POLST:
Physician Orders for Life-Sustaining Treatment

Honoring Treatment Preferences Across Settings of Care

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Susan Tolle has no relevant financial relationships to disclose that would present a conflict of interest.
<table>
<thead>
<tr>
<th>For whom</th>
<th>Advance Directive</th>
<th>POLST</th>
</tr>
</thead>
<tbody>
<tr>
<td>For whom</td>
<td>For all adults to express preferences for future treatment</td>
<td>For persons of any age with advanced illness to guide current treatment</td>
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<tr>
<td>Purpose</td>
<td>To express values and to appoint a surrogate</td>
<td>Medical orders that turn a patient’s values into action</td>
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<tr>
<td>Guide actions by emergency medical personnel</td>
<td>Usually not</td>
<td>Yes</td>
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</tbody>
</table>
POLST PARADIGM INITIATIVE
1990

- Developing Programs
- No Program (Contacts)
National POLST Paradigm Initiative

Developing Programs
Endorsed Programs
No Program (Contacts)

*As of April 2010

Designation of POLST Paradigm Program status based on information available by the program to the Task Force.
EFFECTIVENESS DATA

POLST USE IN SNF 1996

0/180 NH residents with POLST orders of DNR/comfort measures only received CPR/ICU

5% died in acute care hospital

JAGS 46:1097-1102, 1998
EFFECTIVENESS DATA

OHSU PALLIATIVE CARE CONSULTATIONS 2004

• 183 discharged alive
• 5% died in an acute care hospital

Journal of Palliative Medicine, Volume 9, Number 4, 2006
EFFECTIVENESS DATA
DATA FROM MULTISTATE POLST NURSING FACILITY STUDY

Susan Hickman PI

90 facilities
3 states OR, WI, WV
1711 subject

In Press: A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices versus the Physicians Orders for Life-Sustaining Treatment (POLST) Program
Susan E. Hickman, PhD, Christine A. Nelson, PhD, RN, Nancy A Perrin, PhD, Alvin H Moss, MD, Bernard J Hammes, PhD, and Susan W. Tolle, MD
HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

**Physician Orders**
for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician, NP, or PA. These medical orders are based on the person’s current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section.

A  
**CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.
- [ ] Attempt Resuscitation/CPR
- [x] Do Not Attempt Resuscitation/DNR (Allow Natural Death)

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

B  
**MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.
- [ ] Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-sustaining treatment.** **Transfer if comfort needs cannot be met in current location.**
- [ ] Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated.** **Avoid intensive care.**
- [x] Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. **Transfer to hospital if indicated.** **Includes intensive care.**

Additional Orders: ____________________________________________________________

C  
**ANTIBIOTICS**
- [ ] No antibiotics. Use other measures to relieve symptoms.
- [ ] Determine use or limitation of antibiotics when infection occurs.
- [ ] Use antibiotics if medically indicated.

Additional Orders: ____________________________________________________________

D  
**ARTIFICIALLY ADMINISTERED NUTRITION:** Always offer food by mouth if feasible.
- [ ] No artificial nutrition by tube.
- [ ] Defined trial period of artificial nutrition by tube.
- [ ] Long-term artificial nutrition by tube.

Additional Orders: ____________________________________________________________

E  
**REASON FOR ORDERS AND SIGNATURES**

My signature below indicates to the best of my knowledge that these orders are consistent with the person’s current medical condition and preferences as indicated by the discussion with:
- [ ] Patient
- [ ] Health Care Representative
- [ ] Parent of Minor
- [ ] Court-appointed Guardian
- [ ] Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion. See reverse side.)

Print Primary Care Professional Name ____________________________________________

Print Signing Physician / NP / PA Name and Phone Number ________________________

Physician / NP / PA Signature (mandatory) __________________________ Date ________

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POLST IS ENTIRELY VOLUNTARY

• No one has to complete a POLST
• Choice to have or limit treatments
• Revoke or change at anytime
• Comfort measures are always provided
CULTURE CHANGE IN END OF LIFE

• Takes time
• Public education
• Health care professional education
• Policy & systems reform
NEW STANDARD OF END OF LIFE CARE

• Advanced care planning becomes the norm

• Health professionals outraged when system fails