



Model Policy for
GENERAL ACUTE CARE HOSPITALS

Physician Orders for Life Sustaining Treatment (POLST)

March 30, 2009

PURPOSE

The purpose of this policy is to define a process for general acute care hospitals to follow when a patient presents with a Physician Orders for Life Sustaining Treatment (POLST) form. This policy also outlines procedures regarding the completion of a POLST form by a patient and the steps necessary when reviewing or revising a POLST form.

PREAMBLE

The Physician Orders for Life-Sustaining Treatment (POLST) is a physician order form that complements an advance directive by converting an individual's wishes regarding life-sustaining treatment and resuscitation into physician orders. It is designed to be a statewide mechanism for an individual to communicate his or her wishes about a range of life-sustaining and resuscitative measures. It is designed to be a portable, authoritative and immediately actionable physician order consistent with the individual's wishes and medical condition, which shall be honored across treatment settings.

The POLST form:

- Is a standardized form that is brightly colored and clearly identifiable¹;
- Can be revised or revoked by an individual with decisionmaking capacity at any time;
- Is legally sufficient and recognized as a physician order;
- Is recognized and honored across treatment settings;
- Provides statutory immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors a POLST;
- Is an alternative to the "Pre-Hospital Do Not Resuscitate" form, although POLST is more comprehensive in that it addresses other life-sustaining treatment in addition to resuscitative measures; and,
- Should be made available for patients who wish to execute a POLST form while they are in the general acute care hospital.

A health care provider is not required to initiate a POLST form, but is required to treat a patient in accordance with a POLST form. As outlined in the following procedures, the physician will review the POLST and incorporate the content of the POLST into the care and treatment plan of the patient. This does not apply if the POLST requires medically ineffective health care or health care contrary to generally accepted health care standards.²

A legally recognized health care decisionmaker³ may execute, revise or revoke the POLST form for a patient only if the patient lacks decisionmaking capacity. This policy does not address the criteria or process for determining or appointing a legally recognized health care decisionmaker, nor does it address the criteria or process for determining decisionmaking capacity.⁴

While a health care provider⁵ such as a nurse or social worker can explain the POLST form to the patient and/or the patient's legally recognized health care decisionmaker, the physician is responsible for discussing the efficacy or appropriateness of the treatment options with the patient, or if the patient lacks decisionmaking capacity the patient's legally recognized health care decisionmaker.

Once the POLST form is completed, it must be signed by the patient, or if the patient lacks decisionmaking capacity the patient's legally recognized health care decisionmaker, AND the attending physician.

The POLST is particularly useful for persons who are frail and elderly or who have a compromised medical condition, a prognosis of one year of life or less, and/or a terminal illness. The POLST form should be executed as part of the health care planning process and ideally is a complement to a patient's advance directive. A POLST form may also be used by patients who do not have an advance directive. Completion of a POLST form should reflect a process of careful decisionmaking by the patient, or if the patient lacks decisionmaking capacity the patient's legally recognized health care decisionmaker, in consultation with the physician about the patient's medical condition and known treatment preferences.

GENERAL ACUTE CARE HOSPITAL PROCEDURES⁶

I. Patient in Emergency Department with a Completed POLST Form

1. During the initial patient assessment, document the existence of the POLST form⁷ and confirm with the patient, if possible, or if the patient lacks decisionmaking capacity the patient's legally recognized health care decisionmaker, that the POLST form in hand has not been voided or superseded by a subsequent POLST form. (*See "Conflict Resolution" for additional guidance.*)
2. A nurse or designated staff member will communicate to the emergency department physician caring for the patient the existence of the POLST.⁸

3. POLST orders will be followed by health care providers as a valid physician order until the emergency department physician reviews the POLST form and incorporates the content of the POLST into the care and treatment plan of the patient, as appropriate.⁹ The physician should document his/her review of the POLST in the medical record.
4. If the emergency department physician, upon review of the POLST and evaluation of the patient, determines that a new order is indicated, he/she shall review the proposed changes with the patient and/or legally recognized health care decisionmaker, and issue a new order consistent with the most current information available about the patient's health status, medical condition, treatment preferences and goals of care. The physician should document the reasons for any deviation from the POLST in the medical record. (*See also "Reviewing/Revising a POLST form" regarding voiding a POLST.*)
5. Discussions with the patient and/or the patient's legally recognized health care decisionmaker regarding the POLST and related treatment decisions should be documented in the medical record.
6. Copy the POLST form for the medical record and/or scan into the electronic medical record.
7. Place appropriate hospital patient information label (e.g. addressograph) on the copy of the POLST form in the "Office Use Only" box and write "COPY" on the form and the date copied.
8. Place the current original POLST form in the appropriate and prominent section of the patient's medical record.¹⁰ The date and time the order is placed in the medical record must be documented.
9. If the patient is discharged from the Emergency Department, **return the current original POLST form to the patient** and document such action.
10. If the patient is admitted to an inpatient unit, send the **current original** POLST with the patient to the inpatient unit.

