

Washington POLST Clinician Toolkit

POLST Completion Guide for Clinicians

This POLST Completion Guide is a resource designed to help health care providers (MD, DO, ARNP, PA-C) engage with individuals, or their legal medical decision makers, to meaningfully and effectively complete a POLST. We suggest you review this guide with a printed POLST form.

This document is one resource of the *Washington POLST Clinician Toolkit* and is intended to be used in conjunction with the other documents. To find the full *Washington POLST Clinician Toolkit*, please visit: <https://www.honoringchoicespnw.org/polst-toolkit/>.

POLST Overview

Portable Orders for Life-Sustaining Treatment (POLST) is a set of medical orders that is designed to communicate an individual's treatment wishes about emergency care to health care teams when the individual is unable to speak for themselves. POLST is voluntary, portable, and actionable.

Intended Population

POLST is intended for individuals with a serious or chronic, progressive illness, or advanced frailty. Examples of medical conditions in which a POLST should be considered (not an complete list):

- Severe Heart Disease
- Metastatic Cancer or Malignant Brain Tumor
- Advanced Lung Disease
- Advanced Renal Disease
- Advanced Liver Disease
- Advanced Frailty
- Advanced Neurodegenerative Disease (e.g., Dementia, Parkinson's Disease, ALS)ⁱ

Find out more about the intended population for the POLST in *Washington POLST Clinician Toolkit – POLST Best Practices*.

Does POLST Support the Individual's Goals?

After engaging the individual, or their legal decision maker, in a discussion of their goals and values, you can then assist the person in understanding their risk of having a medical emergency. With support, many people will express their preference for what kind of medical care they want in an emergency. This will help you as the clinician determine if the individual's goals will be supported by having a POLST.

Find out more about goals of care conversations in *Washington POLST Clinician Toolkit – Goals of Care Conversations*





Completing a POLST: Section by Section

This guide will review key elements of each section of the POLST:

- Individual Information
- Medical Conditions/ Individual Goals
- Level of Medical Interventions
- Cardiopulmonary Resuscitation (CPR)
- Confirm Understanding
- Complete Signatures
- Additional Contact Information
- Medically Assisted Nutrition (*Optional*)
- Review of POLST form

The image shows a sample Washington POLST form. Key sections include:

- Section A:** Use of Cardiopulmonary Resuscitation (CPR). The patient has selected 'NO - Do Not Attempt Resuscitation (DNR) / Allow Natural Death'.
- Section B:** Level of Medical Interventions. The patient has selected 'COMFORT-FOCUSED TREATMENT - Primary goal is maximizing comfort'.
- Section C:** Signatures. The patient has signed, and a healthcare provider has also signed.

Throughout this toolkit we will use the example patient, Alex Person, to demonstrate how to synchronize the individual's goals with the decisions found on POLST.

PAGE 1

STEP 1

Individual's Information

It is important to complete this section to ensure correct identification of the individual. Gender and pronouns are optional fields.

Last Name – First Name – Middle Name/Initial

Alex Person

Date of Birth
01/01/1955

Gender (optional)
Female

Pronouns (optional)
she / her

Why do we ask about pronouns?

Pronouns are used in everyday speech and writing, including medical communications. When speaking of someone in the third person, using their correct pronouns is a way to accurately acknowledge their gender identity.



STEP 2

Medical Conditions / Individual Goals

Start with a high-quality goals of care conversation to assess the individual’s understanding, share prognosis, and explore key topics.

Use this section of the POLST to capture the individual’s stated goals to provide context for their treatment decisions.

Note: Some people may not want their diagnosis listed on the form. In that case, write “See medical record”. Ask permission to name a diagnosis and their goals. Use their own words, when possible.

