

Sample

Policy and Procedure for Nursing and Assisted Living Community

POLST PHYSICIAN/ PRACTITIONER ORDERS FOR LIFE SUSTAINING TREATMENT

Policy:

It is the policy of this facility to support the rights of residents in making decisions regarding their care and treatment.

POLST form is to be completed by the residents Physician or Advance Practice Nurse to describe residents GOC and document orders that indicated what type of life sustaining treatment the resident or surrogate chooses.

Resident Criteria for POLST completion:

1. Serious and life limiting advance illness
2. Advanced frailty with significant difficulty in ADL functional status
3. May lose the capacity to make their own healthcare decisions within one year
4. Hold strong preferences about their end of life care
5. Are living in a nursing or assisted living community

Procedures:

1. Upon admission, staff will determine whether the resident has completed a POLST form
2. The original POLST form will be kept in the medical record. It will be placed in the clinical section with Advance Medical Directive, if available.
3. The POLST will be reviewed with the resident and/or responsible party to confirm completeness and that the document has not been revoked or superseded, by a subsequent POLST form.
4. The completed fully executed POLST form is immediately actionable, medical order to be written on Physician Order Sheet
5. For any resident without a POLST form and who meets the above criteria, Social work will initiate the dialogue with the resident and/or surrogate regarding Goals of Care, (the first part of the POLST form). This will include new admissions, and any resident that is being reviewed by the Care Team.
6. Any discussion regarding POLST will be documented in the resident's medical record.
7. POLST forms will be reviewed at a minimum annually, or with any significant change in condition (MDS), at the resident's request, or with change in primary care physician.
8. At each care conference meeting, the Care Team will review POLST with the resident and/or family to ensure that it corresponds with current resident wishes.
9. Verbal orders, photocopy, fax, and electronic forms are valid and legal, so long as the verbal order is accompanied with follow-up signature by MD or APN, within 24 hours.

10. The original POLST form will accompany the resident with any transition in care, from one health care setting to another, or to home.
11. The POLST form does not expire and can be changed at any by the resident with decision making capacity. Changes may also be authorized by the legal designed surrogate, if applicable.
12. If the POLST conflicts with the resident's previously expressed Advance Directive, the most recent expressions will govern. The Regional Ethics Committee can be resource for guidance when faced with an ethical dilemma.
13. At a minimum, annual in-servicing for facility staff, resident and families on Advance Care Planning and POLST will be provided.