

With COVID-19 and the need for social distancing, there have been questions regarding how to obtain signatures for POLST.

(Revised 04/08/20)

FAQ: Can a decisionmaker give a verbal signature over the phone?

If the decisionmaker cannot be physically present to sign the POLST, verbal consent from the patient/decisionmaker is permissible in accordance with facility/community policy. Best practice is to carefully document the conversation with the patient/decisionmaker, and write something similar to "Verbal Consent of (patient/decisionmaker)" on the Patient/Decisionmaker signature line with an annotation by the MD/NP /PA which says "discussed via phone on (date)" and "physical signature pending post COVID," then initialed. A separate sheet of paper with detailed documentation of the phone call can also be attached.

Some healthcare providers may be hesitant to honor a POLST without a physical signature, so every effort should be made to replace the "verbal consent" POLST with one that has physical signatures as quickly as possible.

Further Guidance from National POLST

National POLST encourages facilities to consider the following guidance for completing POLST Forms during surge or crisis standards of care times:

1. Ensure all appropriate staff are educated about having and documenting effective POLST conversations about the patient's goals of care considering the current diagnosis, prognosis, and treatment options (including risks and benefits), discussion of the crisis standards of care, any unique risks or challenges about transfers to hospitals, and how to complete a POLST form. Resources are available at www.polst.org/covid
2. Be proactive and approach patients who do not have a POLST form about POLST if they are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. See here for additional information and examples of appropriate people to approach about POLST. Make certain that the clinical indicators are used and that age is not a sole criterion.
3. Maintain a master list of all patients who completed a POLST (regardless of whether it was their first POLST or a modification from a previous POLST) during the COVID-19 crisis. After resolution of the crisis, review their POLST forms with these patients and determine if any change in the orders are needed.
4. If the form is completed because of a change from normal to surge or crisis standards, consider ways to document this fact on the form itself and/or to other providers using other medical or chart records. If the form was completed in the context of the COVID-19 threat or

its imminent spread, and the orders do not necessarily reflect what the individual would choose under normal conditions, signatories should note it on the form. Two recommendations:

Recommendation #1: Complete “Additional Orders” Section to Reflect POLST Form was informed by COVID-19

Writing something similar to “Orders reflect patient’s instruction during crisis standards of care (COVID-19)” to alert future providers that the orders may not be accurate once the crisis standards of care are no longer in effect.

Recommendation #2: Highlight for Patient Ability to Void Own POLST Form

All POLST forms can be voided by patients and most clearly say this on the form. Highlight and remind patient they can void their own form by writing “VOID” or destroying the document. Remind patient they must contact any institution or physician who has the form, to let them know the form was voided.