Policy/Procedure: P.O.L.S.T. (PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT)

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Policy:

1. This policy is to define the actions [HOSPITAL] staff will follow when a patient presents with a Physician Orders for Life Sustaining Treatment (POLST) form. A POLST form is used for patients who are judged by a healthcare provider as likely having less than one year to live, including patients with advanced, incurable illness. This policy outlines the POLST form completion procedure, and describes steps necessary for reviewing or revising a POLST form.

2. The definition of a completed POLST form is one that is signed by both patient and attending physician and contains the wishes of a seriously ill patient, during a healthcare crisis. For patients’ without decision-making capacity, the healthcare decision-maker, along with the attending physician, must sign the POLST form. Decisions should be made on the patient’s behalf regarding treatment/non-treatment options, consistent with the patient’s known wishes, and made in the best interest of the patient.

3. The POLST form is to be honored across all treatment settings, since a completed POLST form should be considered authoritative, and therefore, immediately actionable, even when the physician signing the form is not a member of [HOSPITAL]’s medical staff.

4. The POLST form is not an Advance Directive; rather it should compliment an Advance Directive by transferring an individual’s wishes for life-sustaining treatment, or non-treatment, into physician orders.

5. On a completed POLST form, it is possible for the patient to indicate a desire not to be resuscitated if found without pulse and/or respirations, and to also indicate a wish for full treatment up until the time of death.

6. The physician will review the patient’s completed POLST form and include the POLST form’s content into the patient’s plan of care. This does not apply if the physician determines the patient’s completed POLST form requires medically ineffective health care, or, care contrary to generally accepted health care standards.

7. A legally recognized health care decision maker, such as designated power of attorney for health care, a surrogate, conservator, or, the closest available relative may execute, revise or revoke the POLST form for a patient, but only if the patient lacks decision-making capacity. This policy does
not address the criteria or process for determining or appointing a legally recognized health care decisionmaker, nor does it address the criteria or process for determining decision-making capacity.  See Consent to Treat Policy.

8. A licensed health care provider, such as a nurse or social worker, can explain POLST to the patient and/or the patient’s healthcare decision-maker. However, the patient’s physician is responsible for discussing the efficacy and appropriateness of treatment options with the patient/decision-maker prior to signing the POLST form with the patient or decision-maker.

9. The POLST form should be completed as part of an advanced care planning process. While POLST compliments a patient’s Advance Directive, a POLST form can be used without an Advance Directive.

**Definition:**

**The POLST form:**

- Is a standardized, brightly colored pink form that is clearly identifiable. A photocopied POLST on to white paper is considered valid, and must contain both the patient’s and the physician’s signature. If the patient lacks decisional capacity, then the decision-maker’s signature needs to be on the form.

- Can be revised or revoked by the patient at any time. If patient lacks decisional authority, the patient’s surrogate can revise or revoke the POLST form.

- Provides statutory immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors a POLST.

- Is available to patients who wish to initiate a POLST form during their [HOSPITAL] hospitalization, including patients in the Transitional Care Unit.

- While a health care provider is not required to initiate a POLST form, the provider is required to treat a patient in accordance with the requested level of care intensity as indicated on a completed POLST form.

**Procedure:**

**Patient Presenting in Emergency Department (E.D.) with a Completed POLST Form**
1. During the initial patient assessment, the registered nurse caring for the patient should document in the existence of a POLST form in the medical record. Additionally, that nurse should confirm with the patient, or, if the patient lacks decision-making capacity, the decision-maker, whether that POLST was ever voided, or, superseded by a subsequent POLST form. (See “Conflict Resolution” for additional guidance.)

2. The nurse will then communicate the existence of POLST to the physician(s) caring for the patient.

3. Completed POLST orders will be followed by health care providers as valid physician orders, until the physician reviews the POLST form and, if appropriate, incorporates the content of the POLST into the care and treatment plan of the patient. The physician documents her/his review of the patient’s POLST form in the medical record.

4. After reviewing the patient’s POLST form and assessing the patient, if the physician determines a new order set is indicated, the physician will review proposed changes with patient and/or decision-maker. Following this discussion, the physician will write a new order consistent with the patient’s current medical condition, treatment preferences and goals of care. The physician will document rationale for deviating from the original POLST form in the patient’s medical record. See also “Reviewing/Revising a POLST form” regarding voiding a POLST.

5. All discussions had by any licensed professional with the patient and/or decision-maker related to the POLST form should be documented in the patient’s medical record.

6. A POLST copy, or a scanned POLST form, will be placed in the patient’s emergency room record.

7. The patient’s information label should be placed on the copied POLST form, with the label adhered to the “Office Use Only” box of the form and placed in the medical record. In addition, the word “COPY” shall be written on that form, along with the date.

8. If the patient is discharged from the E.D., the nurse should return the original POLST form to the patient and document this.

9. If the patient is admitted to an inpatient unit, the original POLST form will be sent with the patient to the inpatient unit. The E.D nurse will include information about the patient’s POLST form during transfer communication to the receiving nurse, noting this communication in the medical record.
10. Upon arrival to the nursing unit, the original POLST form should be photocopied; the copied POLST form should then be placed in the Code Section of the patient’s medical record. The original POLST form should then be returned to the patient and should be documented as such on the patient’s belongings list, which will be reconciled prior to discharge. If the patient lacks decisional capacity, the nurse should make every effort to return the original POLST form to the patient’s decision maker, or, make the decision maker aware of where the form was placed, such as with the patient’s belongings, and document this.

**Patient Admitted to Nursing Unit with a Completed POLST Form**

1. During the initial nursing assessment, the nurse will inquire if the patient has a completed POLST form. If so, the nurse will confirm with the patient, or, if the patient lacks decision-making capacity, will confirm with the decision-maker whether the current POLST form has ever been voided or superseded by a subsequent POLST form. (See “Conflict Resolution” for additional guidance.)

