

Understanding The POLST Form

Physician Orders for Life-Sustaining Treatment

Today's Speaker

Maureen McEachen, LCSW, Central Coast VNA + Hospice





Tips for using the zoom Q&A feature

- In your controls at the bottom of the window, click Q&A. If you are on a mobile device, tap Participants, then Q&A,
- The Q&A window will open on the right side or at the bottom of your screen.
- You can ask me questions and answer my questions in the Q&A window.
- Type your message into the Q&A window and press 'enter' to send me your message.

Define what you want in an emergency

- **The POLST: Physician Orders for Life-Sustaining Treatment.**
- The current standard of care is to do everything possible to attempt to save a life.
- POLST provides the option to state what level of treatment you want.

A POLST form is a portable medical order

- ► A POLST form gives medical orders to emergency personnel.
- POLST forms are completed with your doctor after discussing your medical conditions.
- A doctor, physician assistant, or nurse practitioner must sign the POLST form for it to be valid.
- POLST forms vary by state.

The POLST form goes with you, the patient, wherever you are

- In the event of an emergency, first responders will look for your POLST when they arrive.
- That is why we encourage you to have it in an obvious, visible place.
- The POLST allows emergency medical personnel to make the care decisions you want.



POLST Website

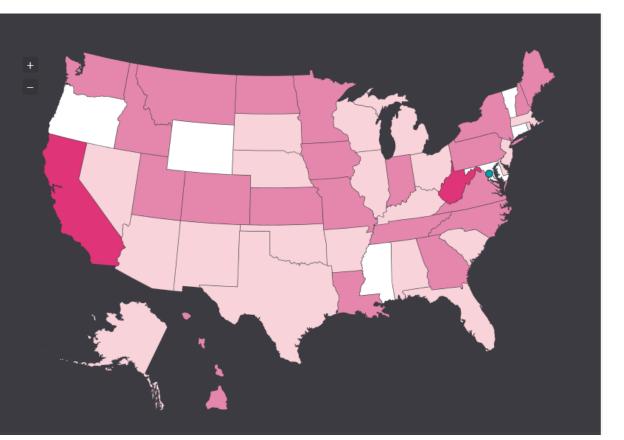
https://polst.org/programs-in-your-state/

National POLST Paradigm Program Designations

Click a state for more information

- 2 mature
- 23 endorsed
- 22 active
- 6 unaffiliated

Only active programs are eligible for endorsed status; unaffiliated status does not reflect program development. Mature programs also endorsed and counted in both the mature and endorsed program totals. Totals include Washington DC. LEARN MORE in the text below the map



California POLST Website

https://capolst.org/

POLST CALIFORNIA

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

POLST Form

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Additional Contact	None	1				
Name:	Relati	onship to Patient		Phone #:		
	Directions for H	lealth Care Pr	ovider	•		
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 To be valid a POLST form must b the supervision of a physician and orders are acceptable with follow- 	d within the scope of prac	tice authorized b	y law and (2)	the patient or	decisionmaker.	
 If a translated form is used with particular 						
 Use of original form is strongly en should be retained in patient's me 				rms are legal	and valid. A cop	y
Using POLST						
 Any incomplete section of POLST Section A: 	implies full treatment for	that section.				
 If found pulseless and not breathin should be used on a patient who it 				lators) or che	st compressions	
Section 8: When comfort cannot be achieved should be transferred to a setting Non-invasive positive ainway pres (BIPAP), and bag valve mask (BV IV antibiotics and hydration gener Treatment of dehydration proiongs Depending on local EMS protocol	able to provide comfort (sure includes continuous /M) assisted respirations. raily are not "Comfort-Foo i life. If a patient desires IV	e.g., treatment of positive airway p used Treatment. / fluids, Indicate *	f a hip fracture pressure (CP/ Selective Trea	:). NP), bi-level pr stment" or "Ful	ositive airway pre	essun
Reviewing POLST	, reactional orders with	and occord bi	may not be ini	pre-memory by	ento personnel.	
It is recommended that POLST be re • The patient is transferred from on • There is a substantial change in the	e care setting or care lev he patient's health status	el to another, or	ded when:			
 The patient's treatment preference 	es change.					
Modifying and Voiding POLST	y time, request alternative	transforment or res	oke a POLST	by any mean	s that indicates i	ntent

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

What is CPR?

CPR (Cardio-Pulmonary Resuscitation) is an attempt to restart a person's heart when the heart has stopped beating or cannot pump blood.



