

Introduction

The POLST program

The New Jersey Goals of Care POLST pilot, Provider Orders for Life-Sustaining Treatment (POLST), is a program designed to aid Health Care Professionals in abiding by the treatment wishes of their patients and is designed to improve the quality of end-of-life care by complementing an advance directive. The POLST program is based on the principles of thorough discussion and successful communication of patient wishes by the documentation of relevant medical orders on a brightly colored form.

The POLST form

The POLST form serves to translate the patient's treatment objectives into a portable medical order that should be honored in all treatment settings. In a health care facility, the form should be the first document in the clinical record and should be recognized as a set of medical orders implemented in the same manner as all other medical orders. In a non-institutionalized setting, the form should be placed in a location that is easily accessible and likely to be seen by first responders.

In the absence of a POLST form or another state-specific medical orders form, patients will receive the routine emergency medical care, including advanced cardiac life support, CPR, endotracheal intubation and defibrillation. It is, therefore, essential that, if the patient does not wish to undergo these interventions, the POLST form be readily available. The form is brightly colored for visibility and should accompany the patient whenever he/she is transferred or discharged to a facility.

It should be noted that the use of the POLST form is entirely voluntary, is not required by law, and is ultimately the patient's decision to complete or omit. The form is most appropriate for patients with life-limiting or terminal illnesses. To determine whether a POLST form should be encouraged, clinicians should ask themselves whether they would be surprised if the patient died in the next three to five years. If they would not be surprised, then a POLST form is appropriate. A POLST form is designed to express the individual's preferences for levels of treatment and can indicate either full treatment including resuscitation attempts or can be used to limit those interventions that are not desired by the individual. POLST forms, therefore, are most useful for patients who:

- Are seriously ill with life-limiting advanced illness
- Have advanced frailty with significant weakness and difficulty in daily personal activities
- May lose the capacity to make their own health care decisions within the year
- Hold strong preferences about their end of life care

Unless it is the patient's preference, the use of the POLST form to limit treatment is not appropriate for patients who are medically stable or who have functionally disabling problems but with many years of life expectancy.

Emergency responders required to honor POLST forms

The New Jersey law regarding POLST requires that all healthcare providers, including prehospital providers such as first aid or EMS personnel, must follow the orders as delineated on the POLST form.

Advanced Directives and POLST Work Together in Advance Care Planning

The Advance Directive

Advance directives are legally recognized documents which are designed to reflect a patient’s medical treatment preferences in the event that he/she is unable to give consent in the future. These are recommended for all capable adults, regardless of health status, and allow individuals in New Jersey to:

- Designate a person (a proxy) and give that person the legal authority to decide for the patient, if the patient is unable to make decisions for himself/herself, on treatment issues
- Provide those responsible for the care of the patient with a statement of the patient’s medical treatment preferences. This usually entails written directions that, in advance, outline what medical treatments the patient wishes to accept or refuse and the circumstances in which the patient wants their wishes implemented

Key Differences between the Advance Directive and POLST

Advanced Directive	POLST
Not a medical order ; EMT’s usually cannot limit care in an emergency with only an Advance Directive and unwanted treatments and interventions may be applied	Is a medical order that guides the care provided by all health care providers.
Helps people communicate treatment preferences in advance of a serious illness and designates a proxy to make decisions should the patient lose capacity to do so	Reflects the patient’s goals of care and wishes around care at the end of life
Recommended for all capable adults.	Recommended for patients with advanced illness, frailty or strong preferences about medical interventions in their current state of health

How the Advance Directive and POLST can work together

So long as patients retain decision-making capacity, they can modify or void their POLST at any time to reflect any changing wishes regarding their treatment as the circumstances surrounding their illness changes. The orders on the form are still valid when the patient loses capacity and unless the patient has designated a surrogate on the front of the form, no one can modify the POLST form other than the patient.

How to Use the POLST Form to Record a Patient’s Preferences

The Patient Discussion

Completing the POLST form should follow a thorough discussion with the patient/surrogate based on the patient’s medical treatment preferences at the present time.

This discussion may include:

- Patient (if he/she has capacity)
- Parent of a minor
- Court-appointed guardian or other legally appointed decision-maker
- Spouse or children
- Others

Note: when filling out a POLST form, always specify who the “other” is and their relationship to the patient.

Determining a Surrogate

If the patient has decision-making capacity, he or she may appoint a health care representative in an Advance Directive. If the patient does not have decision-making capacity, the health care providers must rely on a surrogate.

The POLST Form

Signatures

The legally valid signers of POLST forms are physicians or advanced practice nurses and a POLST form must be signed in order to be valid. The health care professional’s information should be filled out on the form and should also bear the professional’s signature. By signing the form, the health care professional assumes full responsibility for the medical orders that are documented and acknowledges that these orders reflect the patient’s current wishes for treatment.

Also note that sometimes a patient is evaluated and has a POLST form completed by a physician or APN not on the medical staff of that particular facility; in this case, health care professionals are still required to honor the orders of the POLST form.

It is legally mandated for the POLST form to be signed by the patients in New Jersey in order for the form to be valid.

Storing the POLST form

The POLST form provides documentation of the patient’s preferences and provides medical orders, accordingly. In health care facilities, POLST should be readily accessible in clinical records and in home settings, it should be in a highly visible location that EMS responders are likely to see, such as attached to the kitchen refrigerator or on the inside of the front door. The patient should keep the original copy of the POLST form with them at all times.

Transferring a patient with a POLST form

For patients in healthcare facilities, the original form should accompany the patient when transferred from one facility to another, as well as keeping a copy of the form in the medical record of the patient. HIPAA enables the disclosure and transfer of POLST orders to other health care professionals, as

necessary. A copy of the POLST form should be given to EMS and ambulance staff before transferring the patient.

Dealing with Disputes Regarding a POLST form

Disputes regarding existing treatment orders in a POLST form are typically based on who has decision-making authority or what those decisions ought to be. This may occur when a family member requests treatment for the patient that conflicts with what is indicated on the POLST forms. In spite of this, the POLST form is legally binding for all providers.

Revising/Voiding a POLST form

The health care professional responsible for the patient's care should review the form with the patient and update the POLST orders as the patient's medical conditions and treatment preferences change.

POLST should be updated periodically if the patient:

- Is transferred to a different care setting
- Experiences a significant change in health status
- Changes their treatment preferences
- Changes their primary care provider

Sometimes, however, the need to follow the POLST orders occurs before a revision and update of the POLST form is possible. In this scenario, POLST orders should still be followed by EMS until a review is completed by the admitting health care professionals.

A patient with capacity or the surrogate of one without capacity can void the POLST form at any time and request different treatment. This can be done by:

- Drawing a line through sections A through F and writing "VOID" in large letters
- If there is an electronic medical record kept by the facility, it must be voided in accordance with the institution's procedures

Section by Section Review of POLST Form

Physician orders

The first section on side one of the POLST form is:

A – Goals of Care

Side one of the POLST form also lists three different medical treatment sections:

B – Medical Interventions

C – Artificially Administered Fluids and Nutrition

D- Cardiopulmonary Resuscitation (CPR)

It furthermore contains two additional sections related to documentation and signatures:

E – Identification and authorization of a surrogate decision-maker, in the event that the patient loses decision-making capacity, who will be able to modify or revoke the NJ POLST orders in a consultation with the patient’s treatment physician or APN

F – Signature of the practitioner (MD/DO/APN) and of the patient or surrogate

Any order section that is not completed indicates that full treatment should be provided for that section until clarification is obtained.

A – Goals of Care

While this section does not constitute a medical order, it encourages medical providers to share information regarding the prognosis in order to allow the patient to set realistic goals for treatment to guide the completion of the remainder of the POLST form. Among these considerations are longevity and remission, quality of life, family events and performing daily activities.

B – Medical Interventions

General instructions regarding level of medical intervention

These orders apply to a patient who has a pulse and/or is breathing.

