



POLST

Frequently Asked Questions

How is a POLST form different from an Advance Directive or a Portable DNR form?

POLST (Provider Orders for Life-Sustaining Treatment) is a nationally used set of provider orders. POLST is a process based on conversations among patients, their loved ones, and their medical providers. The goal of POLST is to ensure that seriously ill or frail patients make choices about the treatments they want and that their choices are honored and followed by medical providers.

A key part of the program is the POLST form – a bright yellow form listing specific medical orders that indicate a patient’s treatment choices, particularly for emergency or crisis situations. The orders become active when the form is completed and signed by a doctor, nurse practitioner, or physician assistant and the patient.

How is a POLST form different from an Advance Directive or a Portable DNR form?

An Advance Directive is a written document that:

- ➔ *Identifies who you want to make medical decisions for you (a Durable Power of Attorney for Healthcare or DPOAH) and is ONLY for when you are unable to make medical decisions yourself—as documented by a physician or nurse practitioner.*
- ➔ *Gives you the option to complete a “Living Will”: a request to avoid artificial treatments that prolong life when you are dying, or to re-assert your desire to have life prolonged by medical means.*

The POLST form differs from an Advance Directive because it is a medical form to put your treatment choices into written medical orders that will guide emergency health care professionals in providing your medical care. POLST forms are for people with serious illness or frailty for whom their doctor or nurse practitioner would not be surprised if they died in the next year or two.

The Portable-DNR form (pink form) is a medical order to avoid attempts at CPR (cardiopulmonary resuscitation). Unless they have a medical order limiting treatment, emergency personnel must start CPR and other aggressive medical treatments (even when the risks of harm are high and the benefit is low). Talk with your doctor, nurse practitioner or other healthcare professionals about these forms and how they may help you make the right decisions for you.

Health Care Decision Forms

Advance Directives

For everyone 18 years of age or older, especially people 55 years of age and older. Discuss your plans with family and friends.

DNR / Portable DNR

For a person with health condition(s) who does not wish to receive CPR. Discuss your wishes with your medical provider

POLST

For a person with serious illness and frail. Discuss with your medical provider.

Everyone over 18 years old should have an Advance Directive, even if they are healthy. An Advance Directive is signed by you, not by a medical provider. To learn more about Advance Care Planning visit www.healthynh.org.

Should I have a POLST form?

POLST form is helpful if you have a serious illness. It will turn your treatment choices into a medical order. You can change your treatment choices and the POLST form at any time by talking to your medical provider.

Is anyone required to have a POLST form?

No. Completing a POLST form is always a choice, and it may be changed or cancelled at any time. POLST is voluntary; completing a POLST form may never be a requirement for any program or facility.

Who completes and signs the POLST form?

The POLST form is based on conversations you have with loved ones and your doctor or nurse practitioner. A nurse or social worker may help you to start these conversations before you complete the POLST form. To be valid, a POLST form must be signed by a Physician, Physician Assistant or a Nurse Practitioner and yourself.

Where should I keep my POLST form?

The original completed yellow POLST form should stay with you. It should be prominent in your chart in a hospital or nursing facility. If you live at home, keep the original POLST form in a place where the Emergency Medical Service (EMS) can easily find it.

What if I don't understand the medical terms?

POLST is a set of medical orders using words that may be confusing. Your full understanding of your choices is very important. Talk with your doctor or nurse practitioner and ask questions so that your decisions are based on understanding your choices. They want to make sure you understand your choices too! Your values and goals for care can guide your decisions.

What if a person can no longer understand and communicate their health care choices?

If you have completed an Advance Directive and appointed a "DPOAH" (Durable Power of Attorney for Healthcare), that person can make decisions for you when you cannot speak for yourself. This ordinarily includes completing a POLST form, if appropriate. A Physician, Nurse Practitioner or Physician Assistant can complete the POLST form based on a DPOAH understanding of a patient's choices.

How do I get more information about a POLST form?

Talk with your medical provider or ask at your local hospital or health facility. This brochure is meant to serve as an introduction to POLST, and is adapted from the Oregon POSLT Task Force and includes changes as required by SB 74.

Key Sections of POLST: Section B

<p>Full Medical Treatment <i>For patients who want full treatment including use of a breathing machine and other treatments usually provided in an intensive care unit.</i></p>
<p>Limited Medical Interventions <i>For patients who want to go a hospital for basic medical treatments such as antibiotics for pneumonia, oxygen, IV fluids or cardiac monitoring. These patients generally want to avoid the intensive care unit.</i></p>
<p>Comfort Measures Only <i>For patients who want the focus of their care on maximizing their comfort through symptom management and prefer not to go to a hospital.</i></p>