HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES
PRACTITIONER ORDERS FOR LIFE SUSTAINING TREATMENT (POLST)

==========

Effective Date: December 1, 2013	**Policy No: AD094**
Cross Referenced:	**Origin: Nursing Office**
Reviewed Date:	**Authority: Chief Nursing Officer; Chief Medical Officer**
Revised Date:	**Page: 1 of 5**

==========

SCOPE

All staff members of Hackettstown Regional Medical Center (HRMC).

PURPOSE

To define a process for HRMC to follow when a patient presents with a Practitioner Orders for Life Sustaining Treatment (POLST) form in accordance with N.J. Statute. This policy also outlines procedures regarding the completion of a POLST form by a patient in the hospital and the steps necessary when reviewing or revising a POLST form.

DEFINITIONS

POLST – The POLST is a Licensed Independent Practitioner (LIP) order form that complements an advanced directive or an individual's expressed wishes regarding life-sustaining treatments and resuscitation by converting those preferences into a comprehensive set of orders. It is designed to be a statewide voluntary mechanism for an individual to communicate his or her goals of care and preferences about a range of medical intervention. It is a portable, authoritative and immediately actionable order set consistent with the individual's preferences and medical conditions, and shall be honored across all treatment settings. The POLST is appropriate for individuals with limited life expectancy and specific preferences regarding life-sustaining treatments.

POLICY

The POLST Form

a. Is a standardized New Jersey form on green colored paper and clearly identifiable
b. Can be revised or revoked by an individual with decision-making capacity at any time
c. Is legally sufficient and recognized as a LIP order
d. Is recognized and honored across all care settings
e. Provides statutory immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors a POLST
f. POLST is a comprehensive order set that addresses goals of care and other life-sustaining treatments in addition to resuscitative measures and supersedes any form of Do Not Resuscitate (DNR)
g. It is made available for all appropriate patients or their legally recognized health care decision maker, who wish to complete a POLST form together with their LIP while they are in the acute care facility.

PROCEDURE

See Algorithm in Appendix A

Required Components of POLST:

After review and evaluation of the patient by the emergency room physician, it is determined that a revised order may be indicated, he/she shall review the proposed changes with the patient and/or legally recognized healthcare decision maker (if previously authorized by the patient), and issue a new order consistent with the most current information available about the patient's health status, medical condition, prognosis, treatment preferences and goals of care. The physician should document the reasons for any deviation from the POLST in the medical record.

Discussions with the patient and/or the patient's legally recognized health care decision maker regarding the POLST and related treatment decisions must be documented in the medical record.

Because the current original POLST is the patient's personal property, ensure its return to the patient or legally recognized healthcare decision maker, maintaining a copy for the patient's medical record. The original POLST form **must be returned** to the patient upon discharge. Document in the medical record that the original POLST was returned to the patient or legal decision maker.

POLST orders will be followed by health care providers as valid LIP orders until the admitting physician reviews the POLST form and incorporates the content of the POLST into the care and treatment plan of the patient, as appropriate. The physician should document his/her review of the POLST in the medical record.

The LIP should complete any hospital required order forms, if appropriate, to reflect and make known the orders contained on the POLST form. **NOTE:** Hospitals may elect to use the POLST form as the approved DNR order form; or they may elect to maintain a separate Order form for DNR along with POLST.

If the admitting physician, upon review of the POLST and evaluation of the patient, determines that a new order is indicated, he/she shall review the proposed changes with the patient and issue a new order consistent with the most current information available about the patient's health status, medical condition, treatment preferences and goals of care. If the patient has lost decision making capacity, the physician MUST review any proposed changes to the POLST with the patient's legally recognized decision maker if previously authorized by the patient to do so. The physician should document the reasons for any modification of the POLST in the medical record.

Discussions with the patient and/or the patient's legally recognized health care decision maker regarding the POLST and related treatment decisions must be documented in the medical record if goals of care have been changed related to changes in the patient's discharge.

For patients being transferred to another health care facility, send the most current original POLST with the patient. Document in the medical record that the original POLST was sent with the patient at the time of transfer.

If the patient is transferred by Emergency Medical Services (EMS), ensure that the POLST form is visible and accessible to the EMS transport staff and advise EMS staff to deliver the original POLST to the patient and/or receiving facility.

