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The New POLST Form



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Physician Orders for Life-Sustaining Treatment document patients' treatment preferences.

Sarah Anderson is a 78-year-old woman with severe lung disease. She lives in a skilled nursing facility after a hospital stay for pneumonia. She develops increasing shortness of breath and decreased responsiveness. The SNF staff call 911 for patient transport to the hospital. The ER physician cannot find any code status information so Mrs. Anderson is intubated and transferred to the ICU. Later, it is learned that Mrs. Anderson did not want aggressive treatment.

Sound familiar? Far too often patients' wishes about medical care are not known. Advance health care directives may not be accessible, clear or honored by healthcare professionals. As a result, patients may experience over-treatment, and unnecessary pain and suffering.

A new California law seeks to alleviate these situations with Physician Orders for Life-Sustaining Treatment (POLST). POLST is a voluntary form that documents patients' treatment preferences. All healthcare professionals and providers — including hospitals, nursing facilities and first responders — are required to honor POLST when presented with a completed form. The law gives immunity to providers who follow POLST in good faith.

The California POLST form is two pages (the front and back of a sheet of 65 pound Pulsar Pink paper stock) and includes these features:

- immediately actionable medical orders on a standardized form;
- orders that address a range and level of intensity of life-sustaining interventions;
- brightly-colored, clearly identifiable form; and
- portability across treatment settings.

Designed for seriously ill or medically frail patients, POLST clarifies patient decisions about treatment, including CPR, hospitalization, artificial nutrition and other medical interventions. An important component to ensure the effectiveness of POLST is a comprehensive discussion about goals of care. Once completed, the form must be signed by the physician and the patient or legally recognized decision maker.

POLST differs from an advance health care directive because it does not name a health care decision maker, is intended primarily for people with advanced illness and puts into operation wishes set forth in an advance directive.

In August, the Center for Healthcare Decisions held a multi-organizational meeting of regional physician leaders and representatives from emergency medical services, hospitals and skilled nursing facilities. The group began discussing ways they might collaborate to ensure widespread use of POLST, including sharing best practices, providing education opportunities, enhancing communication across care settings, and raising visibility around this important new communication tool. For more information, contact CHCD.

POLST was developed in Oregon in the early 1990s and is used in more than 25 states. Research shows that POLST instructions are generally followed and the form accurately conveys patient preferences (www.POLST.com). The California Coalition for Compassionate Care (CCCC) is the lead agency for POLST implementation in California.

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Download the POLST form for printing, as well as other helpful materials, at www.capolst.org. The official POLST form for California is approved by the Emergency Medical Services Authority in cooperation with CCCC.