

## **POLST (Physician Orders for Life-Sustaining Treatment) Frequently Asked Questions for Consumers**

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### **What does “POLST” stand for?**

POLST stands for Physician Orders for Life-Sustaining Treatment. The National POLST Collaborative, which sets standards for the use of POLST and its variations across many states, has moved away from spelling out the acronym in recent years; in California, physician assistants and nurse practitioners can also sign the POLST.

### **What is the POLST?**

POLST is a medical order that gives you more control over your care when you have chronic or serious illness. Produced on a distinctive bright pink paper and signed by your doctor, nurse practitioner, or physician assistant **and** you, as the patient, or your legally recognized healthcare decision maker, POLST specifies the types of medical treatment that you wish to receive toward the end of life. POLST can prevent unwanted or medically ineffective treatment, reduce suffering for you and your family, and help ensure that your wishes are honored.

### **Who is a “legally recognized healthcare decision maker”?**

This person is also called a “surrogate decision maker” because they are authorized to make decisions on your behalf. You can identify your surrogate or legally recognized decision maker verbally, by informing your healthcare provider of your choice, or by completing an advance healthcare directive appointing your surrogate decision maker as your healthcare agent. If you have not appointed a healthcare agent and cannot verbally identify a decision maker, your healthcare provider can select a family member or close friend who knows you and your wishes to be your surrogate. In each case, there is a defined process for ensuring that the decision maker is legally recognized. [Reference: CA Health Care Decisions Law, Probate Code Division 4.7, Sections 4600–4806]

### **What medical treatment choices are included on the POLST?**

The medical treatment choices documented on the POLST include whether to:

- Attempt cardiopulmonary resuscitation (CPR),
- Use a ventilator to help with breathing,
- Provide artificial nutrition by tube, and
- Use other intensive treatments intended to extend life.

## **I know that I don't want CPR, but I'm not sure about tube feeding. Can I leave Section C blank?**

YES. But be aware that healthcare providers will assume you want full treatment for any section left blank.

## **What is the difference between a Prehospital DNR and a POLST?**

A "prehospital DNR" (or "Do Not Resuscitate") is a form that is used to refuse cardiopulmonary resuscitation (CPR) outside the hospital – for instance, if you have a heart attack at home. A prehospital DNR only refuses CPR; it does not allow you to specify other treatments that you might wish to refuse or those that you might wish to receive. A prehospital DNR form must be signed by you, or your decision maker, and a physician; it cannot be signed by a nurse practitioner or physician assistant. A POLST gives instructions about CPR but allows you to choose whether you want to receive it or refuse it. The POLST includes other instructions pertaining to overall scope and goals of treatment and artificial nutrition by tube. The POLST must be signed by you or your legally recognized decision maker **and** a physician or physician assistant or nurse practitioner.

## **Is POLST required by law?**

NO. Filling out a POLST is entirely voluntary.

## **Are healthcare providers required by law to follow my POLST?**

If you have filled out a POLST, California law requires healthcare providers to follow the medical orders it specifies, with a couple of narrow exceptions. Providers can choose not to follow your POLST only if:

- The form is not properly signed by a physician, physician assistant, or nurse practitioner **and** the patient or the patient's legally recognized decision maker, or
- The provider judges that the orders are not medically possible, or they go against generally accepted medical standards for the provider or the healthcare organization.

In either case, the provider should talk to the patient or their legally recognized decision maker and suggest a different set of orders based on the patient's condition and known wishes.

## **Who should have a POLST?**

POLST is designed specifically for patients of any age who have serious, chronic, progressive, or terminal illness and who are likely to require medical treatment and may not be able to express their choices themselves due to incapacity.

## **I have an advance healthcare directive. Do I need a POLST too?**

Maybe. The POLST does not replace an advance healthcare directive (AHCD). You still need an AHCD to appoint a healthcare agent who is authorized to speak on your behalf when you no longer can speak for yourself. An AHCD can be used to document preferences for any type of medical treatment under any circumstances, including during serious or terminal illness. An AHCD is recommended for all adults, regardless of their health status, because an accident or a sudden health crisis can happen to anyone. A POLST is based on a patient's current health. It may not be appropriate for people who are currently healthy or have a longer life expectancy because treatment wishes and goals for care can change significantly over time, based on personal life goals, age, overall health, and long-term prognosis.

## **If I have a POLST and an advance healthcare directive that conflict, which one will be followed?**

If there is a conflict between the two sets of instructions, the more recent document should be followed.

## **Who fills out the POLST?**

POLST is more than a check-box form. In order for the POLST to be valid, it must be signed by you or your legally recognized decision maker **and** a physician, nurse practitioner, or physician assistant. A healthcare professional, usually a doctor, nurse, or social worker, should complete the POLST after having a conversation with you to discuss your current health status, your wishes, and your goals for your care.

## **What if the patient can no longer communicate their wishes for care?**

A healthcare provider can complete the POLST based on family members' understanding of their loved one's wishes. The legally recognized decision maker can then sign the POLST form on behalf of the patient.

## **My loved one doesn't speak English. Is the POLST form available in other languages?**

Many translations of the form are available to assist patients and family members to understand the form, including Armenian, Brazilian Portuguese, Chinese (traditional and simplified characters), Farsi, Hmong, Japanese, Korean, Pashto, Russian, Spanish, Tagalog, Vietnamese, and Braille. However, the English version of the POLST form must be completed and signed so that emergency medical personnel and healthcare providers can follow the orders. All translations, with instructions, are available at [www.caPOLST.org](http://www.caPOLST.org).