<p>Medical Conditions/Individual Goals</p> <p><i>Stage 4 Breast Cancer</i></p>	<p><i>Wants family to be with her when dying if possible. Agree to prolong life with machines for family to arrive. No heroics if heart stops.</i></p>
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STEP 3

Discussion of POLST Should Start with Section B

Starting with Section B builds rapport for exploring difficult decisions by first exploring scenarios in which the individual is alive. Section B translates the individual’s identified goals of care into a level of care preference. Completing Section B first will help inform guidance on the CPR decision in Section A.

Guide the individual in understanding the implications of their decision in Section B within the context of their medical condition and prognosis.

Section B: Level of Medical Interventions

Level of Medical Interventions: When the individual has a pulse and/or is breathing.
Any of these treatment levels may be paired with DNAR / Allow Natural Death above.

B	Check One	<p><input type="checkbox"/> FULL TREATMENT – Primary goal is prolonging life by all medically effective means. Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.</p> <p><input type="checkbox"/> SELECTIVE TREATMENT – Primary goals is treating medical conditions while avoiding invasive measures whenever possible. Includes care described below. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Transfer to hospital if indicated. Avoid intensive care if possible.</p> <p><input type="checkbox"/> COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.</p>
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Additional orders (e.g., blood products, dialysis): _____



(instructions for this section continued on next page)

Treatment Preferences and Location of Care

Goals	Longevity	Maintain Current Function / Level of Independence	Quality of Life / Relief of Symptoms
Location of Care	Hospital + ICU	Hospital, Basic Care	Stay at home, Hospice
Treatment Level (Section B)	Full Treatment	Selective Treatment	Comfort-focused Treatment
Preferences	<ul style="list-style-type: none"> Use all means to maintain life. OK with invasive, aggressive measures. Discuss time-trials. 	<ul style="list-style-type: none"> Treat treatable conditions. Discuss all reasonable measures, including surgery. 	<ul style="list-style-type: none"> Arrange care at home. Planning for end of life. Transfer only if comfort not possible.

Table 1: Treatment preferences by the location in which each level-of-care is given.



Explore a scenario in which the individual has a medical emergency. Provide level-of-care options by describing the location of care delivery.

Example

- **Pose the Scenario:** Alex Person (above) develops respiratory distress suddenly (e.g., pulmonary embolism or pneumonia); she suddenly has difficulty breathing and cannot speak for herself. Alex will need to know that she will be in distress and she is at high risk of dying.
- **Discussion:**
 - Explain what “Full Treatment” entails, including being in the ICU, potentially having a breathing tube and being on ventilator. Point out that being in the ICU and on a ventilator might meet her goal of keeping her alive until her family arrives. Also explain what “Selective” and “Comfort-Focused” care would entail. Confirm that she is willing to accept ICU-level care and be on a ventilator.
 - Time-limits are an important concept given Alex Person’s stated goal, “Agree to prolong life with machines for family to arrive”. Discussion around time-limits allows the exploration of “Full Treatment” as well as preferences for time-trials.
- **Decision:** Suggest “Full Treatment in Section B. Alex Person may also indicate preferences in “Additional Orders” found in the line at the end of Section B. In this situation, “Additional Orders” are “Full Treatment such as intubation ok up to 2 weeks, long only if improvement is clear, o/w transition to comfort”.



STEP 4

Match resuscitation choices in Section A to range of treatment options in Section B.

The selection made in “Section B: Level of Medical Interventions” can inform the provider’s guidance to the individual in deciding their preference on whether or not to attempt CPR.

Guide the individual in understanding the implications of having CPR in the context of their medical condition. Address how the decisions made for “Section B: Level of Medical Interventions” affects resuscitation choices. Use their goal and the decision in Section B as a basis for making a recommendation about whether or not to attempt CPR.

Section A: Cardiopulmonary Resuscitation (CPR)

A
Check One

Use of Cardiopulmonary Resuscitation (CPR): When the individual has no pulse and is not breathing.

