

TITLE:	PHYSICIAN'S ORDER FOR LIFE SUSTAINING TREATMENT (POLST) AND DO NOT ATTEMPT RESUSCITATION (DNAR)	POLICY 8.01
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Authority: [RCW 7.70, Actions for Injuries Resulting from Health Care](#)  
[RCW 7.70.065, Informed consent - persons authorized to provide for patients who are not competent](#)  
[RCW 70.122, Natural Death Act](#)

**PURPOSE:**

This policy provides a tool to communicate the wishes of seriously ill residents who want to limit life-sustaining medical treatment.

**SCOPE:**

This applies to all Trouves residents and employees.

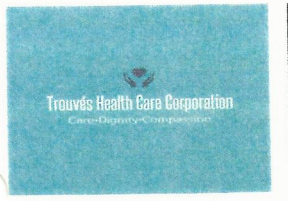
**DEFINITIONS:**

**Advance Directive:** The resident's oral or written instructions about their future medical care in the event they are unable to express their medical wishes because of illness or incapacity.

**Full Code Status:** A designation that means to intercede if a resident's heart stops beating or if the resident stops breathing and to do everything possible to save a person's life.

**Physician Orders for Life Sustaining Treatment (POLST):** A physician order sheet, filled out after consultation with the resident or legal representative, which gives explicit guidance to health professionals regarding resident's healthcare wishes related to specific and predictable future medical circumstances. A DNAR (see definition below) may be part of the POLST order.

**Do Not Attempt Resuscitation (DNAR) Order:** The DNAR order serves as the physician's written order affirming the wishes of the resident or the resident's legal representative regarding an event of a respiratory or cardiac arrest, ensuring that cardiopulmonary resuscitation (CPR) measures will not be attempted. DNAR refers to those aspects of CPR including endotracheal intubation, mechanical ventilation, cardiac massage, defibrillation, epinephrine use, vasopressor therapy, and anti-arrhythmic drugs.



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**Surrogate Decision Maker:** Also known as a healthcare proxy or agent, surrogate decision makers are persons authorized to provide consent to medical treatment on behalf of resident determined incompetent. See [RCW 7.70.065, Informed Consent](#), which outlines surrogate decision makers. This includes court appointed guardians and legal representatives who have legal responsibility for healthcare decisions.

**POLICY:**

- A. Trouves honors state and federal law for the right of individuals determined incompetent to make medical decisions. There are two mechanisms for implementing an incompetent resident's right to make healthcare decisions: advance directives and surrogate decision making. In the absence of an advance directive, state law allows surrogates to make medical decisions for such resident.
- B. Physician's Order for Life Sustaining Treatment (POLST)
  - 1. The dignity and physical comfort of the resident will be preserved at all times. Measures to assure comfort are maintained by the provision of appropriate nursing care, hygienic care, comfort care, and medically indicated analgesia to all residents, including those who have elected to forego life-sustaining therapy.
  - 2. Trouves respects a resident's or the resident's legal representative's wishes regarding end of life care. The POLST is a physician's order set that allows seriously ill resident to specify choices about certain medical interventions. This supports resident having more control over the type of end of life care they receive.
  - 3. The POLST is a set of medical orders. It is not an advance directive and does not substitute for or replace an advance directive. The most recent POLST replaces all previous versions.



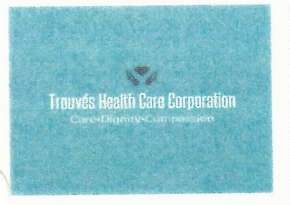


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4. Completion of the POLST is voluntary. A resident, their legal representative, or a Durable Power of Attorney may rescind a POLST at any time.
5. Any incomplete section of POLST implies full treatment for that section.
6. In emergency treatment situations, consent is presumed for full treatment if a documented decision has not been made by the resident or their legal representative regarding specific end of life care.
7. The attending psychiatrist and/or the physician reviews and discusses the completion of the POLST with the resident and/or their legal representative.

