

POLST Conversations

How to Explore Patient Wishes and Provide Medical Context for Treatment Choices at the End of Life

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No Financial Conflicts of Interest



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Learning Objectives



1

Develop skills for patient-centered conversations to elicit and explore treatment preferences.



2

Identify which patients benefit from completion of a POLST form and which patients do not.

Advance Care Planning Journey

Time to Get Ones Ducks in a Row!

Healthy

Name Surrogate Decision Maker

**Talk to the
people who
matter most
about the care
that one want**

Complete Advance Directive

**Review and
update after
experiencing
any of the
"Six D's"**

Complete POLST

**For individuals
with advanced
serious illness or
frailty who want
to limit
treatments
Update as
needed**

EOL Care Decisions

**Selective
Treatment
Hospice care
Comfort
Measure Only
Care**

Less Healthy and/or Older

***Ongoing Conversations and Dialogues with
Loved Ones and Medical Team***

**IMPORTANT
NOTICE**

**Advance
Care Planning**

≠

**Advance
Directive/POLST
Completion**



Advance Directive

POLST

OFFICE OF THE DIRECTOR
Office of the State Public Health Director

Oregon Advance Directive for Health Care

This Advance Directive form allows you to:

- Share your values, beliefs, goals and wishes for health care if you cannot express them yourself.
- Name a person to make your health care decisions if you could not make them yourself. This person is called your health care representative and act in this role.

Be sure to discuss your Advance Directive and your wishes with your health care representative. This will allow them to make decisions that reflect your wishes and preferences. You must complete this entire form.

The Oregon Advance Directive for Health Care form and Your Guide to the Oregon Advance Directive are available on the Oregon Health Authority's website.

- In sections 1, 2, 5, 6 and 7 you appoint a health care representative.
- In sections 3 and 4 you provide instructions about your care.

The Advance Directive form allows you to express your preferences for health care. It is not the same as Portable Orders for Life Sustaining Treatment (POLST) as defined in ORS 127.663. You can find more information about the POLST in Your Guide to the Oregon Advance Directive.

This form may be used in Oregon to choose a person to make health care decisions for you if you become too sick to speak for yourself or are unable to make your own medical decisions. The person is called a health care representative. If you do not have an effective health care representative appointment and you become too sick to speak for yourself, a health care representative will be appointed for you in the order of priority set forth in ORS 127.635 (2) and this person can only decide to withhold or withdraw life-sustaining treatments if you meet one of the conditions set forth in ORS 127.635 (1).

This form also allows you to express your values and beliefs with respect to health care decisions and your preferences for health care.

If you have completed an advance directive in the past, this new advance directive will replace any older directive.

IMPORTANT NOTICE

VS



- Sample - Oregon POLST® For Patient Education
Portable Orders for Life-Sustaining Treatment

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name: _____ Patient's First Name: _____ Patient's Middle Name: _____
Preferred Name: _____ Date of Birth: (month/year) _____ of _____ Birth _____ M _____ F _____ X
Sex (check one): ☐ Male ☐ Female ☐ Other

CARDIOPULMONARY RESUSCITATION (CPR): Unresponsive, pulseless & not breathing

☒ Attempt Resuscitation/CPR ☐ Do Not Attempt Resuscitation/DNR
Must check Full Treatment in Section B. If patient not in cardiopulmonary arrest, follow orders in B.

B MEDICAL INTERVENTIONS: When patient has a pulse and is breathing.

☒ Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.**
Treatment Plan: Provide treatments for comfort through symptom management.

☐ Selective Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Generally avoid the intensive care unit.**
Treatment Plan: Provide basic medical treatments.

☐ Full Treatment. In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. **Transfer to hospital and/or intensive care unit, if indicated.**
Treatment Plan: All treatments including breathing machines.

C DISCUSSED WITH: (REQUIRED)

☐ Patient ☐ Patient of minor ☐ Relative, friend or other support person (without written appointment - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities)
☐ Person appointed on advance directive
☐ Court-appointed guardian

List all names and relationship: _____

D PATIENT ACKNOWLEDGEMENT (RECOMMENDED BUT NOT REQUIRED)

Signature: _____ Name (print): _____ Relationship (write "self" if patient)
This form will be sent to the POLST Registry unless the patient wishes to opt out. To opt out, check here: ☐

E ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)

By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.