YES – Attempt Resuscitation / CPR (choose FULL TREATMENT in Section B)

NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death

- **If an individual chooses “Full Treatment” in Section B:**
 - Use shared decision-making to discuss the expected outcomes of CPR, given their medical condition. Realize that “Full Treatment” can be matched with “Yes” or “No” to CPR.
 - NOTE: “Yes-Attempt Resuscitation/CPR” should be matched with “Full Treatment”.
- **If an individual chooses “Selective Treatment” or “Comfort-Focused Treatment” in Section B:**
 - Discuss how their Section B decision is inconsistent with having CPR.
 - Make medical recommendation: “No to CPR – DNAR / Allow Natural Death” is indicated for these treatment preferences.

(instructions for this section continued on next page)

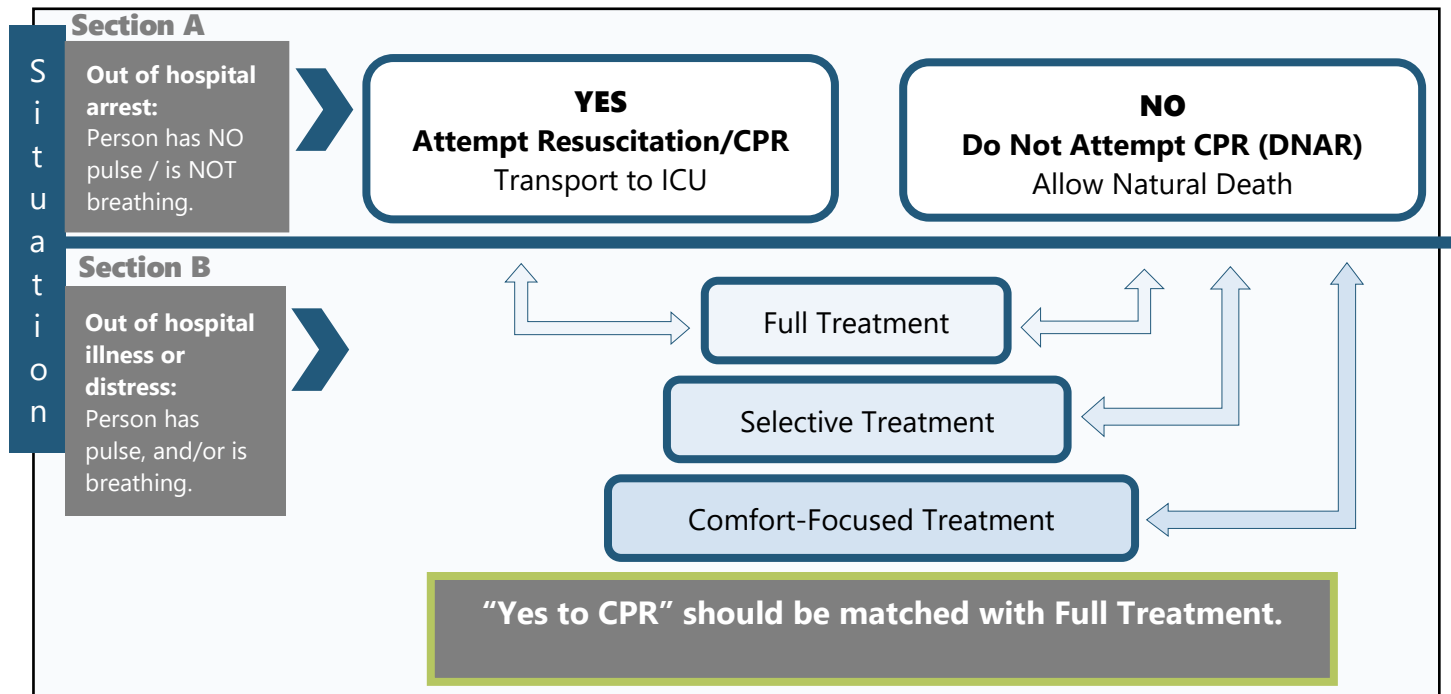


Diagram 1: Match resuscitation choices in Section A to range of treatment options in Section B.