Completing a POLST form with the patient.
There is no requirement to complete a POLST form with patients during their hospitalization. However, patients who have limited life expectancy due to terminal illness, advanced age and frailty or multiple chronic conditions may benefit from having a discussion about the goals of care and may wish to have their preferences documented in a POLST order and protect their wishes throughout the transition of care in all section provides guidance regarding this discussion and a POLST document prior to the patient's discharge.

If the patient wishes to complete a POLST form during a hospital admission, the patient's LIP should be contacted. The LIP should discuss goals of care with the patient. The POLST form is to be completed based upon the patient's expressed treatment preferences and medical condition. If the patient lacks decision making capacity and the POLST form is completed with the patient's legally recognized health care decision maker, it must be consistent with the known desires of and in the best interest of the patient. The discussion should include information about the patient's advance directive (if any) or other statements the patient has made regarding his/her preferences for end-of-life care and treatments. The benefits, burdens, efficacy and appropriateness of treatment options and medical interventions should be discussed by the physician or nurse practitioner with the patient and/or the patient's legally recognized health care decision maker.

A health care professional such as a nurse, Palliative Care team member or social worker can explain the POLST form to the patient and/or the patient's legally recognized health care decision maker. However, the LIP who is familiar with the patient's clinical status is responsible for discussion treatment options with the patient or the patient's legally recognized health care decision maker.

The above-described discussions should be documented in the medical record and dated and timed.

In order to be valid, the POLST must be signed, dated, and timed by the LIP, and by the patient, or if the patient lacks decision making capacity, the legally recognized health care decision maker.

Follow the procedures outlined in previous section for copying the POLST form and putting it in the medical record.

Reviewing/Revising a POLST Form

For a patient who had decision making capacity at the time of the POLST completion, the legally recognized health care decision maker may review or revoke the POLST in collaboration with the LIP only if previously authorized by the patient on the original POLST form.

During the acute care admission, care conferences and/or discharge planning, it is recommended that the attending physician review the POLST when there is substantial change in the patient's health status, medical condition or when the patient's treatment preferences change.

If the current POLST is no longer valid due to a patient changing his/her treatment preferences, or if a change in the patient's health status or medical condition warrant a change in the POLST orders, the POLST can be voided in accordance with Section IV (b). To void a POLST, draw a line through Sections A through E and write "VOID" in large letters. Sign time and date this line. This change should be documented in the medical record.

If a new POLST is completed, a copy of the original POLST marked "VOID" (that is signed and dated) should be kept in the medical record directly behind the current POLST.

Conflict Resolution

If the POLST conflicts with the patient's previously expressed health care instructions or advance directive, then, to the extent of the conflict, the most recent expression of the patient's wishes govern.

If there are any conflicts or ethical concerns about the POLST orders, appropriate hospital resources – e.g. ethics consultation, care conference, legal, risk management or other administrative and medical staff resources – may be utilized to resolve the conflict.

During conflict resolution, consideration should always be given to:

- The attending physician's assessment of the patient's current health status and the medical indications for care or treatment.
- The determination by the physician as to whether the care or treatment specified by POLST is medically ineffective, non-beneficial, or contrary to generally accepted health care standards.
- The patient's most recently expressed preferences for treatment and the patient's treatment goals.

