

Honoring Choices Advance Care Planning

Your Guide to POLST: Provider Orders for Life-Sustaining Treatment DNR Does Not Mean “Do Not Treat”

What is a POLST?

The POLST is a medical order that tells health care and emergency professionals what your wishes are for medical treatments. It helps them honor your wishes during a life-threatening emergency.

The POLST lists your wishes on:

- Cardiopulmonary Resuscitation (CPR)
- Breathing support (Ventilators)
- Treatments for life-threatening problems
- Being taken or admitted to a hospital

Why is a POLST important?

You may not be able to speak for yourself in an emergency. A POLST is your voice for the treatments you want or don't want.

Who should have a POLST?

Ask your medical provider about a POLST if:

- You have a terminal illness
- You have a serious or chronic illness that could get worse or cause a life-threatening event
- You live in a Nursing Home or Assisted Living facility

A POLST is not for everyone AND is always voluntary. A new POLST can be completed any time your wishes change.

How is the POLST used?

The POLST travels with you to any care setting you are in. You get a copy of the signed medical order to keep in your home in case emergency responders need to know your choices. A copy is also in your medical record.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT
North Dakota POLST: Physician Orders for Life Sustaining Treatment

Physician Orders for Life-Sustaining Treatment (POLST)		Patient's Last Name
FIRST follow these orders, THEN Call the appropriate medical contact. These medical orders are based on the patient's medical condition and wishes. Any action not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.		Patient's First Name/Middle Initial
		Patient's Date of Birth (mm/dd/yyyy)
A Check One	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing. <input type="checkbox"/> CPR/ATTEMPT RESUSCITATION <input type="checkbox"/> DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B and C.	
B Check One	MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing. <i>Comfort Measures always provided regardless of level of care chosen.</i> <input type="checkbox"/> COMFORT MEASURES ONLY - Use medications by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. <input type="checkbox"/> LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS - Provide interventions aimed at treatment of new or reversible illness/injury or non-life threatening chronic conditions. In addition to treatment described in Comfort-Measures Only, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Duration of invasive or uncomfortable interventions should be limited. (Generally, avoid intensive care) <input type="checkbox"/> FULL TREATMENT - Use all appropriate medical and surgical interventions as indicated to support life. Transfer to hospital if indicated. Includes intensive care. <i>Additional Orders: (e.g. dialysis, etc.)</i>	
C Check One	Artificially Administered Fluids and Nutrition: Always offer food/fluids by mouth if feasible and desired. <input type="checkbox"/> No artificial nutrition by tube. <input type="checkbox"/> Defined trial period of artificial nutrition by tube. <input type="checkbox"/> Artificial nutrition and hydration unless it provides no benefit. <input type="checkbox"/> Long-term artificial nutrition by tube. <i>Additional Orders:</i>	
D Must fill out	DOCUMENTATION OF DISCUSSION (Required) <input type="checkbox"/> Patient (if patient has capacity) If patient lacks capacity: <input type="checkbox"/> A Health Care Directive <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Person legally authorized to provide informed consent (See reverse)	
Health Care Agent/Legal Representative Name		Relationship
PATIENT or Health Care Agent/Legal Representative (Required)		
Signature		(Form Does Not Expire) Date of signature
F ATTESTATION OF MD/DO/APRN/PA (Required) By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.		
Print Name of MD/DO/APRN/PA Name		Signer Phone Number Signer License Number
MD/DO/PRN/PA Signature: required		Date: required Time: required

2018 North Dakota POLST SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED 1

Does having a POLST limit what treatment I get?

Only if you want limited treatment. A POLST is your voice for the treatments you want, especially in an emergency when you can't speak for yourself. Regardless of what you choose, you will always be kept comfortable. This includes treatments for pain, symptom relief, and food and water if you can tolerate them.

How do I get a POLST?

- Because they are medical orders, POLSTs are completed by your medical provider and other trained clinical staff.
- It's important to talk to your provider before you make POLST decisions. Ask about your current condition, what decisions might be ahead, your treatment options, how well they will work for you, and which choices match your goals, values and beliefs.
- You should also talk about your choices with those closest to you so they know your wishes.

What's on a POLST?

- Your name and date of birth will be listed at the top on the right side.
- **Section A: Your choice of whether you would want CPR (cardiopulmonary resuscitation) attempted or to allow natural death if your heart stopped beating, you are not breathing AND you are unresponsive.** We recommend reading the Honoring Choices North Dakota® *Cardiopulmonary Resuscitation* handout and talking to your medical provider before making this decision. If this section is not completed CPR will be attempted.

A
Check
One

CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.

CPR/ATTEMPT RESUSCITATION DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in B and C.

- **Section B:** Your choice for medical treatments in other medical emergencies when your heart is still beating and you are breathing. We recommend reading the Honoring Choices North Dakota® *Help with Breathing* handout and talking to your medical provider before making this decision. There are three choices in this section:

Full Treatment: All treatments are considered including the use of a breathing tube/machine (ventilator) and being admitted to the hospital or Intensive Care Unit.

