

**Central Maine Medical Center
Lewiston, Maine**

Medical Staff Policy

SUBJECT: POLST ; PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT

1.0 SCOPE

This Policy applies to the Medical Staff and staff of CMMC.

2.0 PURPOSE

To formalize the recognition and use of the POLST form to clarify, communicate and honor patients' wishes for life sustaining treatments in the setting of advanced illness.

3.0 GENERAL POLICY

It is the policy of Central Maine Medical Center to comply with all current POLST forms that express definitive patient preferences upon presentation to the Emergency Department or inpatient admission.

POLST forms signed by a physician, nurse practitioner, or physician assistant licensed to practice in the State of Maine will be honored. Out of state forms may be used as a guide for discussions about a patient's preferences until further information is known, but are not an actionable order.

4.0 PROCEDURES

4.1 General Guidelines for use of the POLST form.

- 4.1.1** A POLST provides valid initial medical orders when there are not more recent hospital orders to address resuscitation, medical interventions, antibiotics, and artificially administered nutrition (unless the patient or surrogate indicate that the POLST no longer represents their wishes).
- 4.1.2** POLST orders will be used to direct initial treatment until more information becomes available from the patient or surrogate, or about the patient's medical condition.
- 4.1.3** Should new information on the health of the patient become available, the goals of treatment may change. Following discussion with the patient, or if incapable their surrogate, new orders regarding life-sustaining treatment should be written, dated and signed, and a note entered in the chart describing this conversation.
- 4.1.4** Orders reflected in the POLST form represent a concerted effort for the patient to make his or her wishes for treatment known, carry substantial moral weight, and should be included as any other advance care planning document in formulating the treatment plan
- 4.1.5** Document handling
 - 4.1.5.1** The original POLST form is kept in a sleeve in the front of the inpatient chart. At the time of discharge, the original form accompanies the

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patient to their next care location, whether home or another healthcare facility.

- 4.1.5.2** A copy of the original POLST form is made at the time of first contact with the hospital and inserted behind the *Advance Directive* tab in the chart. This copy is filed in medical records after discharge.
- 4.1.5.3** Any copy of the POLST is made double-sided on 24# lime green paper if possible, and stamped or labeled *copy*. At the bottom of the second page of the original, the date and destination of all copies is recorded, so that they can be retrieved if the original form is changed or voided.
- 4.1.5.4** The original lime green form is preferred, but a photocopy will be honored. If a patient presents to the ED or is admitted but does not have the original or a copy of their POLST, the copy filed in the paper chart or the most recent POLST entered into the EMR is acceptable as an order
- 4.1.5.5** When multiple versions of a POLST form are contained in the electronic medical record, the most recently dated form is considered more current. Nonetheless, if there are discrepancies, every effort should be made to clarify with the patient or authorized representative which version accurately reflects the patient's current wishes.
- 4.1.5.6** Place a voided POLST in the chart behind any new updated POLST forms. All voided POLST forms should be kept in medical records.

4.1.6 Completing or changing a POLST form

- 4.1.6.1** A POLST form may be completed by the attending physician, physician assistant, or nurse practitioner with the patient or surrogate. It may also be filled out by a trained healthcare professional (social worker, nurse, care coordinator), and then be signed by the patient's provider to become an active order.
- 4.1.6.2** Any section of the POLST not completed implies full treatment for that section.
- 4.1.6.3** Because the POLST form is a statement of their wishes or preferences, the patient or authorized representative can request to change or nullify the POLST at any time. This conversation should be documented in the medical record by the nurse and/or provider.
- 4.1.6.4** To void a POLST form, write "VOID" across the front and back of the form. The date and the initials of the provider having the conversation that voids the form are written below the word 'void.'
- 4.1.6.5** A POLST form may be filled out with an authorized representative over the telephone if they cannot be present. The choices selected will be reviewed with the representative by an appropriate witness (nurse, social worker, or provider) to confirm they are accurate.
- 4.1.6.6** The POLST should be reviewed annually and a new POLST completed if necessary when the patient is transferred from one care setting or facility to another, there are substantial changes in the patient's health status, or if the patient's treatment preferences change.

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- 4.1.6.7** Once a POLST is voided or changed, electronic copies should be updated, and any paper copies noted on the bottom of the form should be retrieved if possible by the patient or surrogate to ensure that only the most recent POLST is in circulation.

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4.2 Procedures for POLST in the Emergency Department.

- 4.2.1 An original, lime green POLST signed by a physician, physician assistant, or nurse practitioner licensed to practice in Maine and that contains definitive patient wishes is considered to represent valid initial medical orders when presented to Emergency Department staff, and should be considered when developing goals of care and physician orders.
- 4.2.2 When a patient with a chronic, debilitating condition presents to the Emergency Department and cardiopulmonary resuscitation or other medical interventions as noted on the POLST are medically indicated, the patient's nurse, attending emergency physician, or other designee should consult the Patient or Surrogate, Emergency Medical Service personnel, or Electronic Medical Record to determine evidence of an existing POLST to clarify the goals of care.
- 4.2.3 Clear and definitive patient preferences regarding resuscitation and other medical interventions must be respected and can be communicated via a valid Do Not Resuscitate order. This is consistent with the American College of Emergency Physician's position on this issue.
- 4.2.4 While the patient is in the Emergency Department, if doubts exist regarding the validity of either the patient's wishes or a POLST, medically indicated resuscitative measures should be undertaken. However, consistent with the position held by the American College of Emergency Physicians, it is ethically permissible to stop resuscitative measures when additional, definitive information about the patient's wishes to forgo resuscitative measures are obtained.