==========

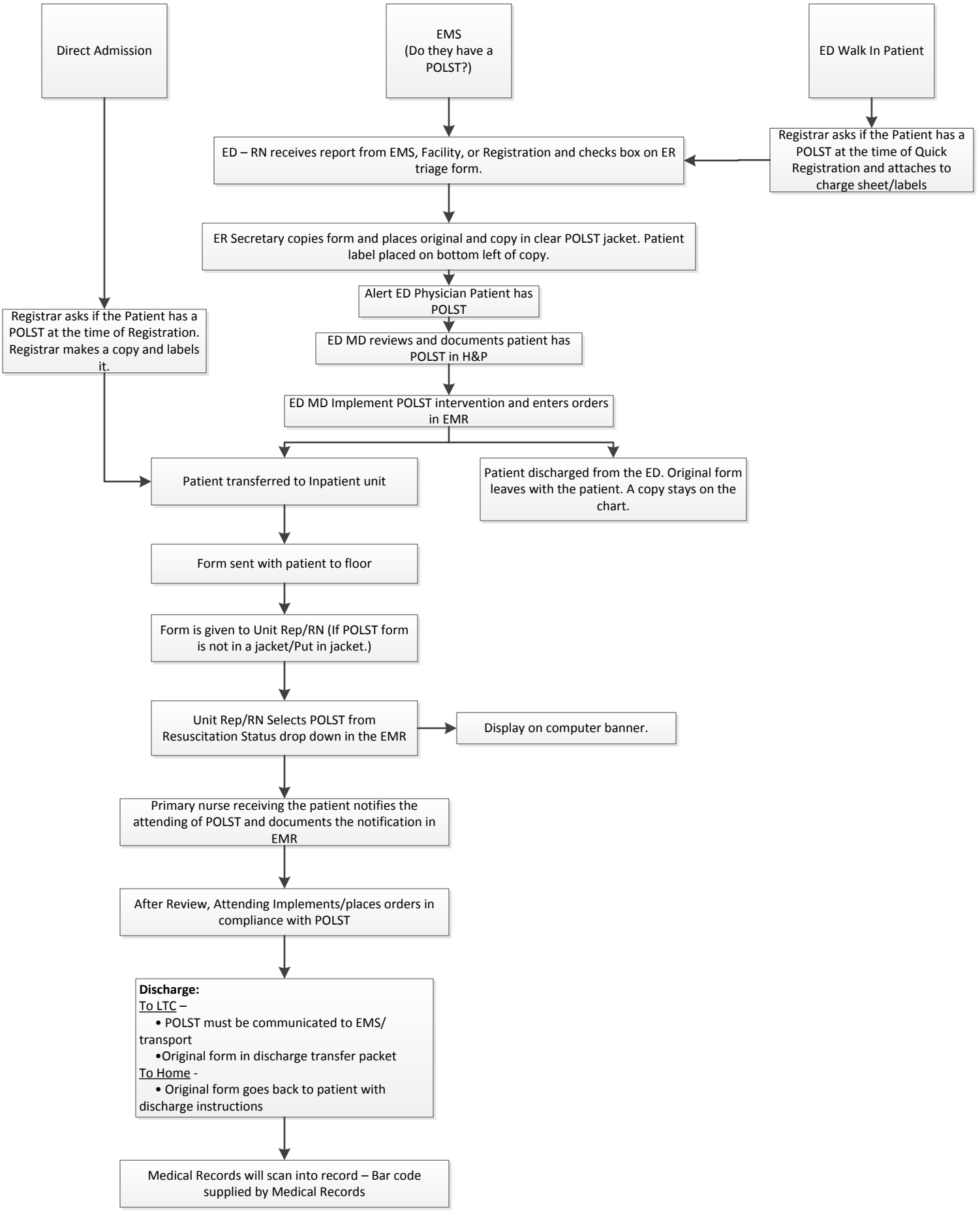
Effective Date: December 1, 2013	**Policy No: AD094**
Cross Referenced:	**Origin: Nursing Office**
Reviewed Date:	**Authority: Chief Nursing Officer; Chief Medical Officer**
Revised Date:	**Page: 5 of 5**

==========

References:

http://www.njleg.state.nj.us/2010/Bills/S2500/2197_R2.HTM
Appendix A – Process Flow for POLST
Appendix B – POLST Form

Appendix A: Procedure Flow For POLST



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

NEW JERSEY PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

Follow these orders, then contact physician/APN. This Medical Order Sheet is based on the current medical condition of the person referenced below and their wishes stated verbally or in a written advance directive. Any section not completed implies full treatment for that section. Everyone will be treated with dignity and respect.

Person Name (last, first, middle) _____ Date of Birth

A

GOALS OF CARE *(See reverse for instructions. This section does not constitute a medical order.)*

B

MEDICAL INTERVENTIONS: *Person is breathing and/or has a pulse*

- ❑ **Full Treatment.** Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated. See section D for resuscitation status.
- ❑ **Limited Treatment.** Use appropriate medical treatment such as antibiotics and IV fluids as indicated. May use non-invasive positive airway pressure. Generally avoid intensive care.
  - ❑ Transfer to hospital for medical interventions.
  - ❑ Transfer to hospital only if comfort needs cannot be met in current location.
- ❑ **Symptom Treatment Only.** Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, wound care and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use Antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.

Additional Orders: _____

C

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION:

Always offer food/fluids by mouth if feasible and desired.

