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DATE: DECEMBER 31, 2008

TO: ALL SERVICE PROVIDERS

**FROM: KAREN CRAIN, RN
ASSOCIATE DIRECTOR / QI**

**TROY FALCK, MD
MEDICAL DIRECTOR**

SUBJECT: POLST (Physician's Orders for Life Sustaining Treatment)

Effective January 1, 2009 it will become state law that the attached Physician's Orders for Life Sustaining Treatment order form is available for use as an acceptable statewide Do Not Resuscitate (DNR) form.

Attached are two documents. One is the memo received from the State EMS Authority regarding the implementation of the form and the other is a copy of the POLST form (the original is bright pink in color).

Unfortunately, the time frame for integrating this into our Policy / Procedure Manual was very short and we were not able to accomplish this prior to January 1, 2009. This agency will be working on incorporating the form into our DNR policy (Reference # 823) beginning at our January Medical Control Committee meeting. As soon as it is finalized, we will be sending out the updated policy.

In the meantime, if you do come into contact with a patient who has a POLST form, you should follow box "A", function within your scope of practice and contact Medical Control for further assistance if necessary.

Attachments: Memo from EMSA regarding POLST
POLST form (copy)

EMERGENCY MEDICAL SERVICES AUTHORITY

30 9th STREET
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(916) 322-4336 FAX (916) 324-2875



DATE: December 19, 2008
TO: Local EMS Agency Administrators
Local EMS Agency Medical Directors
FROM: Sean Trask, Manager
Personnel Standards Unit

SUBJECT: PHYSICIAN'S ORDER FOR LIFE SUSTAINING TREATMENT

The purpose of this memorandum is to inform you that the Physician's Order for Life Sustaining Treatment (POLST) Form has been approved by the EMS Authority (EMSA) and will be effective January 1, 2009. The POLST Form is available at EMSA's web site at www.emsa.ca.gov. Additional information about the POLST Form is available at the California Coalition for Compassionate Care's web site at www.finalchoices.org. A copy of the approved POLST Form is attached for your review.

AB 3000 (Wolk, Chapter 266, Statutes of 2008) added the POLST Form to the Probate Code as an acceptable statewide Do Not Resuscitate (DNR) form that will extend across multiple settings: in-hospital, skilled nursing facilities, and prehospital. AB 3000 also identified EMSA as the state department responsible for approving the POLST Form.

In addition to the POLST Form, the EMSA / CMA Prehospital DNR Form is still available along with the Medic Alert DNR Medallion as acceptable DNR forms for local EMS agency DNR policies.

EMSA will be amending the DNR Guidelines to include the POLST Form. The purpose of the DNR Guideline is to assist local EMS agencies in developing their DNR policies. EMSA anticipates that the draft DNR Guidelines will be available for public comment in early January 2009. EMSA intends to bring the revised DNR Guidelines to the Commission on EMS for approval at their March 25, 2009 meeting.

Ordinarily EMSA would revise the DNR Guidelines to include the POLST Form prior to the POLST Form becoming effective. Because AB 3000 requires the POLST Form to be available to the public beginning on January 1, 2009, EMSA did not have sufficient time to review and approve the final version of the POLST Form, draft revisions to the DNR Guidelines, obtain public comment, and seek approval from the Commission on EMS before the January 1st deadline.

If you have any questions please call Adam Morrill at (916) 322-4336, extension 436.

Attachment



EMSA #111 B
(Effective 1/1/2009)

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name	
First /Middle Name	
Date of Birth	Date Form Prepared

A **CARDIOPULMONARY RESUSCITATION (CPR):** *Person has no pulse and is not breathing.*
 Check One Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNR (Allow Natural Death)
 (Section B: Full Treatment required)
 When not in cardiopulmonary arrest, follow orders in **B** and **C**.

B **MEDICAL INTERVENTIONS:** *Person has pulse and/or is breathing.*
 Check One **Comfort Measures Only** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. *Transfer if comfort needs cannot be met in current location.*
 Limited Additional Interventions Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
 Do Not Transfer to hospital for medical interventions. Transfer if comfort needs cannot be met in current location.
 Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. *Transfer to hospital if indicated. Includes intensive care.*
 Additional Orders: _____

C **ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*
 Check One No artificial nutrition by tube. Defined trial period of artificial nutrition by tube.
 Long-term artificial nutrition by tube.
 Additional Orders: _____

D **SIGNATURES AND SUMMARY OF MEDICAL CONDITION:**
 Discussed with:
 Patient Health Care Decisionmaker Parent of Minor Court Appointed Conservator Other:
Signature of Physician
 My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name	Physician Phone Number	Date
Physician Signature (required)	Physician License #	

Signature of Patient, Decisionmaker, Parent of Minor or Conservator
 By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (required)	Name (print)	Relationship (write self if patient)
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Summary of Medical Condition	Office Use Only
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HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Patient Name (last, first, middle)	Date of Birth	Gender: M F
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Patient Address

Contact Information			
Health Care Decisionmaker	Address	Phone Number	
Health Care Professional Preparing Form	Preparer Title	Phone Number	Date Prepared

Directions for Health Care Professional

Completing POLST

- Must be completed by health care professional based on patient preferences and medical indications.
- POLST must be signed by a physician and the patient/decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or medical treatments may prohibit a person from residing in a residential care facility for the elderly.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.

Using POLST

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

Section A:

- No defibrillator (including automated external defibrillators) should be used on a person who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- Treatment of dehydration prolongs life. A person who desires IV fluids should indicate "Limited Interventions" or "Full Treatment."

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

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

Modifying and Voiding POLST

- A person with capacity can, at any time, void the POLST form or change his/her mind about his/her treatment preferences by executing a verbal or written advance directive or a new POLST form.
- To void POLST, draw a line through Sections A through D and write "VOID" in large letters. Sign and date this line.
- A health care decisionmaker may request to modify the orders based on the known desires of the individual or, if unknown, the individual's best interests.

California Coalition for Compassionate Care

The Coalition is the lead agency for implementation of POLST in California. This form is approved by the Emergency Medical Services Authority in cooperation with the California Coalition for Compassionate Care and the statewide POLST Task Force.

For more information or a copy of the form, visit www.finalchoices.org.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED