org/legislative-guide-pdf>

<sup>11</sup> Section B of National POLST Form: <https://polst.org/national-polst-form-pdf>

<sup>12</sup> "Initial Treatment Orders" is the section title on the National POLST Form; the title varies on state POLST forms, including "Medical Interventions", "Treatment Options", etc. Almost all POLST forms refer to this as Section B.

<sup>13</sup> This is Section D on the National POLST Form; the section letter and title vary on state POLST forms.

review and ongoing conversations when changes in patient's goals of care, medical condition, level of care, or location of care occur.

**10. Online access to blank POLST forms, like other medical orders, should be limited.** Just as prescription pads are not publicly available, POLST forms should be similarly restricted. National POLST recommends:

- Never posting a POLST form in a format that allows users to edit the form;
- Adding a cover page to the POLST form PDF (see the [National POLST Form](#));
- Using a watermark or blacking out signature sections when providing a sample of the POLST form for educational purposes or translations; and
- For completable online POLST forms, restrict access to verified health care professionals.