- ❑ No artificial nutrition.
- ❑ Defined trial period of artificial nutrition.
- ❑ Long-term artificial nutrition.

D

CARDIOPULMONARY RESUSCITATION (CPR)

Person has no pulse and/or is not breathing

- ❑ Attempt resuscitation/CPR
- ❑ Do not attempt resuscitation/DNAR
  Allow Natural Death

AIRWAY MANAGEMENT

Person is in respiratory distress with a pulse

- ❑ Intubate/use artificial ventilation as needed
- ❑ Do not intubate - Use O2, manual treatment to relieve airway obstruction, medications for comfort.

E

If I lose my decision-making capacity, I authorize my surrogate decision maker, listed below, to modify or revoke the NJ POLST orders in consultation with my treating physician/APN. ❑ Yes ❑ No

_____

Print Name of Surrogate *(address on reverse)* Phone Number

F

SIGNATURES:

I have discussed this information with my physician/APN.

Signature_____

- ❑ Person Named Above
- ❑ Health Care Representative/Legal Guardian
- ❑ Spouse/Civil Union Partner
- ❑ Parent of Minor
- ❑ Other Surrogate_____

Has the person named above made an anatomical gift:
❑ Yes ❑ No ❑ Unknown

These orders are consistent with the person's medical condition, known preferences and best known information.

_____

PRINT - Physician/APN Name Phone Number

_____

Physician/APN Signature (Mandatory) Date/Time

10/8/12

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

PRINT PERSON'S NAME (LAST, FIRST, MIDDLE) DATE OF BIRTH

PRINT PERSON'S ADDRESS

CONTACT INFORMATION

PRINT SURROGATE HEALTH CARE DECISION MAKER ADDRESS PHONE NUMBER

DIRECTIONS FOR HEALTH CARE PROFESSIONAL

COMPLETING POLST

- Must be completed by a physician or advance practice nurse.
- Use of original form is strongly encouraged. Photocopies and faxes of signed POLST forms may be used.
- Any incomplete section of POLST implies full treatment for that section.

REVIEWING POLST

POLST orders are actual orders that transfer with the person and are valid in all settings in New Jersey. It is recommended that POLST be reviewed periodically, especially when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

MODIFYING AND VOIDING POLST - *An individual with decision making capacity can always modify/void a POLST at any time.*

- A surrogate, if designated in Section E on the front of this form, may, at any time, void the POLST form, change his/her mind about the treatment preferences or execute a new POLST document based upon the person's known wishes or other documentation such as an advance directive.
- A surrogate decision maker may request to modify the orders based on the known desires of the person or, if unknown, the person's best interest.
- To void POLST, draw a line through all sections and write "VOID" in large letters. Sign and date this line.

SECTION A

What are the specific goals that we are trying to achieve by this treatment plan of care? This can be determined by asking the simple question: "What are your hopes for the future?" Examples include but not restricted to:

- Longevity, cure, remission
- Better quality of life
- Live long enough to attend a family event (wedding, birthday, graduation)
- Live without pain, nausea, shortness of breath
- Eating, driving, gardening, enjoying grandchildren

Medical providers are encouraged to share information regarding prognosis in order for the person to set realistic goals.

SECTION B

- When "limited treatment" is selected, also indicate if the person prefers or does not prefer to be transferred to a hospital for additional care.
- IV medication to enhance comfort may be appropriate for a person who has chosen "symptom treatment only."
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), or bi-level positive airway pressure (BiPAP).
- Comfort measures will always be provided.

SECTION C

Oral fluids and nutrition should always be offered if medically feasible and if they meet the goals of care determined by the person or surrogate. The administration of nutrition and hydration whether orally or by invasive means shall be within the context of the person's wishes, religion and cultural beliefs.

SECTION D

Make a selection for the person's preferences regarding CPR and a separate selection regarding airway management.

SECTION E

This section is applicable in situations where the person has decision making capacity when the POLST form is completed. A surrogate may ONLY void or modify an existing POLST form, or execute a new one, if named in this section by the person.

SECTION F

POLST must be signed by a practitioner, meaning a physician or APN, to be valid. Verbal orders are acceptable with follow-up signature by physician/APN in accordance with facility/community policy. POLST orders should be signed by the person/surrogate. Indicate on the signature line if the person/surrogate is unable to sign, declined to sign, or a verbal consent is given.

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED