

POLST CONVERSTATION IN FIVE STEPS

FIRST: Is a POLST indicated?

POLST is generally indicated if **LIMITATIONS IN CARE** are desired. Consider a discussion of POLST when you anticipate that illness may lead to death or loss of capacity (i.e. dementia) in the next 1-2 years.

1. PREPARE for the conversation:

- Reserve sufficient time for discussion; include patient's legal surrogate (if possible) or other support people
- Normalize the conversation, and ask permission:

I'd like to talk about what may be ahead with your illness so we can ensure that we honor your wishes if you were to get very sick. Would that be okay?

2. START from a place of shared understanding:

- Ask what the patient has already heard about resuscitation options:
"Have you talked with anyone about what would be most important to you if you were to become very sick and were unable to speak for yourself?"
- Share prognosis using a "headline" statement; add your worry about outcomes of emergency care:
"I worry if you become ill enough to need the ICU, you'd be unlikely to recover to a level that is acceptable to you."

3. DISCUSS Section B first:

Use location of care to help elicit treatment preferences.

"Consider this scenario: If you had a major stroke or a severe pneumonia to the point you could no longer communicate with your loved ones, which location of care would be acceptable?"

ICU: No limitations on interventions. (Full)

Hospital but not ICU: Avoid aggressive interventions. (Selective)

Home/Residence: Avoid ED/hospital except to arrange care.
(Comfort)

Level of Medical Interventions: When the individual has a pulse and/or is breathing.
Any of these treatment levels may be paired with DNR / Allow Natural Death above.

☐ **FULL TREATMENT** – Primary goal is 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.

B
Check One

☐ **SELECTIVE TREATMENT** – Primary goal is treating medical conditions while avoiding invasive measures whenever possible. Includes care described below. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Transfer to hospital if indicated. Avoid intensive care if possible.

☐ **COMFORT-FOCUSED TREATMENT** – Primary goal is 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. Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.

Additional orders (e.g., blood products, dialysis): _____

4. ADDRESS Section A, ensure alignment with Section B:

A Use of Cardiopulmonary Resuscitation (CPR): When the individual has no pulse and is not breathing.

Check One

☐ YES – Attempt Resuscitation / CPR (choose FULL TREATMENT in Section B)

☐ NO – Do Not Attempt Resuscitation (DNR) / Allow Natural Death

YES, to Attempt Resuscitation/CPR in SECTION A?
Then, must choose FULL TREATMENT IN SECTION B.

OK to choose DNR with ANY option in SECTION B.

(REMEMBER: POLST orders are meant for out-of-hospital care only)

For patients who choose SELECTIVE or COMFORT Care Treatments in Section B:

"If you were to get so sick that your heart stopped, based on what you have told me, I recommend that we not attempt to revive you with CPR outside of the hospital. We know with your condition you are unlikely to survive CPR, and if you did, you would need to be cared for in the ICU, which is against your wishes. Does that sound right?"

For patients who choose FULL TREATMENT in Section B: *"Now let's imagine that you're at home, you have no pulse, and you have stopped breathing; your body is dying. How would you feel about attempts to revive you in your home, even though the chance of success would be very low, versus being allowed to have a natural death?"*

5. SIGN and date with all mandatory signers:

Make sure this section is complete to ensure orders are valid
Read all instructions carefully.

Allows for multiple signers i.e. all parents may sign for minor.

Ensure that you have policies and procedures that allow for completion of POLST via telemedicine visits.

Policies should include that telephone orders taken by authorized personnel are valid.