Utah Department of Health: Bureau of Licensing

THE PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

Instruction Guide for Patients and Family Members

What is the POLST form?

The POLST (Physician Orders for Life-Sustaining Treatment) is a physician order that records your end-of-life wishes for resuscitation, the use of antibiotics, artificially administered fluids and nutrition.
The blue POLST form allows you to turn your wishes for life-sustaining treatment into action.

What do I need to do?

- Talk with your physician or nurse practitioner about your **goals of care** – that is what you want your medical care to achieve for you, such as prolonging life, maximizing quality of life, allowing you to communicate with loved ones for as long as possible.
- Talk with your physician or nurse practitioner about what types of life-sustaining treatment would be appropriate for you, given your **goals of care.**

How does it work?

- Your physician or nurse practitioner records your preferences and signs the POLST form, so that the POLST form becomes a physician order that will be followed by other health care professionals.
- The POLST form is voluntary and you can make changes at any time. If your preferences change, you need to fill out a new POLST form with your physician or nurse practitioner.
- If you live at home, keep the original blue POLST form with you. (Most people keep the POLST form on the refrigerator, taped to the wall over their bed, or in their medical cabinet.)
- Give the POLST form to paramedics or take the POLST form with you if you need emergency medical care.
- If you live at a long-term care facility, the facility will keep your POLST form in the front of your medical chart. If you need to be transferred or discharged, the original blue POLST form always goes with you.

What happens if I don't have a POLST form?

If medical providers do not know your wishes for end-of-life care, they will initiate full treatment which may include oxygen, suction, treatment of airway obstruction, bag-mask/demand valve, monitor cardiac rhythm, medication, intravenous fluids, defibrillation, endotracheal intubation, transfer to hospital, and intensive care if needed.

Do I need advance directives if I have a POLST form?

Advance directives, written instructions stating your end-of-life preferences, are not required, but they are recommended, and can be attached to your POLST form. The most common advance directives are living wills and a special power of attorney for healthcare.

What if my family member cannot communicate his/her wishes for care?

If you are the designated health care representative, you can speak on behalf of the person who has designated you as his/her healthcare proxy. A physician or nurse practitioner completes and signs the POLST form, based on the information you provide about the person's end-of-life preferences.

Where can I get more information?

The POLST form has been used successfully in Oregon since 1991. For Internet articles about the Oregon model go to www.ohsu.edu/ethics.

For more information about the Utah POLST form, call the Utah Department of Health/ Bureau of Licensing toll free at 1-888-287-3704 or access the Bureau of Licensing web site: http://health.utah.gov/licensing.

Please explain some end-of-life medical terms.

Cardiopulmonary Resuscitation (CPR) is an attempt to restart breathing and the heartbeat of a person who has no heartbeat or who has stopped breathing. "Mouth to mouth" resuscitation and forceful pressure on the chest may be used to restart the heart. Defibrillation (electric shock) and endotracheal intubation (inserting a plastic tube into the throat and windpipe) maybe used. CPR typically is not a gentle process, and its ability to restore a person to previous levels of functioning may be limited in those with serious or life-threatening illness.

Mechanical ventilation/respiration is used when people cannot breathe on their own. A plastic tube is put down the person's throat. A machine forces air in and out of the person's lungs through the plastic tube.

Antibiotics are medications that fight infections, like pneumonia.

Artificial Fluids and Nutrition includes IV fluids and tube feeding. Intravenous (IV) fluids are given through a catheter into the vein. Tube feeding is used when a person receives fluids and liquid nutrients through a tube nasogastric "NG" tube that goes from the person's nose to the stomach. Tube feeding can be uncomfortable. If a person is confused or suffering from dementia, he/she may have to be restrained to prevent him/her from trying to pull the tube out.

Dialysis is a mechanical process that is used when a person's kidneys stop working. A machine cleans the person's blood to remove wastes and extra fluids.

What are possible complications of full resuscitation?

Full resuscitation at the Emergency Department/Hospital always includes an artificial airway, defibrillation, chest compressions and intravenous drugs.

Possible complications of an artificial airway include:

- Tearing the tissue of the trachea.

Possible complications of chest compression include:

- Breaking multiple ribs;
- Lacerating the liver (if a patient is on a blood thinner, the patient could bleed to death internally); and
- Puncturing a lung.

Possible complications of being without oxygen include:

- Limited oxygen to the brain or kidneys; and
- Vital organ failure.

Successful resuscitation with the patient having a pulse and breathing occurs:

- As much as 60% in a hospital setting
- Probably 10% to 20% outside of the hospital depending on many factors including access to the victim, injury level of the victim, level of services available.

Is it possible to stop artificial ventilation once it has been started?

Different physicians have different views on stopping artificial ventilation once it has been started.
Some physicians are comfortable stopping artificial ventilation. Some physicians say, "Let's wait and see."