

## **POLST (Physician Orders for Life-Sustaining Treatment) Frequently Asked Questions for Medical Providers Who Under California Law Can Sign a POLST Order**

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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 enables you to document and communicate more clearly the treatment goals and preferences of your patients with chronic or serious illness. Produced on a distinctive bright pink paper and signed by a physician, nurse practitioner, or physician assistant **and** the patient or their legally recognized healthcare decision maker, POLST specifies the types of medical treatment that a patient wishes to receive toward the end of life. POLST can prevent unwanted or medically ineffective treatment, reduce patient and family suffering, and help ensure that patients' wishes are honored.

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

POLST is designed specifically for patients of any age who have serious, chronic, progressive, or terminal illness, or those who are medically frail, and are likely to require medical treatment and may not be able to express their choices themselves due to incapacity. A helpful tool for determining who would benefit from POLST is the question, “Would you be surprised if this patient died within the next year or two?” Healthy people can ask for a POLST, but it is within the provider's discretion as to whether to complete and sign one for them.

### **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 behalf of the patient. Patients can identify their surrogate or legally recognized decision maker verbally, by informing the healthcare provider of their choice, or by completing an advance healthcare directive appointing their surrogate decision maker as their healthcare agent. If the patient has not appointed a healthcare agent and cannot verbally identify a decision maker, the patient's healthcare provider can select a family member or close friend who knows the patient and their wishes to be their surrogate. In each case, there is a defined process for ensuring that the decision maker is legally recognized.

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

The decisions documented on the POLST include whether to:

- Attempt cardiopulmonary resuscitation,
- Use intubation and mechanical ventilation,
- Provide artificial nutrition, and
- Use other invasive treatments intended to extend life.

## **Can a patient select “Attempt Resuscitation/CPR” in Section A and “Comfort-Focused Treatment” in Section B?**

NO. Selecting “Attempt Resuscitation/CPR” in Section A requires that “Full Treatment” be selected in Section B. EMS cannot attempt resuscitation without providing invasive and aggressive life-sustaining procedures and treatments that are not indicated in Comfort-Focused Treatment.

## **Can a patient select “Do Not Attempt Resuscitation/DNR” in Section A and “Full Treatment” in Section B?**

YES. In this case, all treatments intended to sustain and extend life may be attempted, per Section B, except CPR, per Section A. In other words, healthcare providers can do everything necessary to keep the patient alive, but once the patient has died (heart and breathing stopped), providers should not attempt resuscitation.

## **What should be written next to “Additional Orders” in Section B?**

Use this section to address any strong treatment, medication, or procedure preferences of the patient; for instance, the use of dialysis, transfusions, antibiotics, etc., might be requested or refused. This is not the place for personal instructions such as funeral plans, organ donation, or facility placement, all of which can be addressed in an advance healthcare directive instead.

## **My patient isn’t sure what they want to do about tube feeding. Can we leave this section blank?**

YES. However, healthcare providers will assume that full treatment is desired for any section left blank.

## **Are electronic signatures valid on the POLST form?**

California law is currently not clear on the validity of electronic signatures on the POLST form. The form may or may not be honored with an electronic signature based on the policies of the local EMS agency or hospital emergency department providing care. Best practice is to have the form physically signed by both the physician, nurse practitioner, or physician assistant **and** the patient or decision maker. The Coalition for Compassionate Care of California is

collaborating with the State of California to clarify the use of electronic signatures on the POLST.

### **Why was POLST developed?**

POLST was developed in response to seriously ill patients receiving medical treatments that were not consistent with their wishes, particularly when they were transferred from one setting to another. The goal of POLST is to provide an authorized framework for providers to know and provide the treatments patients **do** want and avoid treatments that they **do not** want.

### **Is POLST mandated by law?**

NO. Filling out a POLST is entirely voluntary on the part of the patient. However, if a patient has a POLST, California law requires healthcare providers to follow the medical orders it specifies with limited exceptions.

### **Does the POLST replace the advance healthcare directive (AHCD)?**

NO. The POLST complements an AHCD and is not intended to replace it. An AHCD is still necessary for the patient to appoint a legal healthcare decision maker and may be utilized to document a wide range of medical or end-of-life choices that are not addressed in the POLST. AHCDs are recommended for all adults, regardless of their state of health. Another way to put it is that POLST translates patient wishes (AHCD) into actionable medical orders.

### **If someone has a POLST form and an advance healthcare directive (AHCD) that conflict, which takes precedence?**

If there is a conflict between the documents, the more recent document should be followed with respect to the area of conflict. For instance, if the patient's AHCD specifies that they want to receive tube feeding indefinitely and want to donate any viable organs, but the more recent POLST says "No artificial means of nutrition by tube," the POLST instructions on tube feeding should be followed. However, that does not invalidate the AHCD instructions regarding organ donation, as organ donation is not addressed on the POLST.

### **Who should discuss and complete the POLST with patients?**

Having a conversation with a patient about care during serious illness and at the end of life is an important and essential part of good medical care. The law allows anyone who is a healthcare provider\* to assist in the completion of a POLST. In many cases, physicians, nurse practitioners (NPs), or physician assistants (PAs) will initiate conversations with their patients to understand their wishes and goals of care. The POLST can be completed a result of that conversation. Depending on the situation and setting, other trained personnel – such as nurses, social workers, or chaplains – may also initiate the POLST conversation. If they are not involved in the conversation, the physician, NP, or PA who signs the POLST is responsible for

confirming that the choices are consistent with the patient's medical condition and preferences before signing the POLST.

