NURSING PROCEDURE

POLST form
(Physician Orders for Life-Sustaining Treatment)

OBJECTIVE:

The POLST form is a “portable” Physician Order form that describes the patient’s code directions. It is intended to go with the patient from one care setting to another. It also replaces the current EMS form that gives code directions to emergency response staff in a patient’s home. It translates an Advance Directive into physician orders.

Note: The POLST is not an Advance Directive and does not take the place of one. It translates an Advance Directive into physician orders. Patients should still be encouraged to fill out an Advance Directive if they do not have one.

METHOD:

Patient Admitted to SHMC with a POLST form:

- The RN will review and validate the POLST form content with the patient/surrogate. This information will be conveyed to the admitting physician and code status orders obtained for this hospital admission.
- Staff will honor the directions on the POLST form, while the nurse attempts to reach the physician to clarify code status/orders (not to exceed 24 hours) unless the patient or surrogate indicate they do not want those directions followed.
- No Code / Limited Code orders will be documented on SHMC’s green No Code / Limited Code order sheet per procedure.
- Make a copy of the POLST form, addressograph and place in the Legal/Directive section of the patient’s chart.
- Place original POLST order form in the designated plastic sleeve in the Legal/Directive section of the patient’s chart and retain there until the patient is discharged.
- Make a check mark on the patient’s Personal Inventory Record (clothing sheet) indicating that this patient has a POLST form and the original needs to be sent with the patient at time of discharge/transfer from SHMC.
- Make a check mark on the Personal Inventory Record to indicate that the POLST form was sent with the patient at time of discharge. Also record the POLST form was sent with the patient on the Discharge Checklist if the patient is transferred to another care facility/provider.

Completing a POLST form while a patient at SHMC

- If a patient/surrogate chooses to complete a POLST form prior to being discharged from SHMC, obtain a POLST form for the Physician and patient/surrogate to complete and sign.
- Make a copy of the completed POLST form/addressograph the copy and place in Legal/Directive section of chart.
- If patient is actively being prepared for discharge, place original POLST form with copies being made for discharge and send with patient at time of discharge.
- If patient will not be transferred or discharged for a period of time, place the completed original POLST form in the designated plastic sleeve in the Legal/Directive section of the chart. Make a check mark on the Personal Inventory Record indicating that this patient has a POLST form and that the original needs to be sent with the patient at time of discharge/transfer from SHMC.
• Make a check mark on the Personal Inventory Record to indicate that the POLST form was sent with the patient at time of discharge. Also record the POLST form was sent with the patient on the Discharge Checklist if the patient is transferred to another care facility/provider.

**Review of POLST form**

• The physician and patient/surrogate may review/revise the POLST form at anytime by using the designated section of the form or voiding the old form and completing a new one.

• During discharge planning, the physician may wish to review the POLST to see if it needs revision or the patient’s condition warrants review/revision prior to discharging home or transferring patient to another care facility/provider such as home health/hospice etc.

*New 8/00*