

FACING SERIOUS ILLNESS: MAKING YOUR WISHES KNOWN

Your Guide to POLST
(Physician Orders for Life-Sustaining Treatment)

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POLST: WHY IT'S IMPORTANT

Making sure your loved ones and doctors know what kinds of medical treatment you want toward the end of your life is very important. But until recently, there was no reliable way to do that. That's where POLST comes in.

POLST (Physician Orders for Life-Sustaining Treatment) is a form that clearly says what kinds of medical treatment patients want toward the end of their lives. Printed on bright pink paper, POLST helps give seriously-ill patients more control over their treatment. The form is signed by the patient and their doctor, nurse practitioner or physician assistant. The form works even if the patient later loses the ability to say what he or she wants.

POLST also helps you talk with your health care team and your loved ones about your choices. In this way, POLST can help reduce patient and family suffering, and make sure that your wishes are known and honored.

This brochure will help you learn more about POLST.

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“Because my mom made her own decisions by filling out a POLST form, I didn’t have to guess about what she wanted. This was comforting for both her and our family.”

— Paul Waterstraat, Davis, CA

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ABOUT POLST

Here are answers to questions often asked about POLST.

What does POLST do?

- **POLST makes your treatment wishes known to doctors and other members of your health care team.** Too often, patients near the end of their lives may get treatment they do not want. These treatments may not help them live longer or better. Sometimes this treatment can cause pain. POLST gives you a way to tell doctors, nurses, and other health care team members what types of treatment you want.
- **POLST makes your wishes clear to your family members and caregivers.** Sometimes, family members have their own ideas about what types of treatment their loved ones would want. POLST makes sure your family members and caregivers know exactly what treatments you do and do not want. No one has to guess or argue.

Who should have a POLST?

Doctors say that any seriously-ill patient should have a POLST form. Filling out a POLST is completely up to you. It's your choice.



Is POLST different from an Advance Health Care Directive?

Yes. An Advance Directive allows you to choose the person you want to speak for you, and provides a general guide to what you want. POLST is different because:

- POLST is for the seriously ill;
- POLST tells your exact wishes about certain medical treatments;
- POLST is a signed medical order that your health care team can act upon; and
- POLST goes with you to your home, your hospital, or your long-term care facility. It goes where you go.

It is a good idea that seriously ill people have both an Advance Directive and a POLST form.

Who can help me fill out a POLST form?

Your doctor, nurse, social worker, or chaplain can help fill out the POLST form. Make sure you talk with your health care provider about the treatments you want or don't want. The form must be signed by your doctor, nurse practitioner or physician assistant, and you or the person you pick to make decisions for you.

What do I do with my POLST form?

Once signed, the POLST form will become part of your medical record. The form stays with you all the time.

- If you are at home, put it near your bed or on your refrigerator.
- If you are in a hospital, nursing home, or assisted living facility, it will be in your chart or file.
- If you are moved between locations, your POLST form will go with you.

What if I want to change my POLST form?

You and your doctor can change your POLST form whenever you want.

The image shows a sample of a POLST form. The form is titled "Physician Orders for Life-Sustaining Treatment (POLST)" and includes sections for "CARDIOPULMONARY RESUSCITATION (CPR)", "MEDICAL INTERVENTIONS", "ARTIFICIALLY ADMINISTERED NUTRITION", and "INFORMATION AND SIGNATURES". The form is tilted and has a large watermark "Not for reproduction" overlaid on it.

POLST: WHAT THE TREATMENT OPTIONS MEAN

The POLST form lists some of the medical treatments you can choose to have or not have. Your doctor, nurse practitioner or physician assistant can help you decide which treatment options will best help you reach the goals you have for your care.

- **Resuscitation:** Cardiopulmonary resuscitation, or CPR, is when someone tries to start your breathing and heartbeat after they stop; CPR may or may not work. The person doing CPR must push hard on your chest to try to restart your heart. They may also use an electrical shock (defibrillation). Or, they may put a tube down your throat to help you breathe (intubation). A machine may also pump air in and out of your lungs through the breathing tube (mechanical ventilation/respiration).

Resuscitation can benefit healthy people, but it is not usually helpful for people who are seriously ill. It can cause broken ribs or punctured lungs. Even if the heart is started again, the brain can be damaged by lack of air. Older patients and those with serious illness often lose physical and mental ability even if the heart is started again.

- **DNR:** Do Not Resuscitate (or DNR) is a medical order not to try resuscitation because the patient does not want it or because it won't help. DNR is also called *Allow Natural Death*.
- **Comfort-Focused Treatment:** These medical treatments are always provided. They are meant to make you feel comfortable and reduce your pain. They are not meant to make you live longer.
- **Antibiotics:** Antibiotics fight infections like pneumonia, and reduce the symptoms and pain caused by those infections. They do not relieve the suffering that is caused by other health conditions.
- **Intravenous (IV) Fluids:** These are fluids that are put into your body through a tube placed in a vein. Usually, IV fluids are given for a short time to help you get through a specific illness.

- **Artificial Nutrition/Tube Feeding:** This is a way of feeding a person through a tube either in his/her nose or directly through the skin into his/her stomach. Tube feeding can help people who cannot swallow now, but who are expected to get better. However, people near the end of life may feel more comfortable without a feeding tube and want to eat what they can by mouth. Tube feeding can cause pneumonia, and may result in swelling and infection.

As a person nears the end of life, their need for food and fluids will lessen. During this time, their bodies are not able to use food and fluids like a healthy person. Near the end of life, tube feeding can actually cause increased bloating and discomfort.

It's important for you to understand what each of these options mean, so make sure you talk to your doctor, nurse practitioner or physician assistant before you make any decisions. You can then choose what treatment options you want and don't want.



“When patients have a POLST form, we know exactly what treatments they want and don’t want. It clears up any confusion, and gives patients peace of mind.”

— Steve Lai, MD, Santa Clara County, CA

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To learn more about California POLST,
log on to:

www.caPOLST.org

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PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT
The Coalition for Compassionate Care of California (CCCC) provides leadership and oversight for POLST outreach activities in California, with support from the California HealthCare Foundation.