

Portable Medical Orders: What to Know Before Talking About POLST

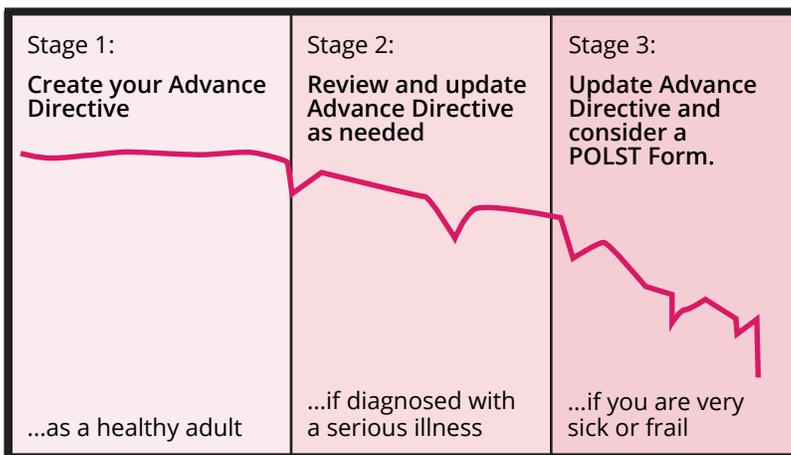
Advance care planning is about making decisions for the treatments you want if you become unable to communicate. The *National POLST Form* is a *portable medical order* that is an advance care planning tool. It tells health care personnel — and friends and family — which treatments you want and which ones you do not want.

Like any advance care plan, you should not be required to have a POLST form. Using and having a POLST form is your choice.



Advance care planning: a process for throughout one's life

Most people (**Stage 1 and 2**) should use a legal document for advance care planning. This document may be called an *advance directive*, or may be a *living will* with a *health care power of attorney*.



What the legal document(s) are called varies from state to state. The document(s) tell health care providers who you want to speak for you if you can't speak for yourself and what types of treatments you may or may not want in case of a future, unknown medical emergency.

Regardless of age, if you are very sick or frail (**Stage 3**), a portable medical order is appropriate. A portable medical order tells emergency providers what to do during an emergency.

Learn more about POLST and advance directives

www.polst.org/advance-directives

How is a POLST form different from an advance directive?

An advance directive is not a medical order and does not provide specific directions about treatments. A POLST form gives medical orders. During an emergency, if you have a POLST form, emergency providers will give you the treatments listed on it. If you do not have a POLST form, emergency providers will attempt everything possible to keep you alive and take you to the hospital where your health care provider and surrogate will make a decision about what treatments to provide to you, based on your advance directive.

What is a POLST form?

A POLST form is a portable medical order that tells emergency providers what treatments you want to have during an emergency. (See [What Your Completed Guide Means](#) for details.) Additionally, a POLST form is meant to clarify your treatment goals, which can more broadly help health care providers understand how to treat you in a way that matches your goals and values.

Who should get a POLST form?

Anyone with a serious life-limiting condition or with advance frailty; someone who is really sick or very frail.

Where do you get a POLST form?

From your health care provider. It is a medical order that must be signed by a provider to be valid.

National POLST Patient Guide: Before Talking About POLST

The best way to learn about POLST is to contact your provider. For general information, go to www.polst.org.

Preparing for your POLST conversation

Your provider may schedule a separate appointment to discuss a POLST form, your treatment preferences and your goals of care. In order to prepare you for this conversation:

It may be helpful to

- Bring any advance care plan you've completed, such as an advance directive, living will, health care power of attorney.
- Invite your surrogate (or proxy or health care power of attorney), a family member, a friend, or spiritual advisor to the conversation.

To frame your thoughts, it may also help to

- Think about what makes a good day for you and what goals you have. Use the [American Bar Association's tool](#) to help.
- Play www.gowish.org online and bring the results with you.
- Look at Prepareforyourcare.org and complete an advance directive, if you don't have one (or start and bring your questions with you!).
- Read the free [Conversation Starter Kit](#) from *The Conversation Project*.

