

ST. JOSEPH CARE CENTER

Spokane, Washington

PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST)

Effective Date: August 10, 2000

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Approved By:

Administrator

Director of Nursing

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Reviewed/Revised:

08/02 _____

09/03 _____

02/05 _____

Policy:

The Physician Orders for Life Sustaining Treatment (POLST) is a physician order sheet; it is not an Advance Directive, *such as a Health Care Directive or a Durable Power of Attorney for Health Care*. The POLST takes the previously expressed wishes of an individual and translates them into a set of physician orders for medical treatment that may be followed by health care providers in a variety of care settings. Moreover, the form represents a means of transferring the known wishes of an individual from one care setting to another, using a uniform document in each setting. The POLST accomplishes two major purposes:

1. It is portable from one care setting to another
2. It translates the wishes of an individual into actual physician orders.

It is critical to realize:

- The POLST is optional and not required,
- The most recent wishes of the resident/legal surrogate decision maker prevail, regardless of the information on the POLST,
- The POLST is valid only if it has been signed by the resident/legal surrogate decision maker,
- *When need for resuscitation occurs*, the [CPR] Resuscitate – Do Not Resuscitate treatment decision in Part A will be followed and then the physician will be notified as soon as possible,
- In emergency life-saving treatment situations - consent is presumed for full treatment if a decision has not been made by the resident or legal surrogate for health care decision making,

- The treatment decisions in Part B, C, and D will require further dialogue between the health care professional providing the treatment in the nursing home and the MD before they are implemented,
- The physician will always need to be notified for any change of condition, abnormal assessment, or if the resident and/or legal surrogate decision maker request a change in the treatment decisions on this tool,
- All state and federal regulations will continue to be followed,
- The POLST may be used in lieu of other facility CPR treatment decision forms; dual forms are not necessary.

PRINCIPLES

I. Assessment and Review:

- A. For those residents arriving with a completed POLST, it will be honored during the initial comprehensive assessment period (no longer than 14 days). Designated staff must review the POLST with the resident and/or legal surrogate decision maker within this assessment period (14 days) to assure its continued accuracy. *If not reviewed during this 14-day assessment period, the POLST becomes invalid.*
- B. The health care professional or the physician will review the POLST with the resident and/or legal surrogate decision maker:
 1. within the first 14-day comprehensive assessment period as part of the comprehensive assessment and care planning process;
 2. when the resident requests,
 3. when warranted by a substantial change in the resident's health status;
 4. during the quarterly MDS review.
- C. For purposes of the facility's POLST review, only the RN, other designated personnel, or the MD may engage in discussion regarding the "Resuscitate – Do not Resuscitate" treatment decision with the resident and/or legal surrogate decision-maker.

II. Resident Participation:

- A. Participation in the POLST is presented to the resident and/or legal surrogate decision maker as an option.
- B. The POLST is not valid without the resident's and/or the legal surrogate decision maker's signature.
- C. Notify the resident/legal surrogate decision maker of any change in condition or abnormal assessment.
- D. The POLST is a physician order that reflects life sustaining treatment decisions that have been approved by the resident and/or legal surrogate decision maker.
- E. The resident can revoke treatment decisions on the POLST at any time.
- F. When a resident's current wishes and the POLST differ, the resident's and/or legal surrogate decision maker's current wishes prevail.

III. Physician Participation

- A. *If any POLST is initiated or changed*, the attending physician or physician designee must discuss with the resident and/or legal surrogate decision maker the treatment options referred to on the POLST using the informed consent process.
- B. The POLST is not valid without both the signature of the physician and the signature of the resident or legal surrogate decision maker.
- C. If changes in the treatment decisions are not requested or warranted by the resident's condition, the physician is not required to sign the POLST during the review process.
- D. In the event a resident is admitted with a POLST signed by another physician, and that physician will not be the attending physician, the POLST will be honored for the 14-day assessment period only. The attending physician may then do one of the following if the resident or legal surrogate decision maker agree:
 - 1. initiate a new form,
 - 2. complete the review process and sign the form.
- E. In the event that changes in treatment decisions are warranted by the resident's condition the physician and/or the health care professional must review the POLST. In the event that changes in treatment decisions are requested by the resident and/or legal surrogate decision-maker, the POLST becomes invalid. Completion of a new POLST requires discussion between the resident and/or legal surrogate decision maker and the physician. Once notified of the request or need to change the treatment decisions, the physician must complete a new form. In the interim, the facility will honor the resident's current wishes through standard facility practice.

IV. The POLST and the Medical Record

- A. The most current POLST in its original format must accompany the resident to the new health care setting (if the individual has chosen to complete one).
- B. The POLST (including attached copies of resident's advance directives, if any) will be located as the very first page in the medical record.
- C. *Whenever a POLST is determined to be void*, the resident, the legal surrogate decision maker or staff will draw a line through the POLST and write the word "**VOID**" in large letters. Then date, sign or initial the form.
- D. The facility will retain, in the medical record, all voided POLST forms behind the most current POLST.
- E. As the resident moves from one health care setting to another, or to their home, the green original POLST (including attached copies of resident's advance directives, if any) must accompany the resident.
- F. When a resident is discharged, the facility will make and retain a copy (mark "copy") of the current POLST for the medical record and send the green, original POLST with the resident.
- G. The physician must review the POLST, along with other physician orders, every thirty (30) days per facility policy.