C. Do Not Attempt Resuscitation (DNAR) Orders

1. Unless consent to a DNAR order is given, anyone admitted to Trouves is presumed to consent to cardiopulmonary resuscitation (CPR). CPR will be withheld only when there is a current DNAR order. Resident with a DNAR order may receive oxygen therapy, oropharyngeal suctioning and abdominal thrust to clear the airway. A DNAR order does not apply in the case of cardiopulmonary arrest resulting from an accident or a suicide attempt.
2. DNAR status may be established upon admission or at any time during the facility stay. When clinically indicated, the physician will discuss advance care directives with the resident and/or surrogate decision maker and document the advance care directive(s) on the POLST form and in the resident record.
3. An incapacitated resident requires a surrogate decision maker. The DNAR order must be signed by the surrogate as soon as possible.
4. When a resident is incapable of making a decision concerning their own treatment and there is no legal representative/guardian or family that exists to participate in a decision, the resident remains in "full code status" (see Definitions section).



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5. Some residents may be questionably capable of making informed choices, including decisions concerning resuscitation. If there is any question as to a resident's capacity to participate in such decisions, a non-attending psychiatrist will conduct an evaluation and document the resident's mental and emotional capacity. A copy of the evaluation will be placed in the resident record.
  
6. A resident's request for DNAR status in and of itself should not be considered evidence of questionable capacity to participate in decision making. In all cases, competency is assessed independently from DNAR status.

**PROCEDURE:**

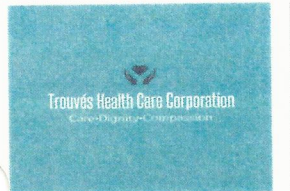
**A. Upon Admission**

1. During the initial nursing assessment, the nurse will ask the resident if they have a POLST/DNAR.
2. If the resident does not have a POLST/DNAR, the nurse will ask the resident if they would like a POLST/DNAR, if so a referral is made to the attending physician. The nurse documents this in the resident record.
3. When clinically indicated, the attending psychiatrist and/or the physician will complete a POLST and or DNAR to ensure the wishes of the resident and/or their legal representative for medical care are known to the appropriate facility staff.

**B. Review of POLST and DNAR Orders**

1. Review and update the POLST and/or DNAR in the following circumstances:
  - a. Whenever there is a significant change in the resident's health status;
  - b. At the request of the resident, their legal representative or Durable Power of Attorney (DPOA);
  - c. The resident's treatment preferences have changed; and
  - d. When the resident returns from a transfer to another facility.





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2. The attending psychiatrist and/or physician will document a summary of their discussion with the resident and/or their legal representative regarding the POLST and DNAR in the physician's progress notes in the resident record.

C. Upon Discharge

1. The original, signed POLST must accompany the resident with any discharge information; and
2. Maintain a copy in the medical record.

**EXCEPTIONS:**

No exceptions to this policy may be granted without the prior written approval of the Director.

**SUPERCEDES:**

None

# Physician Orders for Life-Sustaining Treatment (POLST)

Last Name - First Name - Middle Name or Initial

Date of Birth Last 4 #SSN (optional)

**FIRST** follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST is a set of medical orders intended to guide medical treatment based on a person's current medical condition and goals. Any section not completed implies full treatment for that section. Completing a POLST form is always voluntary. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals:

Agency Info/Sticker

**A CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.**

- Check One
- Attempt Resuscitation/CPR** When not in cardiopulmonary arrest, go to part B.
  - Do Not Attempt Resuscitation/DNAR (Allow Natural Death)** Choosing DNAR will include appropriate comfort measures.