Online tools to help you get started

- www.americanbar.org/content/dam/aba/administrative/law_aging/tool4.pdf
- www.gowish.org
- prepareforyourcare.com
- www.theconversationproject.org/starter-kits/

What should I expect from the POLST conversation?

During the conversation, you'll be talking about what your understanding is about your current medical condition and what is likely to happen to you. You'll discuss:

- *Your diagnosis* — Your disease(s) or condition(s).
- *Your prognosis* — How your disease(s) or condition(s) will likely affect you over time.
- *Your treatment options* — What are your options, how they could help, and what are potential the side effects.
- *Your goals of care* — What is important to you, what you enjoy doing, what a good day looks like for you.

You may be making decisions on the following things. It's okay if you don't know what these are or what they mean for you because your health care provider should explain what you need to know. This list is just to let you know some of what may be discussed:

- Whether you want cardiopulmonary resuscitation (CPR) if your heart stops beating.
- What kind of medical treatments you want:
 - Are you okay with surgery?
 - Are you okay being on a breathing machine?
 - Do you want a feeding tube (artificial nutrition)?

At the end of the conversation, you'll decide whether you want a POLST form. It is your choice about whether you want one or not. If you do, your health care provider will fill it out and ask you to sign it. Your provider will sign it and then give you the original to keep with you. You can always change your mind. And you can update the POLST at anytime by talking with your provider. For information about what the POLST form means and what to do with it, visit www.polst.org/form.

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Portable Medical Orders: What Your Completed POLST Form Means

Your health care provider should have discussed your options with you before you signed the POLST form. This document is provided to help you remember your choices and explain what your POLST form means.

Sections A (CPR) and B (Initial Treatment Orders)

A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

If YES CPR is checked

A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1

YES CPR: Attempt Resuscitation, including mechanical ventilator, defibrillation and cardioversion. (Requires choosing Full Treatment in Section B)

...it means that you want medical staff to attempt cardiopulmonary resuscitation (CPR) to try to bring you back to life. With CPR, emergency providers will usually use electric shock (defibrillation) and put a plastic tube down your throat to help you breath (intubation). If that works, they will take you to a hospital and probably put you in the intensive care unit (ICU) and put you on a breathing machine.

B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Pick 1

Full Treatments (required if choose CPR in Section A). Goal: Attempt appropriate medical and surgical treatments as indicated to attempt to restore function while avoiding complications. Transfer to hospital if treatment is successful.

Selective Treatments. Goal: Attempt to restore function while avoiding complications. Transfer to hospital if treatment is successful.

...choosing CPR means choosing Full Treatments because, in order for emergency providers to provide CPR, they must be able to put a plastic tube down your throat if needed.

You are saying with this option:

- ✓ I'm okay with going to the hospital.
- ✓ I'm okay with going to intensive care unit.
- ✓ I'm okay with being on a breathing machine.
- ✓ I'm okay with with surgery, IV medicine, and antibiotics.

With YES CPR / Full Treatments, your treatment goal is to have done everything medically appropriate and possible to save your life.

If NO CPR is checked

...it means that you have chosen not to have CPR (see above for definition). It means that if you have no pulse or are not breathing, emergency providers will not resuscitate you but will make you comfortable as you die naturally. If you have a pulse or are breathing, the next three boxes indicate what treatment options you want.

is no pulse and is not breathing.

NO CPR: Do Not Attempt Resuscitation.
(May choose any option in Section B)

Options. With NO CPR, one of the below should be checked:

You are saying with this option:

Reassess and discuss interventions with patient. Consider a time-trial of interventions based on patient's goals and preferences.

Pick 1

Full Treatments (required if choose CPR in Section A). Goal: Attempt appropriate medical and surgical treatments as indicated to attempt to restore function while avoiding complications. Transfer to hospital if treatment is successful.