Print Signing MD / DO / NP / PA / ND Name: _____ Signature: _____ Signature's Phone Number: _____ Signature's License Number: _____
MD / DO / NP / PA / ND Signature: _____ Date: _____

SAMPLE 2023

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D
© 2023 OREGON HEALTH AUTHORITY. Oregon Health & Science University (OHSU)

ACP related Documents	Advance Directive	POLST
1. Who is it for?	Anyone 18 years old and above, who has full capacity	Patients who are old or frail or seriously ill <u>AND who may NOT want all possible treatments</u>
2. What type of document is it?	Legal document	Medical order
3. Can you use it to appoint surrogate(s)?	Yes	No
4. Who fills it out?	Individual	Health care provider (MD, DO, NP, PA, NP), after discussion with the patient or HCR*
5. Who signs it?	Individual, HCR*, and either 2 witnesses or a Notary Public	Health care provider (with individual or HCR*'s input)
6. Do you need a lawyer?	No	No
7. Who keeps the form?	Individual, HCR*, and health care provider	Individual, health care provider, and Oregon POLST registry
8. Can you change the form?	Yes (as long as you have full capacity)	Yes
9. What if there is a medical emergency and you cannot speak for yourself?	Medical care team will try to honor your wishes (with or w/o) HCR*	Medical care team obtains the POLST and follows its instructions
10. Can surrogates create/sign the form?	No	Yes, with a health care provider
11. Can emergency responders use it?	No	Yes
12. Comments	It is not always easy to find the document in different health care settings. Patients must provide copies to their health care providers in every HC setting.	Upon hospital admission CODE status will be discussed. <u>DNR on a POLST does not necessarily invoke DNR in a hospital setting</u>
*HCR: Health care representative		

OREGON POLST®

Core Principles

Portable Orders for Life-Sustaining Treatment

1. A medical order written by health care providers, intended to be followed by emergency medical personnel as an **out-of-hospital** medical order set.
2. POLST is always voluntary.
3. POLST forms should be completed for patients **who wish to set limits on their treatment and who have advanced illness or frailty**.
4. POLST is **unnecessary** for patients discharged to a SNF, unless they fall under item #3.
5. POLST is **inappropriate** for healthy, older adults or patients with stable chronic disabilities.

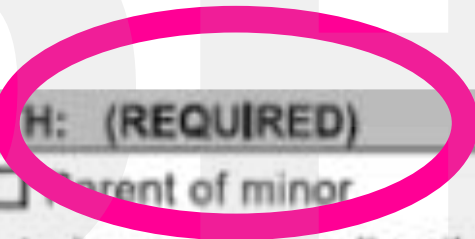
2023 POLST Revision

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulse</i>
	<input checked="" type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resu Must check Full Treatment in Section B. If patient not in cardiopulmonary
B Check One	MEDICAL INTERVENTIONS: <i>When patient has a pulse and is breathing.</i>
	<input type="checkbox"/> Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> Treatment Plan: Provide treatments for comfort through symptom management.
	<input type="checkbox"/> Selective Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> Treatment Plan: Provide basic medical treatments.
	<input checked="" type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit, if indicated.</i> Treatment Plan: All treatments including breathing machine. Additional Orders:

If “**Attempt Resuscitation/CPR**” is selected in Section A, “**Full Treatment**” must be selected in Section B.

Appropriate Section A and B Combinations as of July 1, 2023

	Comfort Measures Only	Selective Treatment	Full Treatment
CPR	Not Accepted	Not Accepted	Okay
DNR	Okay	Okay	Okay



C
Check All That Apply

DISCUSSED WITH: (REQUIRED)

☐ Patient ☐ Parent of minor ☐ Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities.

☐ Person appointed on advance directive

☐ Court-appointed guardian

List all names and relationship: _____

- Section C is **Required**.
- Document everyone present for the conversation, including anyone who participated by phone or video.
- Requiring this documentation **reinforces** the patient's right to support person(s) for these important conversations.

Verbal Orders: 'OK' Since 2018

From the 2018 Oregon POLST Registry Annual Report

POLST forms signed by Verbal Order

Verbal orders are useful in the care of home hospice patients. The Oregon POLST Registry will accept verbal/phone orders from M.D./D.O./N.P./P.A./N.D. in accordance with the submitting facilities' verbal order policy.

