Appropriate Nevada POLST Program Form Use Policy

POLST has shown to be an excellent tool to assure patients receive the treatment they want when seriously ill. However, when the POLST is used inappropriately it undermines the integrity of the program, confuses healthcare providers and disrespects patient's autonomy. It also may violate the law.

We need to always remember that the POLST is not a form, it is a *process* of "eliciting, documenting and honoring patients' preferences about the medical treatments they want to receive during a medical crisis or as they decline in health". To assure this, it is imperative to implement the Nevada POLST program as follows:

The POLST is a voluntary program. Nevada POLST has received several reports of facilities requiring a POLST be completed upon admission. "POLST Form completion should always be voluntary. Just as patients may choose to refuse treatment or not to have an advance directive, patients may refuse to have a POLST Form completed on their behalf. It is inappropriate to require a patient to have a POLST Form because it may be forcing them into either making decisions that they may not be ready to make or participating in advance care planning, which they may not want to do. A facility may have a policy to *offer* a POLST Form to all appropriate patients, but should never have a *requirement* of completion.

Completion without knowledge of a "POLST Form by the patient or surrogate/ proxy knowledge is contrary to the purpose and intent of the POLST [program] and violates informed consent and principles of person and family-centered care. Patients have a right to participate in medical decision-making regarding their treatment plan." This may also be regarded as assault or fraud. Unlike other medical orders, the Nevada POLST requires the signature of either the patient or their surrogate/representative. Without a signature, the Nevada POLST is not valid.

Choose the right patient. The POLST is to be used by patients who are near the *end* of a life-limiting condition or the *very* frail elderly whose life expectancy is no more than a year—"regardless of patient age or what facility a patient is in. For example, most 65-year-olds are too healthy to have POLST orders and not all residents in a nursing home may be appropriate for a POLST form. Generally, patients who do not meet these criteria are not appropriate to have a POLST Form."

Although we like to think we know what we would want if we were near the end of a serious illness, but just like other crises, we often don't behave or make the choices we expect we might until confronted with the reality. If completed too far in advance, we may not have the hard experience needed to make a decision regarding treatment in a crisis. This also explains the recommendation to review the POLST if there is a change of health status or transfer to another facility; our realities may change!

"The intended population are the individuals with whom health care professionals can initiate specific and detailed conversations about current diagnosis, prognosis, treatment options, the likely effect those treatments will have on that patient (e.g., what will most likely happen if CPR is attempted) and identify the patient's goals of care. For example, the POLST Form provides medical orders for what happens tonight if a medical crisis occurs given the patient's current medical condition. If conversations with this level of specificity cannot happen, or if the patient is not appropriate for a POLST Form based on their clinical status and prognosis, then a POLST Form should not be offered to, or completed for, that patient (and an advance directive should be offered instead)."

Health care professionals should complete the POLST Form. Since POLST forms are medical orders completed by health care professionals to communicate treatment decisions to other health care professionals, it is never appropriate to provide a POLST form to a patient, surrogate, or family member to complete.

Additionally, since POLST forms use medical terms not all patients understand, it is important that health care professionals share treatment options utilizing language and tools (e.g., videos or visuals) to help patients and families understand their choices. It is the task of the health care professional to translate the individual's goals of care, priorities, and wishes into medical orders using the language of medical professionals.

A POLST Form is not a "one-and-done" document. The POLST Paradigm recognizes that things change over time, including a patient's prognosis, health status, goals of care, treatment options, and preferences for treatments. It is well known that some patients change their mind about treatment options over the trajectory of their illness or want their surrogate or proxy to be able to consider their values when

their condition or prognosis changes. The POLST form is intended to be dynamic, reflecting the patient's current preferences about the medical treatments he/she wants to receive. This dynamic process is achieved through ongoing conversations when a POLST form review is completed: upon changes in level of care, location or patient's goals of care.

Completing only Section A (Cardiopulmonary Resuscitation options) can be a disservice to patients. The POLST form is intended to provide emergency personnel more than just code status information:

- Section A (Cardiopulmonary Resuscitation options) allows a patient either to confirm they actually *do* want CPR attempted or that they want to refuse attempted resuscitation.
- Section B (Medical Interventions or Treatments) provides direction about treatment preferences to emergency personnel and other health care professionals in situations other than full cardiac and respiratory arrest.

Limited information about patient treatment preferences is provided if a patient has a DNR order or only Section A on a POLST form completed. A DNR (do-not-resuscitate) order (also known as a do-not-attempt resuscitation [DNAR] order, or an order to allow natural death) only indicates that a health care professional has issued an order based on the patient's wish to forgo resuscitation in the event of a cardiac or respiratory arrest. If a patient is responsive, has a pulse, or is breathing, the question in this circumstance is no longer whether the patient wants to be resuscitated, but rather what level of treatment and what other medical interventions the patient wants—or does not want—in that medical crisis. Neither a DNR order nor a POLST form with only Section A completed provides that time-sensitive, critical information.

Understanding the importance of Section B on a POLST form is very important- it is the heart of the POLST Paradigm. The literature indicates not all people who complete a DNR order want the same level of treatment; half of patients with only Section A of a POLST form completed or only a DNR order may receive treatment they didn't want.[1] If a patient wants have a POLST form, both Sections A and B should be completed in order to fully document and protect patients' treatment wishes.

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