Selective Treatments. Goal: Attempt to restore function while avoiding complications. Transfer to hospital if treatment is successful.

Comfort-focused Treatments. Goal: Maximize comfort and allow death to happen naturally. Transfer to hospital if treatment is successful.

Full Treatments.

Your treatment goal is to have done everything medically appropriate and possible to save your life.

- ✓ I'm okay with going to the hospital.
- ✓ I'm okay with going to intensive care unit.
- ✓ I'm okay with being on a breathing machine.
- ✓ I'm okay with with surgery, IV medicine, and antibiotics.

Selective Treatments.

Your treatment goal is to treat medical issues that can be reversed.

- ✓ I'm okay with going to the hospital.
- ✓ I do **not** want to be in the intensive care unit.
- ✓ I do **not** want to be on a breathing machine.
- ✓ I do **not** want surgery.
- ✓ I'm okay with IV medicine and antibiotics.

Comfort-focused.

Your treatment goal is to maximize comfort and allow death to happen naturally.

- ✓ I do **not** want to go to the hospital.
- ✓ I do **not** want to be in the intensive care unit.
- ✓ I do **not** want to be on a breathing machine.
- ✓ I do **not** want surgery or IV medications.

C. Additional Orders or Instructions.

D. Medically Assisted Nutrition (Offer)

Pick 1

Provide feeding through new or existing tube

National POLST Patient Guide: Your Completed Form

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Explanation of Additional Orders

Since no form can address every possible medical decision, the POLST form has space for your health care provider to order other treatments you may want. Your provider may have written additional orders in here based on your conversation.

C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).
[EMS protocols may limit emergency responder ability to act on orders in this section.]

Explanation of Medically Assisted Nutrition Options

For every treatment option, health care providers will make reasonable attempts to give you food and fluids by mouth if you desire it, if it is safe and if you can tolerate it. If this is not possible, this section provides orders about what artificial nutrition you want. Options include temporary solutions or options requiring surgery, like a PEG tube. You can learn more by viewing this [video about feeding tubes](#).

D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe and tolerated)

Pick 1	<input type="checkbox"/> Provide feeding through new or existing surgically-placed tubes	<input type="checkbox"/> No artificial means of nutrition desired
	<input type="checkbox"/> Trial period for artificial nutrition but no surgically-placed tubes	<input type="checkbox"/> Discussed but no decision made (standard of care provided)

↓
Discussed but no decision made means you will receive the standard of care (as you will for any section not completed).

Explanation of Patient Signature

By signing the form, you acknowledged that you understand this is voluntary and that you have discussed your goals with your health care provider. You should not ever be required to have a POLST.

Trial period for artificial nutrition but no surgically-placed tubes Discussed but no decision made (standard of care provided)

E. SIGNATURE: Patient or Patient Representative (eSigned documents are valid)

I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's representative, the treatments are consistent with the patient's known wishes and in their best interest.

 (required)

The most recently completed valid

What if I change my mind?

You, as the patient, always have the right to change your mind about your POLST form. If you want to change to different options than the ones you selected, you need to have a new form created with your health care provider (you cannot modify the form yourself).

If you do not want to have a POLST form anymore, you have the right to void the form, too. If you want to void your form, be sure to: destroy the old form **and** contact your health care provider to void the orders in your medical records and also have the form voided in any POLST registries, if applicable. If the patient lacks capacity, the patient's representative should follow these steps on behalf of the patient.

What do I do with my completed POLST form?

- ✓ **Carry your POLST with you** if you go to a facility.
- ✓ **If you are home, post it on your refrigerator or put it in your medicine cabinet.** Emergency personnel will look for it those places.
- ✓ **Tell your family and friends** you have a POLST form so they can tell emergency personnel to look for it.
- ✓ **If you are traveling,** keep a copy in your purse or wallet near your ID. Emergency personnel will look there to find it.

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