## **What should I do with my POLST after it is completed and signed?**

The original POLST form, on bright pink paper, belongs to you, the patient, and should be kept handy and available to any healthcare providers.

- If you are at home, place your form in a visible location so it can be found easily by emergency medical personnel, your loved ones, and caregivers – usually on a table near your bed or on the refrigerator.
- If you are able to be out and about, you may want to keep a copy of the POLST in your purse or wallet.
- If you are in a hospital, nursing home, or other facility, the form will be kept in your medical record or file until you are discharged.
- You should be sure your primary care physician has a photocopy of your POLST in order to store it or enter the information from it into your medical record.

## **I've chosen not to have CPR if my heart stops. I have a POLST, and I carry it with me, but I worry about what will happen if I'm away from home and I have a heart attack. How will EMS know I have a POLST?**

In an emergency, EMS may or may not check your pockets or purse. As an added layer of protection, you may want to get a DNR/POLST bracelet or medallion. These can be ordered through one of the four (4) state-approved providers for California: the MedicAlert Foundation (1-888-432-5378), Caring Advocates (800-647-3223), StickyJ Medical ID (866-497-6265), or Empower Hope, Inc. (415-200-3780).

## **Does the POLST form have to be on the bright pink paper?**

NO. The bright pink paper is helpful so that the form is easy to find and recognize in an emergency. However, the POLST form is valid on any color paper or in electronic formats such as a scan, PDF, or a POLST completed in your electronic medical record. Faxes and photocopies of the form are both as valid as the original.

## **Can I change or void my POLST? Should I just update the old one or do I need to do a new one?**

YES. You can change or void your POLST at any time, verbally or in writing. Your treatment wishes should be based on your current medical condition and your goals, so it is a good idea to review the decisions on your POLST when any of the following occur:

- There is a change in your overall health, or you are diagnosed with a serious illness.
- You are transferred from one healthcare setting to another; for example, you go from your home to the hospital, or you are discharged from the hospital to a nursing home.
- Your treatment preferences change for any reason.

If your choices do change, it's best to void the old POLST and complete a new one. You don't want there to be any confusion about your choices. Draw a line through Sections A through D and write "VOID" above the line and sign/date below the line. Write "VOID" on the back side too. Complete a new form with your physician, physician assistant, or nurse practitioner. Make sure your legally recognized healthcare decision maker and close family members and caregivers have a copy of the new form too.

**Do I need a new POLST if I change doctors or if the doctor who signed my POLST retires?**

NO. Once your POLST has been signed by you and a California-licensed physician, nurse practitioner, or physician assistant, it remains valid until you or your decision maker decide to change or void it. However, you will want to make sure your new physician is aware of your POLST and has a copy for their records.

**Under "Additional Orders" on the POLST, can I add personal instructions, like family members I don't want at my bedside or whether I want to be cremated?**

NO. The "Additional Orders" section is for additional *medical* orders – for instance, regarding other treatments, medications, or procedures that are not included on the form. An advance healthcare directive is the document to use to provide more detail on such things as pets, family members, organ donation, or disposition of remains.

**Can someone else change my POLST if I am incapacitated?**

Only in limited circumstances. A legally recognized decision maker may request to modify POLST orders after talking with the physician or physician assistant or nurse practitioner, based on your known desires or, if unknown, your best interests. That is why it is very important to discuss your choices, and your thoughts behind them, with your decision maker.

**Do I have to involve my family in the POLST discussion?**

NO, but you should. You are not required to include family in your POLST choices or discussion. However, while these discussions can be difficult, they are very important. You give your family a gift when you share your thoughts and choices because you are helping reduce possible conflict, pressure on your decision maker, and stress on everyone during a future health crisis.

**What happens if I don't have a POLST?**

Without a POLST, emergency medical personnel, nurses, and doctors won't know your treatment wishes if you have a medical emergency and are unable to speak for yourself. Without a POLST, you will likely receive all possible treatments, whether you want them or not.

Talking about your treatment choices with your loved ones, your decision maker, and your medical team before a problem occurs can guide them and help ensure you get the care you want.

### **How can I get a POLST form?**

You can get the form from your healthcare provider. It is important to discuss your goals for treatment with your healthcare provider so you can decide if POLST is right for you and determine how to document your decisions correctly on the form. The form, along with other helpful resources, can be downloaded from [www.caPOLST.org](http://www.caPOLST.org).

### **Do other states use POLST?**

POLST was first developed in Oregon. All U.S. states currently have POLST or POLST-like programs in place. For more information on the national POLST effort, visit [www.POLST.org](http://www.POLST.org).

### **When was POLST authorized in California?**

California State POLST legislation [AB 3000 (Statutes 2008, Chapter 266)] went into effect on January 1, 2009. Additional legislation [AB 637 (Statutes 2015, Chapter 207)] amended the law to add nurse practitioners and physician assistants as authorized signers as of January 1, 2016.

### **What if I travel to another state – will my POLST form be valid?**

Maybe. The California POLST form is valid in California. It may be valid or honored in other states, but also may not be. If you are traveling to another state, it is a good idea to take both your advance healthcare directive and your POLST with you. Both documents, even if not legally recognized, will help healthcare providers know your wishes. If you spend long stretches of time in another state, for instance, at a second home or relative's home, it might be a good idea to complete that state's POLST form for use when you are there.

### **How can I find out more about POLST?**

Talk to your healthcare provider or visit the California POLST website at [www.caPOLST.org](http://www.caPOLST.org).