Suggested steps for Hospice

- A designated trained staff person assists a patient or surrogate decision maker to complete the POLST form.
- If the signer is not present, a verbal order for POLST is obtained from the responsible physician/nurse practitioner.
- Per their institutional/organizational policy, an authorized staff person documents the verbal order ('VORB' or 'VO' or 'TO') with the first and last name of the authorizing physician/nurse practitioner along with their name and role in the signature box, the date the order was authorized in the required date field AND LEGIBLY prints the first and last name of the authorizing physician/nurse practitioner, with license number if possible, in Section E 'Print Signing M.D./D.O./N.P./P.A./N.D. Name.' This will allow for easier and faster entry into the Registry.
- Same day submission: The staff person then takes the POLST form and using a FAX cover sheet, FAXes it to the Registry, and returns the POLST form as soon as possible to the patient's home.
- The Registry should be sent the authenticated/signed POLST form once it is available.

Let's Take a Look

Guidance for Oregon's Health Care Professionals

OREGON
POLST[®]
PORTABLE ORDERS FOR LIFE-SUSTAINING TREATMENT



Photo credit: Corky Miller

2023 POLST Form Version

Guidance for Oregon's Health Care Professionals

oregonpolst.org

Revised November 17, 2022

From Guidance for Oregon's Health Care Professionals

Revised Nov 17, 2022

Purpose: Who Should Have a POLST Conversation?

- Patients with advanced illness or frailty where accurate predictions cannot be made but death is likely in the foreseeable future.
- If the answer is “Yes” to any of these questions:
 - ☐ Does the patient have a disease process (**not just their stable disability**) that is in an advanced stage?
 - ☐ Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias)?
 - ☐ Is the patient in a palliative care or hospice program?
 - ☐ Has this patient's level of functioning become more severely impaired, for which intervention will not significantly impact the process of decline?

POLST: Guidance for Oregon's Health Care Professionals

Purpose: Who Should NOT Have a POLST Form?

- Patients with stable medical or functionally disabling problems who have many years of life expectancy.
- **Patients who would want all available treatments in some situations but not in others**
- **Reduce the overuse of POLST among those who are “too healthy.”**
 - **Unneeded** for every patient being discharged to a facility.
 - **Should NOT** be completed for healthy patients at Medicare wellness visits.
 - **Inappropriate** for healthy individuals who would want everything done in an emergency.

Let's Review The POLST Form

Section by Section

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Oregon POLST®

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name:	Suffix:	Patient's First Name:	Patient's Middle Name:
Preferred Name:	Date of Birth: (mm/dd/yyyy)	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	MRN (optional)
Address (street / city / state / zip):			

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless & not breathing.</i> <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR Must check Full Treatment in Section B. If patient not in cardiopulmonary arrest, follow orders in B.
B Check One	MEDICAL INTERVENTIONS: <i>When patient has a pulse and is breathing.</i> <input type="checkbox"/> Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> <u>Treatment Plan:</u> Provide treatments for comfort through symptom management. <input type="checkbox"/> Selective Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> <u>Treatment Plan:</u> Provide basic medical treatments. <input type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit, if indicated.</i> <u>Treatment Plan:</u> All treatments including breathing machine. <u>Additional Orders:</u>
C Check All That Apply	DISCUSSED WITH: (REQUIRED) <input type="checkbox"/> Patient <input type="checkbox"/> Parent of minor <input type="checkbox"/> Relative, friend or other support person (without written appointment) - See reverse side for additional requirements for completion in persons with intellectual or developmental disabilities. <input type="checkbox"/> Person appointed on advance directive <input type="checkbox"/> Court-appointed guardian List all names and relationship: _____
D	PATIENT ACKNOWLEDGEMENT (RECOMMENDED BUT NOT REQUIRED) Signature: _____ Name (print): _____ Relationship (write "self" if patient): _____ This form will be sent to the POLST Registry unless the patient wishes to opt out. To opt out, check here. <input type="checkbox"/>
E Must Print Name, Sign & Date	ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED) By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's <u>current</u> medical condition and preferences. Print Signing MD / DO / NP / PA / ND Name: <u>required</u> Signer's Phone Number: _____ Signer's License Number: (optional) _____ MD / DO / NP / PA / ND Signature: <u>required</u> Date: <u>required</u> <i>*Signed* means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030</i>

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED
SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D

*Also known as Physician Orders for Life-Sustaining Treatment

© CENTER FOR ETHICS IN HEALTH CARE, Oregon Health & Science University (OHSU)

2023

Section A: Cardiopulmonary Resuscitation (CPR)

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless & not breathing.</i>
	<input type="checkbox"/> Attempt Resuscitation/CPR Must check Full Treatment in Section B

Apply only when the patient is unresponsive, pulseless, and not breathing

☐ **Attempt Resuscitation/CPR**

(RARELY should be used this way)

- If the patient **wants** emergency personnel to attempt CPR, check this box.

