POLST: Practitioner Order for Life-sustaining Treatment

The best way to ensure your end-of life wishes are followed

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In 2012 a new Health Care Planning tool, the POLST form, was announced in NJ. This follows similar forms being established nationally. The ***Practitioner Orders for Life Sustaining Treatment*** (POLST) law called for the creation of a standardized form that can be signed by a patient or surrogate, and the patient's attending physician or advanced practice nurse, and provides instructions for end of life care. The goal of this tool is to improve communication of individual wishes and documentation of medical orders that reflect patient centered wishes.

The POLST form is intended for patients with life limiting illness and allows for detailed preference on specific goals and medical interventions.

The completed POLST form is an actual medical order that becomes a permanent part of an individual's medical record. It is valid in all healthcare settings including at home, hospital, nursing home and during medical transport, and therefore is a standardized universal tool for end of life medical orders.

The challenges that patients, families, and their healthcare professionals face towards the end-of-life can be daunting. Caring and sensitive communication between family members regarding a person's wishes need to be documented in advance. But, studies indicate most Americans still have not exercised their right to make decisions about the kind of healthcare intervention they want when they cannot speak for themselves. Those tools are the Advance Medical Directive documents. The Advance Medical Directive continues to be the best way to write your wishes in advance. Understanding the documents is the first step, they each serve different purposes.

Advance Medical Directives/Living Will: instructs family and medical providers on the treatments that an individual wants when no longer able to verbalize their wishes. The most common decisions involve Cardio Pulmonary Resuscitation (CPR), a Do Not Resuscitate (DNR) , a Do Not Intubate (DNI), and/or decisions regarding artificial nutrition and hydration.

A Medical power of attorney identifies which family member or close friend can make care decisions when patients are temporarily or permanently unable to

communicate or make decisions on their own.

These documents are vital as advanced care planning tools. However, in order to put a person's end-of-life preferences into actionable physician's orders, the physician or nurse practitioner must write a specific order in the medical record.

A Practitioner Order for Life-Sustaining Treatment (POLST), is a medical order form signed by the patient and the doctor. It becomes part of the patient's medical record and provides specific instructions to the medical team on such issues as the use of mechanical breathing machines and feeding tubes. The POLST form accomplishes two major purposes:

- It is portable from one care setting to another.
- It translates wishes of an individual into actual physician orders.

A recent case illustrates why a POLST form needs to be part of every person's comprehensive advanced care plan:

Mrs. C. has dementia and is confined to a wheelchair but had planned ahead with an Advance Medical Directive stating she did not want CPR. While being transported to a routine doctor appointment via ambulance, she went into cardiac arrest. Because her advance directive was not a signed physician's order nor did she have an Out of Hospital DNR order, while en route, the EMT aggressively performed CPR. Mrs. C was intubated in the ER before her family could step in.

The family called Elder Life Management extremely upset because their mother's wishes were not carried out, and now she is on a ventilator.

The EMT's and the ER did their job. As is often the case, many individuals are totally unaware that Advance Medical Directives or Living Wills are important information and legally binding. They still require a physician's order to be implemented. The POLST will prevent this scenario from occurring in the future.

For more information about a POLST and all forms of advance care planning, please contact Elder Life Management at (732) 493-8080 or via e-mail at elmcares@elderlifemanagement.org.

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