POLST Section A

Dhuala

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY



FMSA #1 (Effective 4/1/201

Check

One

	Physician Orders for Life-Sustaining Treatment (POLST)						
	First follow these orders, then contact	Patient Last Name:	Date Form Prepared:				
	Physician/NP/PA. A copy of the signed POLST						
	form is a legally valid physician order. Any section	Patient First Name:	Patient Date of Birth:				
FORNIC	not completed implies full treatment for that section.						
έ111 Β	POLST complements an Advance Directive and is not intended to replace that document.	Patient Middle Name:	Medical Record #: (optional)				
4/1/2017)*	is not intended to replace that document.	-					
CARDIOPULMONARY RESUSCITATION (CPR): If patient has no pulse and is not breathing.							
If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.							
Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)							

ion Ardore for Life Suctaining Treatment (DALST)

Do Not Attempt Resuscitation/DNR (Allow Natural Death)



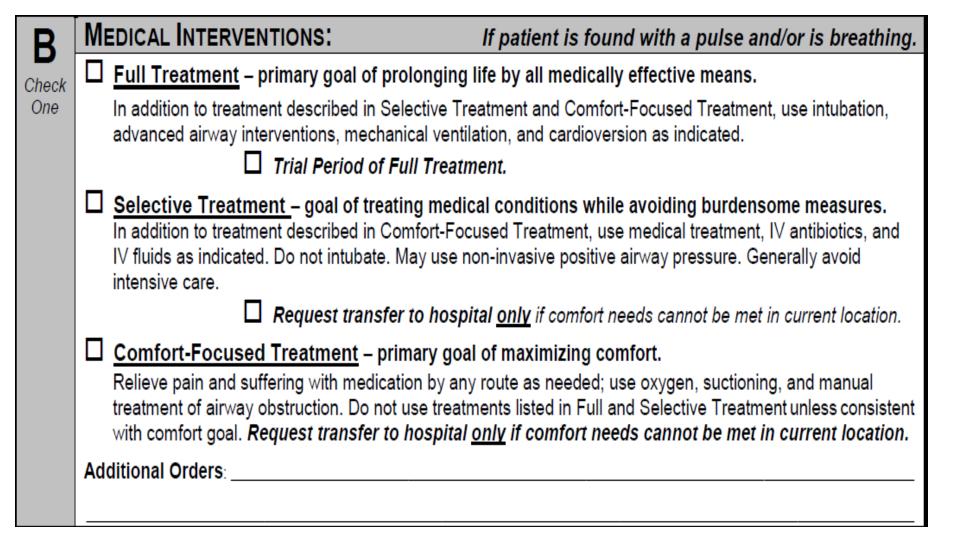
A ventilator (also called a breathing machine) does the work for the lungs when someone is unable to breathe on their own.

What is palliative care and hospice?

- **Both palliative care and hospice care provide comfort.**
- But palliative care can begin at diagnosis, and at the same time as treatment.
- Hospice care begins after treatment of the disease is stopped and when it is clear the person is not going to survive the illness.



POLST Section B



What is tube feeding or artificial nutrition?

Tube feeding (also called artificial nutrition) is a medical treatment that provides liquid food (nutrition) to the body.



POLST Section C





POLST Section D

Discussed with: □ Patient (Patient Has Capacity) □ Legally Recognized Decisionmaker □ Advance Directive dated, available and reviewed → Health Care Agent if named in Advance I □ Advance Directive not available Name: □ No Advance Directive Phone: Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA) My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition					
Advance Directive not available No Advance Directive Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)					
No Advance Directive Phone: Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)					
Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)					
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition					
	n and preferences.				
Print Physician/NP/PA Name: Physician/NP/PA Phone #: Physician/PA Licen	nse #, NP Cert. #:				
Physician/NP/PA Signature: (required) Date:	Date:				
Signature of Patient or Legally Recognized Decisionmaker I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regard resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form					
Print Name: Relationship: (write self in	if patient)				
Signature: (required) Date: Your POLST may secure electronic					
Mailing Address (street/city/state/zip): Phone Number: accessible by health permitted by					

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

POLST HIPAA Section

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):			Date of Birth:		Gender: M	F	
NP/PA's Supervising Physician Name:			Preparer Na Name/Title:	me (if other th		ysician/NP/PA) hone #:	•
Additional Contact	□ None						
Name:		Relationship to Patient:			Phone #:		

Who should get a copy of my POLST form?

- Doctors
- Hospitals
- Healthcare Decision Maker
- Family
- Friends



Make sure your POLST form is visible

- In the event of an emergency, first responders such as the firefighters, police, or EMTs, will look for your POLST when they arrive.
- That is why we encourage you to have it in an obvious, visible place like your refrigerator or on the back of your entry door.



Questions & Answers

hospicegiving.org/resources



Thank you for attending this webinar!

Final Reminders...

- Talk with your doctor about your health care wishes.
- Join a future workshop and visit our website for information and resources.
- Contact HG Foundation if you need assistance.



Hospice Giving Foundation is here to help

- Visit our website for guides, documents, and information:
 - hospicegiving.org/resources
- Contact Hospice Giving Foundation for direct assistance:
 - Philip Geiger, Director of Outreach pgeiger@hospicegiving.org
 - Call 831.333.9023