☐ **Do Not Attempt Resuscitation/DNR**

(POLST is mainly for this purpose)

- If the patient has indicated that they do not want CPR attempted in the event that there is no pulse or breathing, check this box.

CPR on a 92 Year Old Male with Metastatic Malignancy



Tracy A. Brader, a third-year resident in Emergency Medicine at Christiana Care in Newark, Delaware, published this painting in the [AMA Journal of Ethics](#). [2018;20(8):E774-775]

Section B: Medical Interventions

Apply Only to Patients with
a Pulse and Breathing

B Check One	MEDICAL INTERVENTIONS: <i>When patient has a pulse and is breathing.</i>
	<input type="checkbox"/> Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> Treatment Plan: Provide treatments for comfort through symptom management.
	<input type="checkbox"/> Selective Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> Treatment Plan: Provide basic medical treatments.
	<input type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit, if indicated.</i> Treatment Plan: All treatments including breathing machine.
	Additional Orders: _____

☐ Comfort Measures Only

- Goals: maximize comfort, symptom management and avoid hospitalization (unless necessary to ensure meeting comfort needs)
- *A care plan model (hospice care or a long-term care facility setting where CMO care can be provided) is strongly recommended.*

☐ Selective Treatment

- Desires being hospitalized if needed, avoid mechanical ventilation, and generally avoid the intensive care unit.

☐ Full Treatment

- Desires all life-sustaining treatments: intubation, advanced airway interventions, and mechanical ventilation - as indicated. Transfer to hospital and/or intensive care unit, if indicated. No limits to treatment.

Section B: Medical Interventions

Additional Orders:

Patients sometimes request detailed additional orders, such as:

- *"Only code for < 5 minutes"*
- *"Intubation for 1-2 weeks."*
- *"No tracheostomy."*
- *"No Feeding-Tube!!" or "Tube feeding ok for a month."*

- Many of these requests cannot be honored (ambulance teams follow protocols and so cannot follow an order to code for just a few minutes, for example).
- Many such requests are best documented in medical record and discussed with surrogate decision maker.





Case Studies

OHSU

CP



Case 1

68-year-old male “Joe” has controlled HTN and HLD and lives with his wife at home. He recently retired and continues to be very active in the community, jogging regularly, and traveling internationally for pleasure.

Joe came in for his Medicare Wellness Exam and, while discussing ACP with him, he shared that, “***I would never want to be hooked up to machines!***”


What is your next step?



"A Short Dictionary of Misunderstood Words"

-Milan Kundera, *The Unbearable Lightness of Being*

- What does Joe mean when he says, *"I never want to be hooked up to machines!"*?
- What are strategies to explore this statement with Joe?



**Remember, a POLST
with "DNR" status
will apply if an
emergency happens
today, right in front
of you in the clinic!**

"A Short Dictionary of Misunderstood Words"

-Milan Kundera, *The Unbearable Lightness of Being*

- **Many common phrases used by patients and health care professionals when discussing end of life situations:**
 - "Nothing heroic"
 - "Kept alive as a vegetable"
 - "Want everything done"
- **The onus is on the medical team to explore such statements:**
 - Better understand what is actually meant
 - Provide information to our patients so they understand their own particular medical situation
- **The goal is to achieve a treatment plan that is centered on the patient's values and preferences in context of their medical conditions.**

**Joe is best served by not having a POLST form.
Instead, encourage him to complete an Advance Directive
and continue the conversation with his SDM(s).**



Case 2

Elise is an 80-year-old woman with chronic heart failure and mild cognitive impairment. She has mixed feelings about how much medical treatments she would want if she became critically ill.

There are times when she indicates she would “want everything,” but she also talks about not wanting “heroic measures.” You get the impression that she is very leadable depending on how you present information but also that she would make different decisions based on the clinical situation.