Explore a scenario in which the individual’s heart stops in an out-of-hospital setting. Refer to prior decision about level of care while discussing resuscitation options.

Example

- **Scenario:** Alex Person’s heart stops in an out-of-hospital setting.
- **Discussion:** Alex Person stated, “No heroics if heart stops”.
- **Decision:** Recommend that she choose “NO- Do Not Attempt Resuscitation (DNAR)/ Allow Natural Death” in Section A.



Other considerations: If Alex Person’s heart stops while hospitalized, the in-hospital orders may vary from POLST as hospital-based care can offer more immediate intervention and support. The POLST should be honored during admission to a hospital, but the admitting process should include a reassessment of the individual’s goals in the context of their current medical condition, including any new risks they face resulting from their current change in condition or emergency.



STEP 5

Confirm Understanding

At this point it is important to summarize the discussion and ensure agreement with the individual.

- Can you tell me your understanding of the decisions we just discussed?
- Do these decisions make sense given your preferences?

The following are ways to ensure the choices on the POLST align with the individual’s desired outcomes:

- Allow time, suggest a follow-up visit if needed.
- Revisit sections or discussions until the individual reports full understanding and consistently confirms the choices selected on the POLST.
- Ask open ended questions, e.g., “What questions do you have about ‘x’?”

STEP 6

Complete Signatures

Signatures are required to make the POLST orders valid.

POLST must be signed by an MD/DO/ARNP/PA-C **and** the individual with decision-making capacity or their legal medical decision maker as determined by guardianship, durable power of attorney for health care (DPOA-HC), or a person authorized to give health care informed consent as outlined in chapter 7.70.065 RCW.ⁱⁱ

C Signatures: A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed by not required. Virtual, remote, and verbal consents and orders are addressed on page 2.

<p>Dismissed with:</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Parent(s) of Minor</p> <p><input type="checkbox"/> Guardian with Health Care Authority</p> <p><input type="checkbox"/> Legal Health Care Agent(s) by DPOA-HC</p> <p><input type="checkbox"/> Other Medical Decision Maker by 7.70.065 RCW</p>	<p>MD/DO/ARNP/PA-C Signature (mandatory)</p>	<p>Date (mandatory)</p>
	<p><u>PRINT</u> - MD/DO/ARNP/PA-C Name (mandatory)</p>	<p>Phone Number</p>
<p>X Signature(s) of Individual or Legal Medical Decision Maker(s) (mandatory)</p>		<p>Date (mandatory)</p>
<p><u>PRINT</u> – Individual or Legal Medical Decision Maker(s) (mandatory)</p>	<p>Relationship to Individual</p>	<p>Phone Number</p>
<p>Individual has: <input type="checkbox"/> Durable Power of Attorney for Health Care</p> <p> <input type="checkbox"/> Health Care Directive (Living Will)</p>	<p>Encourage all advance care planning documents to accompany POLST.</p>	



POLST does not establish the legal power of attorney for health care. This can only be established by a Durable Power of Attorney for Health Care (DPOA-HC).

If an individual does not have decision-making capacity and does not have a legal guardian or a named health care agent in a DPOA-HC, follow Washington state law to determine who is authorized to give health care informed consent as outlined in [chapter 7.70.065 RCW](#).

Multiple decision maker signatures are allowed, but not required. Virtual, remote, and verbal orders and consents are acceptable in accordance with the health care facility's policies. Dates are very important for tracking that the most current POLST is in the electronic health record (EHR).

PAGE 2

STEP 7

Additional Contact Information

Additional Contact Information (if any)		
LEGAL MEDICAL DECISION MAKER(S) (by DPOA-HC OR 7.70.065 RCW)	RELATIONSHIP	PHONE
OTHER CONTACT PERSON	RELATIONSHIP	PHONE
HEALTH CARE PROFESSIONAL COMPLETING FORM	ROLE / CREDENTIALS	PHONE

Complete the contact information for the legal medical decision maker(s) in this section. Advise individual to include supporting documentation (e.g. DPOA-HC, Guardianship Form) with their POLST.