**B MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.**

- Check One
- FULL TREATMENT - primary goal of prolonging life by all medically effective means.** Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**
  - SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures.** Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). **Transfer to hospital if indicated. Avoid intensive care if possible.**
  - COMFORT-FOCUSED TREATMENT - primary goal of maximizing comfort.** Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer: EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.**

Additional Orders: (e.g. dialysis, etc.) \_\_\_\_\_

**C SIGNATURES:** The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

<b>Discussed with:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Guardian with Health Care Authority <input type="checkbox"/> Spouse/Other as authorized by RCW 7.70.065 <input type="checkbox"/> Health Care Agent (DPOAHC)	PRINT — Physician/ARNP/PA-C Name	Phone Number
	<input checked="" type="checkbox"/> Physician/ARNP/PA-C Signature ( <b>mandatory</b> )	Date ( <b>mandatory</b> )
PRINT — Patient or Legal Surrogate Name		Phone Number
<input checked="" type="checkbox"/> Patient or Legal Surrogate Signature ( <b>mandatory</b> )		Date ( <b>mandatory</b> )
Person has: <input type="checkbox"/> Health Care Directive (living will) <input type="checkbox"/> Durable Power of Attorney for Health Care		<b>Encourage all advance care planning documents to accompany POLST</b>

**SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

ed 8/2017      Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.  
 For more information on POLST visit [www.wsma.org/polst](http://www.wsma.org/polst).



See back of form for non-emergency preferences ►



# HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

## Patient and Additional Contact Information (if any)

Patient Name (last, first, middle)	Date of Birth	Phone Number
Name of Guardian, Surrogate or other Contact Person	Relationship	Phone Number

## D NON-EMERGENCY MEDICAL TREATMENT PREFERENCES

### ANTIBIOTICS:

- Use antibiotics for prolongation of life.  
 Do not use antibiotics except when needed for symptom management.

### MEDICALLY ASSISTED NUTRITION:

Always offer food and liquids by mouth if feasible.

No medically assisted nutrition by tube.

Trial period of medically assisted nutrition by tube.  
 (Goal: \_\_\_\_\_ )

Long-term medically assisted nutrition by tube.

**ADDITIONAL ORDERS:** (e.g. dialysis, blood products, implanted cardiac devices, etc. Attach additional orders if necessary.)

<b>X</b> Physician/ARNP/PA-C Signature	Date
<b>X</b> Patient or Legal Surrogate Signature	Date

## DIRECTIONS FOR HEALTH CARE PROFESSIONALS

### Completing POLST

- Completing a POLST form is always voluntary.
- Treatment choices documented on this form should be the result of shared decision-making by an individual or their surrogate and medical provider based on the person's preferences and medical condition.
- POLST must be signed by a physician/ARNP/PA-C and patient, or their surrogate, to be valid. Verbal orders are acceptable with follow-up signature by physician/ARNP/PA-C in accordance with facility/community policy.

### Using POLST

Any incomplete section of POLST implies full treatment for that section.

This POLST is valid in all care settings including hospitals until replaced by new physician's orders.

The POLST is a set of medical orders. The most recent POLST replaces all previous orders.

The POLST does not replace an advance directive. An advance directive is encouraged for all competent adults regardless of their health status. An advance directive allows a person to document in detail his/her future health care instructions and/or name a surrogate decision maker to speak on his/her behalf. When available, all documents should be reviewed to ensure consistency, and the forms updated appropriately to resolve any conflicts.

**NOTE: A person with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.**

### SECTIONS A AND B:

- No defibrillator should be used on a person who has chosen "Do Not Attempt Resuscitation."
- When comfort cannot be achieved in the current setting, the person should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort-Focused Treatment."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Selective" or "Full Treatment."

### SECTION D:

- Oral fluids and nutrition must always be offered if medically feasible.

### Reviewing POLST

This POLST should be reviewed periodically whenever:

- (1) The person is transferred from one care setting or care level to another, or
- (2) There is a substantial change in the person's health status, or
- (3) The person's treatment preferences change.

To void this form, draw line through "Physician Orders" and write "VOID" in large letters. Any changes require a new POLST.

## Review of this POLST Form

Review Date	Reviewer	Location of Review	Review Outcome
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New form completed

**SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.

For more information on POLST visit [www.wsma.org/polst](http://www.wsma.org/polst).

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