Individuals with Incomplete Capacity

- **Supported decision making**
 - Individuals should be encouraged to participate in decisions about their health care to the fullest extent possible.
 - By Oregon law (Senate Bill 1606), hospitals must ensure that individuals with developmental or intellectual disability have a support person present for conversations that could result in a decision to limit or withdraw life-sustaining treatments. Patients may decline a support person.
- Support person: any individual selected by the patient to assist physically or emotionally to ensure effective communication. **Does not need to be a healthcare representative or surrogate decision maker.**
- If there is concern that she does not have full capacity despite support, then her healthcare representative must be included.

Mixed Feelings

- **Many people have mixed feelings about what treatments they would want!**
- **Let's explore this for Elise**
 - She is currently quite active, participating in tai chi classes at her independent living facility on a regular basis
 - On the other hand, she took care of her mother during the last year of her life and feels strongly about not living the last part of her life dependent on others to feed, bathe, and toilet her
 - In some situations, she would want all available treatments (critical illness from pneumonia that might be respond to treatment)
 - In other situations, she would want treatment to focus on comfort (massive stroke)
- **Elise is best served by not having a POLST form.**

Avoid Using the POLST Form to Lead a POLST Conversation

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless & not breathing.</i> <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR Must check one. See Section B. If patient has primary arrest, follow orders in B.
B Check One	MEDICAL TREATMENT: <i>has a</i> <input type="checkbox"/> Comfort Measures Only. <i>the use of any medication by any means, suction and manual treatment of secretions. no transfer to hospital for life-sustaining treatment. <u>Treatment Plan: Provide comfort measures only.</u></i> <input type="checkbox"/> Selective Treatment. <i>In addition to comfort measures, use medical treatment, antibiotics, intravenous fluids, mechanical ventilation, advanced airway interventions or mechanical support (e.g. CPAP, BiPAP). Transfer to hospital for treatment.</i> <input type="checkbox"/> Full Treatment. <i>Use all medical treatments in Comfort Measures Only, Selective Treatment, and Full Treatment, including breathing machine. Transfer to hospital for treatment.</i>

Revisiting Preferences Over Time

- Elise is 89. She has mild dementia, and her heart failure is more advanced. She has had several hospital admissions for heart failure exacerbations. These have been hard on her. Each hospitalization has been marked by delirium.
- She is becoming more focused on quality of life rather than length of life.
- Elise would be open to going to the hospital if she had an illness that needed inpatient treatment (such as pneumonia for which she needed IV antibiotics), but she does not want to be put on a breathing machine and she would not want CPR if her heart stopped.
- **Elise is ready for a POLST: DNR, selective treatments**

Full Code POLSTs—A nuanced discussion



Considerations about Full Code POLSTs

- **Remember, an order for "Full Code" is redundant. This is the treatment that is automatically given.**
- Most patients with "Yes to CPR" care preference are better served with discussion of Advance Directive or Serious Illness Conversation.
- Patient's wishes for care are often complex, dependent on clinical situation, and may change over time. Having a POLST that expresses wishes for Full treatment can delay important conversations when a serious medical illness unfolds.
- Emotional stress on family

Case 3-When a Full Code POLST is Helpful

Tyler has not had an easy life. He put himself through college while caring for his dying mother. He has advanced COPD and has had many hospital admissions, including ICU stays.

With each trip to the hospital, he feels he is getting weaker, and the time before he gets hospitalized again is getting shorter. He knows he will not survive much longer.

His health care teams have seen the toll his hospitalizations take on him, and they have talked with him many times about the possibility of allowing a natural death. Each time he has said 'no.'

"It's not that I don't see what's coming." Tyler has an image of "driving an oil truck down a hill" when the brakes are out. "The most important thing is knowing that the driver did everything he could to keep the truck on the road. There is honor in going down in flames. It means I fought to the very last second. That, to me, is the most important thing."



POLST
Resources:
oregonpolst.org

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT				
- Sample -		Oregon POLST®		For Patient Education
Portable Orders for Life-Sustaining Treatment*				
Follow these medical orders until orders change. Any section not completed implies full treatment for that section.				
Patient's Last Name: Patient's Last Name		Suffix:	Patient's First Name: Patient's First Name	Patient's Middle Name:
Preferred Name:	Date of Birth: (mm/dd/yyyy) Date / of / Birth		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	MRN (optional)
Address (street / city / state / zip):				
A <i>Check One</i>	CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless & not breathing.</i>			
	<input checked="" type="checkbox"/> Attempt Resuscitation/CPR Must check Full Treatment in Section B.		<input type="checkbox"/> Do Not Attempt Resuscitation/DNR If patient not in cardiopulmonary arrest, follow orders in B.	
B <i>Check One</i>	MEDICAL INTERVENTIONS: <i>When patient has a pulse and is breathing.</i>			
	<input checked="" type="checkbox"/> Comfort Measures Only. Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> Treatment Plan: Provide treatments for comfort through symptom management.			
	<input type="checkbox"/> Selective Treatment. In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> Treatment Plan: Provide basic medical treatments.			
	<input type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit, if indicated.</i> Treatment Plan: All treatments including breathing machine.			

