

POLST Cue Card

It's important to talk about your health and your wishes for medical care if you got really sick. We talk about this with everyone with serious illness. Your doctor will review what we talk about and answer questions. (If appropriate, encourage patient to complete an advance directive and to designate a health care agent if not previously done.)

Take time to ask... How do you feel things are going? Have you noticed any changes in the past weeks, months? What has your doctor told you about your medical condition? What do you hope for with your care? What do you enjoy doing? What is important to you? What gives your life meaning?

POLST records your wishes for medical care if you are seriously ill; becomes medical orders after you and your doctor sign. Form goes with you to hospital. POLST can be changed if your condition changes or your treatment wishes change.

Section A: Cardiopulmonary Resuscitation/CPR - Introduce with, "If you had a bad heart attack..."

CPR is attempted only if the heart has stopped beating; you are not breathing, not awake and have died a natural death. Unfortunately, CPR almost never works on older people. Of the rare times people live thru CPR, most will be on ventilator (life support) for a period of time and may still die. For those who survive, many have worse disability and brain damage. CPR never cures the original medical problem.

If you die a natural death, would you want us to try CPR?

- If "yes" – Requires Full Treatment in Section B. (Ask about Ventilator Trial)

Section B: Medical Interventions - Introduce with, "If you got really sick, for example, you had a bad pneumonia..."

There are different treatment options for serious illness. **We always take care of comfort needs.** With aggressive medical care, say you needed a ventilator to help you breathe, the machine is not comfortable and pain and sedating/calming medicines are needed. Recovery time after intensive treatments is often long and difficult.

- **Full Treatment: All medical treatment options.** You can ask to stop if doctor thinks you are not going to make good recovery and treatments are just keeping you alive. We can write "Full treatment for trial period" on Additional Orders.
- **Limited Additional Interventions: Hospital care,** but **no** ventilator, **no** intubation. May use non-invasive positive pressure breathing mask. Patients often choose **not** to have major surgery or treatments with long, difficult recoveries.
- **Comfort Measures Only:** Some patients with illness we cannot cure want us to care for them by treating all symptoms and pain, focusing on comfort. The patient chooses **not** to start treatments to try and cure medical problems because they do not want to prolong their life. Medicines to promote comfort, like antibiotics for bladder infection, can be given.

What do you think is best for you? *For SNF patients, Limited Interventions, ask if they want hospital transfer or treatment at SNF with transfer to hospital only if required to meet comfort needs.*

Section C: Antibiotics - *Introduce with, “Antibiotics may require a conversation on how they may be used to treat a specific condition”.*

You can choose “no antibiotics” or “use if life can be prolonged”. You also may want to determine use or limitation when an infection occurs.

What do you think is best for you? *It is helpful for patients to have an understanding that antibiotics may be used as a comfort measure.*

Section D: Artificially Administered Hydration / Nutrition - *Introduce with, “If you had brain damage from a bad stroke, Parkinson’s, severe dementia or Alzheimer’s and you cannot speak for yourself, cannot swallow food or fluids and are not expected to recover (or may take months to recover).*

Food is offered by mouth if possible and desired. We will continue to hand feed you with the best texture of food and help you eat as best you can. Artificial tube feeding can be helpful in specific situations like cancer of the mouth or throat or some strokes where the patient is likely to improve so some may choose a *trial period*, in hopes that their ability to swallow may get better.

A feeding tube can be placed to give artificial nutrition with medically prescribed formula. Careful feeding by hand can be just as effective for most people and some believe the human touch is better. There is little evidence that artificial tube feeding helps people with advanced dementia. If you had a condition where you are unable to eat, **Would you want hand feeding to allow you to eat as best you can, or would you want long-term artificial nutrition by tube?**

If patient desires further information you can add, artificial tube feeding may be uncomfortable, does not prevent pneumonia, and can cause swelling and infections.

Next steps:

- Review POLST choices.
- Prepare any questions and coordinate time with doctor if follow up would be helpful or wanted by patient.
- Complete signatures
- Document the conversation.

Note: *Facilitators may have the POLST conversation with out-patients who have multiple co-morbidities or otherwise meet the criteria for a POLST Form. The POLST can be offered as a way to document their choices for care. Facilitators may also want to explore the feasibility of an out-of-hospital DNR order for patients who meet criteria. Further information on the order can be found on the website of the PA Department of Health.*

Materials adapted and used with permission from the Coalition for Compassionate Care of California, www.CoalitionCCC.org.

POLST Cue Card with Documentation

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Documentation of POLST Conversation:

I have discussed POLST with the patient/resident or legal medical decision-maker.

Additional notes, questions or follow-up: _____

Health Care Professional Preparing POLST _____

Date _____

Patient/Resident Name _____

Date of Birth _____

Decision-maker Name _____

This form can be filed in patient/resident chart to document POLST Conversation.