II. Patient Admitted with a Completed POLST Form

1. During the initial patient assessment, document the existence of the POLST form,¹¹ and confirm with the patient, if possible, or if the patient lacks decisionmaking capacity the patient's legally recognized health care decisionmaker, that the POLST form in hand has not been voided or superseded by a subsequent POLST form. (*See "Conflict Resolution" for additional guidance.*)
2. A nurse, social worker or other designated staff member will communicate to the admitting physician caring for the patient the existence of the POLST.¹²

3. POLST orders will be followed by health care providers as a valid physician order until the admitting physician reviews the POLST form and incorporates the content of the POLST into the care and treatment plan of the patient, as appropriate.¹³ The physician should document his/her review of the POLST in the medical record.
4. If the admitting physician, upon review of the POLST and evaluation of the patient, determines that a new order is indicated, he/she shall review the proposed changes with the patient and/or legally recognized health care decisionmaker, and issue a new order consistent with the most current information available about the patient's health status, medical condition, treatment preferences and goals of care. The physician should document the reasons for any deviation from the POLST in the medical record. (*See also "Reviewing/Revising a POLST form" regarding voiding a POLST.*)
5. Discussions with the patient and/or the patient's legally recognized health care decisionmaker regarding the POLST and related treatment decisions should be documented in the medical record.
6. Copy the POLST form for the medical record and/or scan into the electronic medical record.
7. Place appropriate hospital patient information label (e.g. addressograph) on the copy of the POLST form in the "Office Use Only" box and write "COPY" on the form and the date copied.
8. Place the current original POLST form in the appropriate and prominent section of the patient's chart.¹⁴ The date and time the order is placed in the medical record must be documented.
9. Because the current original POLST is the patient's personal property, **ensure its return to the patient**, or legally recognized health care decisionmaker, upon discharge or transfer.¹⁵
10. At discharge, **send the most current original POLST with patient during any transfers to another health care facility or to home.** Document in the medical record that the POLST was sent with the patient at the time of discharge.

III. Completing a POLST Form with the Patient

1. If the patient, or if the patient lacks decisionmaking capacity the patient's legally recognized health care decisionmaker, wishes to complete a POLST form, the patient's physician should be contacted. The physician should discuss treatment options with the patient or legally recognized health care decisionmaker. The discussion should include information about the patient's advance directive (if any) or other statements the patient has made regarding his/her wishes for end of life care and treatments. The benefits, burdens, efficacy and appropriateness of treatment and medical interventions should be discussed by the physician with the patient and/or the patient's legally recognized health care decisionmaker.

2. A health care provider such as a nurse or social worker can explain the POLST form to the patient and/or the patient's legally recognized health care decisionmaker, however, the physician is responsible for discussing treatment options with the patient or the patient's legally recognized health care decisionmaker
3. The above-described discussions should be documented in the medical record, and dated and timed.
4. The POLST form is to be completed based on the patient's expressed treatment preferences and medical condition. If the patient lacks decisionmaking capacity and the POLST form is completed with the patient's legally recognized health care decisionmaker, it must be consistent with the known desires of and in the best interest of the patient.
5. In order to be valid, the POLST must be signed by a physician, and by the patient, or if the patient lacks decisionmaking capacity the legally recognized health care decisionmaker.
6. Follow the instructions above for copying the POLST form and putting it in the medical record.
7. Because the current original POLST is the patient's personal property, **ensure its return to the patient**, or legally recognized health care decisionmaker, upon discharge or transfer.¹⁶
8. If patient will not be transferred or discharged for a period of time, place the completed current original POLST in the appropriate and prominent section of the chart. Indicate that the patient has a POLST on the Discharge Summary Form/Discharge Checklist. **The current original POLST will be sent with patient at time of discharge.**

IV. Reviewing/Revising a POLST Form

1. Discussions about revising or revoking the POLST should be documented in the medical record, and dated and timed. This documentation should include the essence of the conversation and the parties involved in the discussion.
2. At any time the attending physician and patient, or if the patient lacks decisionmaking capacity the patient's legally recognized health care decisionmaker, together, may review or revise the POLST consistent with the patient's most recently expressed wishes. In the case of a patient who lacks decisionmaking capacity, the attending physician and the patient's legally recognized health care decisionmaker may revise the POLST, as long as it is consistent with the known desires of and in the best interest of the patient.
3. During the acute care admission, care conferences and/or discharge planning, it is recommended that the attending physician review the POLST when there is substantial change in the patient's health status, medical condition or when the patient's treatment preferences change.

4. If the current POLST is no longer valid due to a patient changing his/her treatment preferences, or if a change in the patient's health status or medical condition warrant a change in the POLST, the POLST can be voided. To void POLST, draw a line through Sections A through D and write "VOID" in large letters. Sign and date this line.
5. If a new POLST is completed, a copy of the original POLST marked "VOID" (that is signed and dated) should be kept in the medical record directly behind the current POLST.

V. Conflict Resolution

If the POLST conflicts with the patient's previously-expressed health care instructions or advance directive, then, to the extent of the conflict, the most recent expression of the patient's wishes govern.

If there are any conflicts or ethical concerns about the POLST orders, appropriate hospital resources – e.g., ethics committees, care conference, legal, risk management or other administrative and medical staff resources – may be utilized to resolve the conflict.

During conflict resolution, consideration should always be given to: a) the attending physician's assessment of the patient's current health status and the medical indications for care or treatment; b) the determination by the physician as to whether the care or treatment specified by POLST is medically ineffective, non-beneficial, or contrary to generally accepted health care standards; and c) the patient's most recently expressed preferences for treatment and the patient's treatment goals.

ENDNOTES

¹ Note: The official POLST form for California is approved by the Emergency Medical Services Authority. You can download a copy of the form for printing by going to the California Coalition of Compassionate Care website at: www.finalchoices.org.

Wausau Pulsar Pink paper (65 lb. paper stock recommended) is the color used for the POLST form. It is important to use this specific color of pink paper so that the form can be photocopied and faxed. Although Pulsar Pink is the recognized and recommended color, the form remains valid if another color paper is used. A photocopy of the form is also valid.

² California Probate Code §4781.2. (a) A health care provider shall treat an individual in accordance with a POLST form. (b) This does not apply if the POLST form requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution. (c) A physician may conduct an evaluation of the individual and, if possible, in consultation with the individual, or the individual's legally recognized health care decisionmaker, issue a new order consistent with the most current information available about the individual's health status and goals of care.

³ Legally recognized health care decisionmaker includes the person's agent as designated by a power of attorney for health care, surrogate, conservator or closest available relative as described in California Probate Code §§ 4671, 4711, 1880, and *Cobbs v Grant*, 8 Cal3d 229, 244 (1972) respectively.

⁴ *Note: Hospitals should refer to their specific policies, the Health Care Decisions Law (Probate Code §§4600-4805), and relevant case law regarding determination of decisionmaking capacity, and of a legally recognized health care decisionmaker.*

⁵ California Probate Code §4621. “Health care provider” means an individual licensed, certified, or otherwise authorized or permitted by law of California to provide health care in the ordinary course of business or practice of a profession.

⁶ *Note: Individual hospitals may adapt the model procedures in accordance with their existing structures and related policies.*

⁷ *Note: Hospitals should designate by policy the specific staff responsible for this action.*

⁸ *Note: Hospitals should designate by policy the specific staff responsible for this action.*

⁹ See 2 above.

¹⁰ *Note: Hospitals may choose an alternative process that differs in the basic principle of whether the **original** POLST should be included in the medical record or treated as “personal property” and secured by another mechanism. For example, “Place the **copy** of the POLST form in the front of the patient’s chart and keep **original** with the patient’s other personal property.”*

¹¹ *Note: Hospitals should designate by policy the specific staff responsible for this action.*

¹² *Note: Hospital should designate by policy the specific staff responsible for this action.*

¹³ See 2 above.

¹⁴ *Note: See 10 above.*

¹⁵ *Note: Hospitals should designate by policy the specific staff responsible for this action.*

¹⁶ *Note: Hospitals should designate by policy the specific staff responsible for this action.*