The other contact person listed should be someone who can be easily reached in an emergency.

If a health care professional other than the signing MD/DO/ARNP/PA-C assists in completing this form, complete the contact information in this section.



STEP 8

Preference: Medically Assisted Nutrition

This section deals with a preference for medically assisted nutrition (MAN), otherwise known as artificial feeding or "tube feeding". Options for MAN are most often discussed in the context of other medical care, not during the delivery of emergency care. Therefore, these preferences are not medical orders, and are not actionable by EMS.

If the individual has decision making capacity this information should also be in their advance directive. If the individual does not have decision making capacity this section can be discussed with the legal medical decision maker. If discussed, enter preferences for medically assisted nutrition and who took part in the discussion.

Preference: Medically Assisted Nutrition (i.e., Artificial Nutrition) Check here if not discussed

This section is NOT required. This section, whether completed or not, does not affect orders on page 1 of form.

Preferences for medically assisted nutrition, and other health care decisions, can also be indicated in advance directives which are advised for all adults. The POLST does not replace an advance directive. When an individual is no longer able to make their own decisions, consult the legal medical decision maker(s) regarding their plan of care, including medically assisted nutrition. Base decisions on prior known wishes, best interests of the individual, preferences noted here or elsewhere, and current medical condition. Document specific decisions and/or orders in the medical record.

Food and liquids to be offered by mouth if feasible and consistent with the individual's known preferences.

- Preference is to avoid medically assisted nutrition.
- Preference is to discuss medically assisted nutrition options, as indicated. *

Discuss short- versus long-term medically assisted nutrition (long-term requires surgical placement of tube).

*Medically assisted nutrition is proven to have no effect on length of life in moderate- to late-stage dementia, and it is associated with complications. People may have documents or known wishes to not have oral feeding continued; the directions for oral feeding may be subject to these known wishes.

Discussed with: _____ Individual _____ Health Care Professional _____ Legal Medical Decision Maker



STEP 9

Review POLST form

Review of this POLST form: Use this section to update and confirm order and preferences.
 This meets the requirement of establishing code status and basic medical guidance for admission to nursing and other facilities.

REVIEW DATE	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME <input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New Form Completed
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SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED

This section indicates when a completed POLST has been reviewed to reaffirm the individual’s decisions. When the review takes place and there is no change to the previous decisions, this section creates a new “effective date.” A recently completed POLST form should be considered valid unless a meaningful discussion reveals a change in goals.

Upon each review, if no changes are made, the new “effective date” of the POLST should be readily available. Please ensure that the policy in your institution ensures that the most current POLST can be found. Completing this section will meet the requirement of establishing “code status” on admission to a skilled nursing facility or long-term care.

If an individual’s goals, preferences, or decisions change, a new POLST is recommended, if having a POLST is still in alignment with the individual’s wishes.

Directions to Health Care Professionals

The instructions on the back of the POLST form provide additional guidance and tips for completing the POLST.

- Please read and review when questions arise.
- Remember: All advance care planning, including POLST, is voluntary for the individual.

MORE INFORMATION AND SUPPORT

Please see ***Washington POLST Clinician Toolkit - Contacts and References.***

ⁱ National POLST. Intended Population & Guidance for Health Care Professionals. <https://polst.org/wp-content/uploads/2020/03/2019.01.14-POLST-Intended-Population.pdf#:~:text=Intended%20Population%20%26%20Guidance%20for%20Health%20Care%20Professionals,life-limiting%20medical%20condition%2C%20which%20may%20include%20advanced%20frailty.> 2019 Jan 14.

ⁱⁱ Washington State Legislature. Informed consent- Persons authorized to provide for patients who are not competent-Priority. [Apps.oleg.wa.gov/RCW/default.aspx?cite=7.70.065](https://apps.oleg.wa.gov/RCW/default.aspx?cite=7.70.065). 2019