4.3 Procedures for Hospitalized Inpatients:

- 4.3.1 At the time of inpatient admission or transfer, the patient's nurse, provider, or other designee, should determine the existence of any current POLST through conversation with the patient or surrogate or by examination of the patient's medical record.
- 4.3.2 If a patient has a completed POLST form, a review of the goals of care detailed should occur with the patient or surrogate if available, at the time of admission when possible, and be documented in the patient's medical record by the patient's nurse, provider, or other designee.
- 4.3.3 The admitting provider will review the POLST form, and after confirming the accuracy of the patient or surrogate's wishes, enter appropriate orders for code status, and other medical interventions as specified (such as level of care within the hospital or additional medical interventions).
- 4.3.4 If a patient has a completed POLST form, the details will be entered or scanned into the appropriate Electronic Medical Record form by the nurse, Information Assistant, or provider, once that capability is developed.

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- 4.3.5** A POLST form will be considered for any patient who:
- 4.3.5.1** Requests a POLST form.
 - 4.3.5.2** Requests limits on life-sustaining treatment during hospitalization.
 - 4.3.5.3** Has a chronic debilitating condition for which interventions on the POLST form might be medically indicated.
 - 4.3.5.4** Will be discharged to an extended care facility.
 - 4.3.5.5** Has a prognosis of a year or less.
 - 4.3.5.6** Has a poor prognosis, and will be receiving life-sustaining treatment after discharge.
- 4.3.6** POLST forms can be filled out by the patient's provider, a member of the Palliative Care Team, or any designee trained to complete the form.

4.4 Procedures for Surgical Patients

- 4.4.1** Before a procedure involving anesthesia or elective surgery, any current POLST order should be reviewed and discussed with the patient or surrogate during the pre-anesthesia evaluation. This is consistent with the ethical guidelines set forth by the American Society of Anesthesiologists on anesthesia care of patients with do not resuscitate orders or other directives.
- 4.4.2** Surgeons should discuss with their patients whether or not a patient's current POLST or advance directive will be suspended during or after surgery and for how long the suspension will occur. This is consistent with the American College of Surgeons recommendation to offer patients the opportunity to reconsider previous advance care directives prior to having a surgical procedure.
- 4.4.3** If changes to a current POLST or advance directive are made based on this discussion, appropriate orders should be written in the patient's medical record. Orders must be written to reinstate POLST if previously suspended.

5.0 DOCUMENT RETENTION

Blank copies of the POLST form will be printed and stocked in all patient care areas at CMMC

EMR: Erne and Centricity will have accommodations to store POLST information, either as a scanned document or dedicated form.

6.0 REFERENCES

This Policy refers to the current version of the following:

1. CMMC Administrative Policy HC-PA-2003(R7) (last revised May 20, 2011)

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7.0 DEFINITIONS

Term	Definition
Hospital	Any one of Central Maine Medical Center (“CMMC”), Rumford Hospital or Bridgton Hospital, as applicable.
Medical Executive Committee	The Medical Executive Committee of the Hospital.
POLST: Physician Orders for Life Sustaining Treatment	A written medical order signed by a physician, nurse practitioner or physician assistant, specifying a patient’s wishes for life sustaining treatment in the domains of: (A) resuscitation, (B) medical interventions if the patient has pulse and/or is breathing, (C) use of antibiotics, and (D) artificial nutrition and hydration. It is also signed by the patient or surrogate decision maker, and translates their wishes into actionable medical orders. The form is printed on easily recognizable 24# lime green paper, and is recognized and followed by other providers, nurses, emergency medical services personnel, and health care facilities, and is portable from one care setting to another.
Life sustaining treatment	Any medical procedure, pharmaceutical, medical device or medical intervention that maintains life by sustaining, restoring or supplanting a vital function.
Definition of Target Population	<ol style="list-style-type: none">1. The POLST form is appropriate to use for persons who wish to further define their preferences of care regarding life sustaining therapies. It does not require patients to limit their care, but rather provides a means to clearly document care preferences, whether for all, some, or no possible interventions.2. Use of the POLST form is most appropriate for persons with life-limiting or terminal illnesses, or advanced frailty, with a prognosis of a year or less.3. Unless it is the patient's preference, use of the POLST form to limit treatment is not appropriate for persons with stable medical conditions or functionally disabling problems who have many years of life expectancy.
Authorized representative	An Authorized Representative includes, in order of priority, a health care agent (same as durable health care power of attorney or agent named in an advance directive), court appointed guardian, parent of minor, or surrogate as defined in 18-A MRS § 5-801 and 18-A MRS § 5-805 .

8.0 QUESTIONS AND CONCERNS

Please contact the following individual(s) with any questions or concerns regarding this Policy:

Medical Director Palliative Care; 795-7575

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