POLST Resources: oregonpolst.org

Portable Orders for Life-Sustaining Treatment (POLST®): ***Guidelines on POLST Use for Persons with Significant Disabilities*** ***who are Now Near the End of Life***

(Revised 01.23.2025)

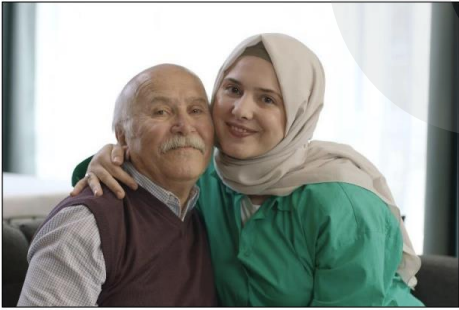
The Mission of the Oregon POLST® Coalition¹ is to improve the quality of life for Oregonians nearing the end of life by providing an evidence-based, patient-centered, voluntary process that elicits, records and honors the treatment goals of those with advanced illness and frailty in a compassionate manner that is respectful of the inherent dignity of the individual.

Appropriate Use of POLST for Persons with Intellectual/Developmental Disabilities

The **Portable Orders for Life-Sustaining Treatment (POLST)** Program was initiated in Oregon in the early 1990s to ensure patients' preferences for end-of life-care are honored across various care settings.² The POLST form transforms a patient's treatment plan and goals of care into a medical order. Emergency medical responders and emergency medicine health care professionals follow these orders unless there is new information from the patient or health care representative.³

When serving Oregonians with Intellectual or Developmental Disabilities (IDD), it is essential that fundamental safeguards be maintained in POLST use. The purpose of this document is to raise awareness of the appropriate use of POLST and specifically to **advise against** the use of POLST in **those with stable disabilities who do not have a serious illness that is in the advanced stages.**

POLST Resources: oregonpolst.org



OREGON
POLST
PORTABLE ORDERS FOR LIFE-SUSTAINING TREATMENT®

يمكن لـ POLST مساعدتك أنت وأحبائك

ماذا يعني POLST؟

POLST هو اختصار باللغة الإنجليزية للنموذج المسمى Portable Orders for Life-Sustaining Treatment (الأوامر القابلة للنقل لتقديم العلاج للحفاظ على الحياة).



معدات دعم الحياة في المستشفى

فمع POLST، إذا كنت مريضاً للغاية، تصبح رغباتك أوامر طبية. على سبيل المثال، إذا اتصلت على 911 أو ذهبت إلى غرفة الطوارئ، فيمكنك التأكد من أنهم سيتبعون هذه الأوامر. يمكن أن يكون ذلك مصدر ارتياح كبير لأسرتك لمعرفة رغباتك.

يريد بعض الأشخاص أن يكونوا في المستشفى متصلين بأجهزة دعم الحياة للبقاء على قيد الحياة. ويريد آخرون أن يكونوا في المنزل مع الأسرة بدون هذه المعدات عندما يشتد عليهم المرض.

القرار يعود إليك.

Factsheet for Anyone New to POLST - English

Factsheet for Anyone New to POLST - Spanish

Factsheet for Anyone New to POLST - Arabic

Factsheet for Anyone New to POLST - Simplified Chinese

Factsheet for Anyone New to POLST - Traditional Chinese

Factsheet for Anyone New to POLST - Japanese

Factsheet for Anyone New to POLST - Korean

Factsheet for Anyone New to POLST - Russian

Factsheet for Anyone New to POLST - Ukrainian

Factsheet for Anyone New to POLST - Vietnamese

In Summary

1

Patients with advanced serious medical illness or frailty should be offered patient-centered conversations to elicit and explore treatment preferences.

2

Patients with advanced serious illness or frailty who **wish to limit** treatments should be offered a POLST.

3

Most "Full Code" patients do not need a POLST form.