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ADVANCE CARE PLANNING / POLST DISCUSSION DOCUMENTATION NOTE

Resident/Patient Name _____

Date _____ **MRN** _____ **Room** _____

Today's visit

1. Type of advance care planning/POLST discussion Initial Follow-up

2. Who participated in the discussion?

- Resident/Patient
- Responsible Party/Health Care Agent or Representative
- Court Appointed Guardian
- Other

3. Is resident/patient able to participate in the decision-making conversation? Yes No

Resident's/Patient's/Proxy's Perspective on their condition

4. Does the resident/patient (or proxy) demonstrate an understanding of her/his condition? Yes No

Summary of Discussion or Comments: _____

5. Does the resident/patient or proxy appear to understand her/his treatment options? Yes No

Summary of Discussion or Comments: _____

6. Did the resident/patient or proxy want additional information? Yes No

Summary of Discussion or Comments: _____

Resident/Patient Name _____

Preferences

(Reminder: If the discussion is with the proxy, frame the question asking if the patient was part of the conversation". For example, "if the patient was sitting here and could hear what we have been saying, what would be most important to her/him at this time?")

7. Does the resident/patient or proxy identify things important to her/him? Yes No

Summary of Discussion or Comments: _____

8. Does the resident/patient or proxy identify treatments or experiences she/he wants to avoid? Yes No

Summary of Discussion or Comments: _____

Surrogate Information (Medical Decision-Maker)

9. Has the resident/patient identified a surrogate (health care agent) in a valid advance directive (health care power of attorney form)? Yes No

10. Has the resident/patient otherwise specified a health care surrogate to serve as her/his surrogate (health care representative)? Yes No

11. Has the resident/patient ever discussed her/his goals of care with their decision-maker? Yes No

Comments: _____

Conclusion

12. What was the therapeutic conclusion of the meeting?

- Treatment change: Specify _____
- Advance Care Directive
- Surrogate named
- POLST Form Initiated
- POLST Form Completed
- Update to Care Plan

Signature of Person Having ACP/POLST Discussion _____ Date _____

Attending/CRNP Signature _____ Date _____

POLST Conversation Documentation Tool For Facilitator Use

(Recommended to be used in conjunction with POLST Cue Card)

Patient: _____ **DOB:** _____

POLST discussed with: _____ / _____
(name and relationship)

Patient is ___ capable of medical decision-making.

Patient is ___ **not** capable of medical decision-making (per physician order).

Patient has Advance Health Care Directive (AHCD) naming _____
as health care decision-maker (health care power of attorney).

Or: ___ No AHCD, but health care decision-maker /responsible party is:

_____ / _____
(name and relationship)

Or: ___ No named decision-maker¹.

Patient Goals: Discuss with patient and/or other family and friends present:

Ask what is important to you; what do you like to do? How do you feel things are going? Have you noticed any changes in the past weeks/months? What has the doctor told you about your medical condition? What do you hope for with your care?

The following components of the POLST Conversation have been discussed and patient preference is checked (if known):

___ **CPR** is utilized when a patient has died, is not breathing and has no heartbeat. CPR is rarely successful in patients with multiple chronic diseases or those who require 24 hour care. CPR may result in severe disability including brain damage if the heartbeat is able to be restored. *Medical example: a massive heart attack.*

___ **Full Treatment** includes using ventilators (life support), major surgery and possibly other aggressive treatments. These treatments are often uncomfortable and are likely to cause further complications. If successful, a patient may live longer, but often has to undergo a long, difficult recovery. *Example: pneumonia needing a ventilator.*

___ **Limited Treatment** includes hospital treatments, but avoiding ventilators (life support) and other treatments which are difficult for a patient to endure. Option is available for treatment at the skilled facility and transfer only if required to meet comfort needs. *Example: treating pneumonia in skilled facility or at hospital without a ventilator (life support).*

____ **Comfort measures** means choosing a plan of treatment for the time in which a patient faces serious illness. This plan focuses on treatments that provide comfort, and chooses NOT to have treatments that are meant to cure illness and prolong life. *Example: serious pneumonia is treated with oxygen and medications to help with shortness of breath, but NOT being hospitalized and using other treatments aimed at curing the pneumonia.*

____ **Artificial Nutrition** as discussed in POLST is a treatment choice to be considered if a patient has become disabled and can no longer communicate and cannot swallow. Careful hand feeding with optimal food texture or choice of medically prescribed formula by tube. *Example: serious stroke or severe Alzheimers.*

Patient or family concerns: _____

Staff concerns (i.e., comprehension, capability to act for patient, potential conflicts): _____

Dr. _____ notified of questions or concerns.

Staff signature: _____ **Date:** _____

Physician notes (optional): _____

Physician signature: _____

ⁱ In Pennsylvania, if an agent has not been appointed, the legal medical decision-maker is determined in this order:

1. Current spouse and adult child of another relationship
2. Adult child
3. Parent
4. Adult sibling
5. Adult grandchild
6. Close friend