- **Choose Full Treatment** if all life-sustaining treatments are desired including use of intubation, advanced airway intervention, mechanical ventilation, cardiobypass, transfer to hospital and use of intensive care as indicated with no limitation of treatment.
- **Choose Limited Treatment** when the patient prefers to be hospitalized for medical treatment (such as antibiotics and IV fluids as indicated) if needed, but wishes to avoid invasive mechanical ventilation and ICU care. Other patients may only want to be hospitalized if their comfort needs cannot be met in their current location. Either of these two options can be indicated in this section.
- **Choose Symptom Treatment Only** when the patient's goals are to maximize comfort and avoid hospitalizations unless it is necessary to ensure that their comfort needs are met. The treatment plan is to relieve pain and suffering and maximize comfort by using any medication by any route, positioning, wound care or other measure such as oxygen, suctioning and manual treatment of any airway obstruction. Note that medication such as antibiotics may only be used to promote comfort.
- **Additional Orders** to clarify the patient's preferences can be written: e.g. "ICU treatment for sepsis but no intubation/mechanical ventilation for respiratory failure."
- Health care professionals should first administer the level of Medical Interventions ordered on the POLST form and then contact the physician/nurse practitioner/physician assistant.

Should you transfer patients with “Comfort Measures Only” orders?

Patients that have chosen to undergo symptom treatment (comfort measures) only should only be transported if their comfort needs cannot be met in their current setting.

C – Artificially Administered Nutrition

These orders indicate the patient's wishes regarding the use of artificially administered nutrition for a patient who cannot orally intake fluids. Please note that state statutes vary on the standards for the level of evidence required to limit tube feedings. For example, New Jersey law

Oral fluids and treatments must always be offered to the patient if medically feasible.

D – Cardiopulmonary Resuscitation (CPR) and Airway Management

Cardiopulmonary Resuscitation

These orders apply only when the patient has no pulse and is not breathing. This section does not apply to any other medical circumstances. For example, this section does not apply to a patient in respiratory distress because he/she is still breathing. Similarly, this section does not apply to a patient who has an irregular pulse and low blood pressure because he/she has a pulse. For these situations, the first responder should refer to section B and follow the indicated orders. If the patient wants cardiopulmonary resuscitation (CPR) and CPR is ordered, then the "Attempt Resuscitation/CPR" box is checked. Full CPR measures should be carried out and 9-1-1 should be called. If a patient has indicated that he/she does not want CPR in the event of no pulse and no breathing, then the "Do Not Attempt Resuscitation/DANR Allow Natural Death" box is checked. CPR should not be performed.

Airway Management

These orders apply when the patient is in respiratory distress and has a pulse. In this scenario, patients may wish to either be intubated, in which case artificial ventilation will be used as needed, or to not be intubated, in which case oxygen, manual treatment to relieve airway obstructions and medication for comfort will be used instead.

Note: some patients with advanced illness might want all measures including intensive care treatment and temporary life support such as mechanical ventilation but would not want to be resuscitated if these attempts fail and their heart stops. Thus, a patient can request DNAR in Section D and request Full Treatment in Section B.

E – Surrogate Designation

In the event that the patient loses decision-making capability, the patient may authorize a surrogate decision maker to modify or revoke the NJ POLST orders in a consultation with the treatment provider.

F – Signatures

Upon completion of the orders, the physician (MD/DO) or nurse practitioner (APN) must sign the POLST form in acknowledgement that the orders on the form are consistent with the patient/surrogate preferences. POLST orders should also be signed by the patient/surrogate and it should be indicated on the signature line if the patient/surrogate is unable to sign, declined to sign or gave verbal consent

*Without an MD/DO/APN signature, POLST orders are **not** valid*

The Reverse Side of the POLST Form

Contact Information

HIPAA permits the disclosure of the POLST form to other healthcare providers as necessary.

Directions for Health Care Professionals

This section addresses common questions that may arise when using the POLST form.

Key points include:

- The voluntary nature of the POLST for patients with advanced illness and/or frailty.
- The POLST form should reflect patient's wishes now, in their current state of health. If the patient wishes would change in the future if their health changes, and if capable, they can update their POLST form
- Verbal orders, photocopies, faxes and electronic Registry forms are valid and legal, so long as verbal orders are accompanied with a follow-up signature by the physician/APN.
- Information regarding reviewing, modifying and voiding the POLST.
- Overall guiding goals and questions regarding the completion of each section

Additional Resources

For patients and Families

More information about NJ POLST can be found at: <http://goalsofcare.org>

For more information on National POLST Paradigm Programs and the National POLST Paradigm Task Force, visit: <http://www.ohsu.edu/polst>

For patients with limited English proficiency

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For Health Care Professionals

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