\*The term "healthcare provider" is defined in California law as "an individual licensed, certified, or otherwise authorized or permitted by the law of this state to provide health care in the ordinary course of business or practice of a profession." [Reference: Probate Code Section 4621.]

### **Which providers can sign the POLST to create the medical order?**

As of January 1, 2016, the POLST can be signed by a physician (MD or DO) or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of a physician and within their scope of practice [Probate Code Section 4780]. The physician, NP, or PA are required to sign verbal orders in accordance with facility/ community policy.

### **Can a POLST be completed for patients who can no longer communicate their treatment wishes?**

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

### **What should be done with the POLST after it is completed and signed?**

The original POLST form, on bright pink paper, belongs to the patient and should be kept with them at all times. If the patient is transferred to another setting, the original POLST form goes with them, although a copy can be preserved in the patient's medical record.

- In any facility setting, the form should be kept in the patient's medical record.
- At home, patients should be instructed to place the form in a visible location so it can be easily found by emergency medical personnel – usually on a table near the patient's bed or on the refrigerator.

### **Can a patient's POLST form be changed?**

YES. The POLST can be modified or revoked by a patient, verbally or in writing, at any time. Changes may also be proposed by a physician, nurse practitioner, or physician assistant, or requested by a patient's legally recognized decision maker, based on new information or changes in the patient's condition. Any changes should be discussed and must align with the patient's known wishes unless the patient's wishes reflect medically ineffective health care or care contrary to generally accepted healthcare standards.

## **When should a patient's POLST be reviewed for updates?**

It is good clinical practice to review and, if needed, update a patient's POLST when any of the following occur:

- The patient is discharged from one medical or residential setting to another.
- There is significant change in the patient's health status, a new diagnosis, or a change in the recommended treatment plan.
- The patient's treatment preferences change.

The current version of the POLST form is dated 4/1/2017. Earlier versions (1/1/2009, 4/1/2011, 10/1/2014, or 1/1/2016) are still valid but should be updated to the newest version when reviewed or modified.

## **What should happen to a voided POLST?**

A voided POLST should be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating it. The voided document should be maintained in the patient's record. Write "VOID" on the back side too.

## **How can I obtain copies of the POLST form to use with patients?**

Healthcare providers may download the California POLST form at [www.caPOLST.org](http://www.caPOLST.org). To maintain continuity throughout California, the form should be copied or printed on 65# Ultra Pink card stock, available at most office supply stores. POLST forms may be purchased in bulk from Med-Pass at <https://www.med-pass.com/index.php/polst-form-for-california-100-pad.html>.

## **Are faxed, scanned, or PDF copies and/or photocopies valid? Must pink paper be used?**

Faxed, scanned, and PDF copies and photocopies are all as valid as the original. Ultra Pink paper is preferred and used to quickly identify the form in the patient's medical record or home; however, the form must be honored on any color paper.

## **Is the POLST form available in other languages?**

The English version of the POLST form must be completed and signed so that emergency medical personnel and healthcare providers can follow the orders in English. For consumers, many translations, with instructions, are available at [www.caPOLST.org](http://www.caPOLST.org). These translations of the form can assist patients and family members to understand the form. Currently available translations include Armenian, Brazilian Portuguese, Chinese (traditional and simplified characters), Farsi, Hmong, Japanese, Korean, Pashto, Russian, Spanish, Tagalog, Vietnamese, and Braille. However, these translations are for patient education only and do not contain signature blocks.

## **Where is POLST being used now?**

Statewide in California. POLST was initially developed in Oregon in the 1990s. All U.S. states have POLST or POLST-like programs. For more information on the national POLST effort, including published research and a complete listing of states using POLST, 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 include nurse practitioners and physician assistants as authorized signers as of January 1, 2016.

## **If my patient travels to another state, will their 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 – it depends on the laws governing that state’s POLST program. If patients are traveling outside California, it is advisable for them to take both their advance healthcare directive and POLST with them. Both documents, even if not legally recognized, will help healthcare providers understand and honor their wishes.

## **If a patient comes to my facility for treatment and they have a POLST from another state, do I have to honor it?**

California law does not require providers to honor out-of-state POLST forms or the national model form available from the National POLST Collaborative. However, any POLST should be given a considerable amount of consideration in directing a patient’s care as it represents their wishes and choices.

## **Where can I get more training on POLST and how to talk to my patients about advance care planning?**

The Coalition for Compassionate Care of California offers webinars and training programs on POLST, advance care planning (ACP), ACP conversations, and cultural diversity. Learn more at <https://coalitionccc.org/CCCC/CCCC/Education-Events/Professional-Training.aspx>.

## **Is there additional clinical information about POLST?**

YES. See POLST Frequently Asked Clinical Questions for Providers available at [www.caPOLST.org](http://www.caPOLST.org).

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

Visit the California POLST website at [www.caPOLST.org](http://www.caPOLST.org) for additional information and resources.