Selective Treatment: Only treatments for a new or reversible problem. This can include medicines and monitoring but does not include using a breathing tube/machine (ventilator) or treatments that require you to be in the Intensive Care Unit. You will still be admitted to the hospital if needed.

Comfort-Focused Treatment: Treat symptoms in your residence. You will not be transferred to the hospital unless you cannot be made comfortable in your residence.

With all choices you will get treatments for pain, symptom relief, and food and water if you can tolerate them. If this section is not completed you will receive Full Treatment.

B
Check
One

MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing.

Comfort Measures always provided regardless of level of care chosen.

- COMFORT MEASURES ONLY** - Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.
- Avoid calling 911, call _____ instead (e.g. hospice)
- If possible, do not transport to ER (when patient can be made comfortable at residence)
- If possible, do not admit to the hospital from ER (e.g. when patient can be made comfortable at residence)
- LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS** - Provide interventions aimed at treatment of new or reversible illness/injury or non-life threatening chronic conditions. In addition to treatment described in Comfort-Measures Only, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Duration of invasive or uncomfortable interventions should be limited. (Generally, avoid intensive care)
- FULL TREATMENT** - Use all appropriate medical and surgical interventions as indicated to support life. Transfer to hospital if indicated. Includes intensive care.

Additional Orders: (e.g. dialysis, etc.)

- **Section C:** Your choice for other treatments such as artificial nutrition, antibiotics or dialysis. You can also state your wishes for a limit on the amount of time you would want to be on the ventilator (breathing machine) or any additional instructions you want to give. We recommend reading the Honoring Choices® North Dakota's *Artificial Hydration and Nutrition* handout and talking to your medical provider before making these choices.

C
Check
One

Artificially Administered Fluids and Nutrition: Always offer food/fluids by mouth if feasible and desired.

Check One

- No artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- Artificial nutrition and hydration unless it provides no benefit.
- Long-term artificial nutrition by tube.

Additional Orders: _____

- **Section D:** Who was the POLST discussed with and what if you can't make a decision

D
Must
fill out

DOCUMENTATION OF DISCUSSION (Required)

- Patient (if patient has capacity)
- If patient lacks capacity:
 - A Health Care Directive
 - Health Care Agent
 - Person legally authorized to provide informed consent (See reverse)

Health Care Agent/Legal Representative Name _____

Relationship _____

- **Section E:** You, or your legal decision-maker (if you are unable to make decisions), should sign the POLST to show that you agree with the orders.
- **Section F:** Your medical provider must complete and sign the form.

E

PATIENT or Health Care Agent/Legal Representative (Required)

Signature _____

(Form Does Not Expire) Date of signature _____

F

ATTESTATION OF MD/DO/APRN/PA (Required) By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.

Print Name of MD/DO/APRN/PA Name _____

Signer Phone Number _____

Signer License Number _____

MD/DO/PRN/PA Signature: required _____

Date: required _____

Time: required _____

What should I do with my POLST form?

You should receive the original POLST once it has been signed by the medical provider. Copies can be made for the hospital and other medical agencies. It should stay with you wherever you are; at your residence or when you are in the hospital or other facility. At your residence it should be somewhere emergency personnel can find it quickly, such as on the refrigerator or at the bedside. You should also ask that a copy be placed in your medical record.

What if someone can't make their own decisions anymore?

Your medical providers and clinical staff can discuss and complete a POLST with your Health Care Agent, Legal Guardian, or if you don't have a legal document your surrogate decision maker (usually your closest relative).

It's important to know that you cannot name a Health Care Agent on a POLST; you must complete a Health Care Directive. Also in Minnesota, a Power of Attorney (POA) document is only for financial and property decisions. It is not for medical

What if I plan to travel or move to another state?

It's a good idea to bring a copy of your POLST and Health Care Directive when you travel. Even if they are not considered legal in another state, it will help health care professionals know what your wishes are.

If you move, bring your documents with you. Take your POLST form to your first medical appointment and ask your provider to create a POLST for that state. Many states will accept Health Care Directive documents from other states. Check with your new health care team to see if you need to complete a new Health Care Directive.

Do I need a POLST if I already have a Health Care Directive?

Yes! They do different things.

A Health Care Directive is:

- a legal document
- a statement of your values, goals, and future health care wishes
- only effective if you can't make your own decisions
- the only legal way for you to name a decision maker (Health Care Agent)
- for everyone 18 and older

The POLST:

- is a medical order
- states your current treatment choices
- goes into effect immediately
- can be used by emergency responders

When should I review my POLST?

You and your provider should review your POLST when:

- your medical condition changes
- you move to a different health care facility (even temporarily)
- you change your medical provider
- you have questions about your choices
- you want to change your choices.

If your choices change, complete a new POLST with your medical provider. If you want to void your POLST, contact your provider so your medical record can be updated.