

6/1/13

SAMPLE Organizational Model Policy:

(This policy may be added to you organization's policy guidance related to advance directives, DNR orders, limitation of care, etc. Procedures to implement this policy and staff training about it should be included in adapting this policy for your organization.)

Provider Orders for Life Sustaining Treatment (POLST)

I. Purpose

Organization Name respects the right of patients to accept or refuse medical treatment, including life sustaining treatments. The purpose of this policy is to provide structure in which patient wishes and desires are ascertained and clarified by staff and in which these wishes and desires are the basis for the care delivered.

II. Provider (MD, DO, APRN) Orders for Treatment (POLST) Policy

It is the policy of *Organization Name* that a patient or their designated representative has the right to determine their medical treatment and this includes the institution of or the withdrawal of life-sustaining services and of cardiopulmonary resuscitation.

It is also the policy that patients with a DNR or Limitation of Treatment Order shall receive all aspects of care and treatment (including nursing care for comfort measures) as discussed and agreed upon by the patient and family.

The POLST form is offered for any individual with serious advanced illnesses who the physician expects may need life-sustaining treatment within the next 12 months. It may be offered to residents of long-term care facilities, hospitalized patients being discharged to nursing homes or discharged to their home with hospice or visiting nurse services.

Completion of the POLST form is voluntary. It is designed to assist health providers to more easily follow the patient's choices for patients with serious, advanced illness.

The POLST form is a standardized yellow, card stock paper form containing orders by a physician who has personally examined a patient regarding that patient's preferences for end-of-life care. The form provides information regarding CPR-code status; level of intervention (full treatment, comfort care, etc.); and use of medically administered hydration or nutrition, endotracheal intubation and antibiotics. (The pink, card-stock Portable-DNR form should accompany the POLST form for patients who want a portable DNR outside a health facility.) Use of this form should lead to better identification and respect of a patient's choices.

The POLST form re-enforces the wishes that a patient expresses in an advance directive and converts those preferences into medical orders. The POLST form remains with the

patient and is a medical order that should be immediately used to direct the care of the patient.

III. Responsibility

A. The Provider (MD, DO, APRN) is responsible for:

1. Responding to patient/family inquiries;
2. Referring unanswered questions to the appropriate person;
3. Following the choices of a patient's POLST' (if completed) and reviewing it in writing new medical orders at admission or if there is a significant change in the patient's condition;
4. Completing a POLST with the patient if medically advisable and agreed to by patient or their legal representative;
5. Documenting changes in the medical record (per policy ##I-4);
6. Transferring a patient's case to another physician if he/she is unable to comply with the patient/family care preferences; and
7. Complying with current DNR policies;

B. The Director of Nursing is responsible for orientation of nursing staff to this policy.

C. The Director of Social Work is responsible for orientation of social work staff to this policy.

IV. Distribution

This policy shall be distributed organization-wide to all departments.

V. Filing Instructions

This policy shall be filed in the Patient's Rights section of the *Organization Name* Policy Manual and online. It supersedes any and all previous policies issued relative to this subject.