2. It is the responsibility of the patient’s nurse to inform the patient’s physician about the existence of a completed POLST form.

3. Licensed [HOSPITAL] staff will follow completed POLST orders as a valid physician order set until the admitting physician is able to review the POLST form, and integrate the form’s contents into the patient’s plan of care, as appropriate. The MD should document her/his review of the patient’s completed POLST form in the medical record.

4. If, after reviewing the POLST form and assessing the patient, the admitting physician determines that a new order is indicated. If so, the physician will review proposed changes with the patient and/or decision-maker and issue a new order consistent with the patient’s current medical condition, treatment preferences and goals of care. In the medical record, the physician should document rationale for deviating from the original POLST form. (See also section in this policy titled “Reviewing/Revising a POLST form” regarding voiding a POLST.)

5. Upon arrival to the nursing unit, the nurse should make a copy of the original POLST form and place it in the Code Section of the patient’s medical record. The original POLST form should be returned to the patient and documented as such on the patient’s belongings list, to be reconciled prior to discharge. If the patient lacks decisional capacity, the nurse should make every effort to return the patient’s original POLST form to the patient’s decision maker, or, make the decision maker aware of where the form
Completing a POLST Form with the Patient

1. A licensed professional, such as a nurse/social worker can explain POLST to the patient and/or decision-maker. However, it is the physician’s responsibility to discuss all options outlined in POLST with the patient and/or decision-maker, if the patient lacks decision making capacity.

2. [HOSPITAL] licensed staff should document in the patient’s medical record any POLST discussions had with a patient and/or decision-maker.

3. While hospitalized, if a patient wishes to initiate a POLST form, the nurse caring for the patient shall contact the patient’s physician. The physician is responsible for speaking with the patient and/or decision maker about the patient’s advance directive and wishes regarding end of life, as well as treatment/non-treatment options. In that discussion, the physician should include benefits and burdens of any proposed treatments, as well as the efficacy/appropriateness of medical interventions.

4. The above-described discussions will be documented in the medical record, dated and timed.

5. The completed POLST form reflects the patient’s expressed treatment preferences. Treatment/non-treatment decisions are based on the patient’s medical condition.

6. Because the original POLST is the patient’s personal property, the patient’s nurse ensures its return to the patient by making the patient aware of its return, by placing the POLST form in the patient’s belongings bag. If the patient lacks capacity, the nurse should make every attempt to return the original POLST form to the patient’s decision-maker, or, make the decision maker aware of where the form was placed, such as with the patient’s belongings, and document this.

Reviewing/Revising a POLST Form

1. Discussions pertaining to POLST revision or revocation should be documented, dated and timed as such in the patient’s medical record by the staff having the discussion. Documentation should include the essence of the discussion and indicate those involved.

2. At any time, the attending physician and patient, or, if lacking decisional capacity, the decision-maker, may revise the POLST form so that it is consistent with the patient’s most recently expressed wishes.
3. If significant changes occurred in the patient’s medical condition, and/or if the patient’s treatment preferences change, the attending physician should review the POLST form with the patient, or, if patient lacks decisional capacity, with the decision maker.

4. POLST forms can be voided in instances when a patient changes treatment preferences, or, if the patient’s changed medical condition warrants a change in POLST. To void POLST, draw a line through Sections A through D and write “VOID” in large letters. Sign and date this line, and document this in the patient’s medical record.

5. If during hospitalization, a new POLST form is completed, the original POLST form should be marked as “VOID,” then signed and dated. A copy of the previous POLST form should be kept in the patient’s medical record directly behind the current POLST form.

Conflict Resolution

If the current POLST form conflicts with the patient’s previously-expressed health care instructions, such as in an Advance Directive, the most recently expressed wishes of the patient govern. If there are any conflicts or ethical concerns about the POLST orders, appropriate hospital resources — e.g., The Bioethics Committee, Risk Management — may be utilized to resolve the conflict.

When conflicting concerns arise, consideration should always be given to: a) the attending physician’s assessment of the patient’s current medical condition and any indicators for medical treatment/non-treatment; b) the physician’s determination about whether the treatment specified in the patient’s POLST form is medically ineffective, non-beneficial, or, contrary to generally accepted health care standards; and c) the patient’s most recently expressed treatment preferences and/or expressed goals.

Endnotes:

1 California Probate Code §4781.2. (a) A health care provider shall treat an individual in accordance with a POLST form. (b) This does not apply if the POLST form requires medically ineffective health care or health care contrary to generally accepted health care standards applicable to the health care provider or institution. (c) A physician may conduct an evaluation of the individual and, if possible, in consultation with the individual, or the individual’s legally recognized health care decision maker, issue a new order consistent with the most current information available about the individual’s health status and goals of care.
The patient’s legal health care decision maker is the person’s agent, as designated by a power of attorney for health care, surrogate, conservator, or, the closest available relative as described in California Probate Code §§ 4671, 4711, 1880, and Cobbs v Grant, 8 Cal3d 229, 244 (1972) respectively.

Hospitals should refer to their specific policies, the Health Care Decisions Law, Probate Code §§4600-4805, and relevant case law regarding determination of decision-making capacity, and of a legally recognized health care decision maker.

California Probate Code §4621. “Health care provider” means an individual licensed, certified, or otherwise authorized or permitted by law of California to provide health care in the ordinary course of business or practice of a profession.

Note: Hospitals may choose an alternative process that differs in the basic principle of whether the original POLST should be included in the medical record or treated as “personal property” and secured by another mechanism. For example, “Place the copy of the POLST form in the front of the patient’s chart and keep original with the patient’s other personal property.”