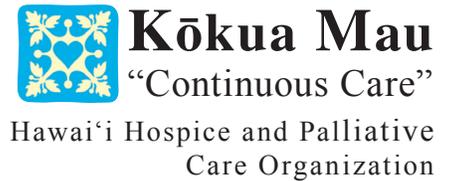


What is POLST?

Provider Orders for Life-Sustaining Treatment

A Consumer Guide to POLST

Maintained for Hawai'i by Kōkua Mau



- **POLST = Provider Orders for Life-Sustaining Treatment**, is your care wishes carried out through:
 - Your medical orders, completed by a doctor or an Advanced Practice Registered Nurse (APRN) for care right now.
 - Is followed by health care providers, including Emergency Medical Services, such as Paramedics.
- You use POLST when you have a serious health condition.
- Social workers, nurses and other healthcare professionals can help you fill out your own POLST form, but it **MUST** be signed by your physician or APRN in order to be valid.
- POLST contains medical orders indicating what medical care you want or don't want if you become unable to make the decisions yourself.
- Your doctor or APRN, who is licensed in the State of Hawai'i (or allowed to practice if from the Military or VA) **MUST** review and sign the POLST form.
- POLST also requires your signature or that of your Legally Authorized Representative (see page 2 for definition.)

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST) - HAWAII

FIRST follow these orders. THEN contact the patient's provider. This Provider Order form is based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Any area not treated with dignity and respect.

Patient's Last Name: _____
First/Middle Name: _____
Date of Birth: _____ Date Form Prepared: _____

A CARDIOPULMONARY RESUSCITATION (CPR): **** Person has no pulse and is not breathing ****
 Attempt Resuscitation/CPR (Section B: Full Treatment required) Do Not Attempt Resuscitation/DNAR (Allow Natural Death)

B MEDICAL INTERVENTIONS: **** Person has pulse and/or is breathing ****
 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. 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 airway support (e.g. continuous or bilevel positive airway pressure). Transfer to hospital if indicated. Avoid intensive care.
 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: Always offer food and liquid by mouth if feasible
 (See instructions on next page for information on nutrition & hydration)
 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 Legally Authorized Representative (LAR). If LAR is checked, you must check one of the boxes below:
 Guardian Agent designated in Power of Attorney for healthcare Intestine-designated surrogate
 Surrogate selected by consensus of interested persons (See section 5) Parent of a Minor
 Signature of Provider (Physician/APRN licensed in the state of Hawai'i):
 My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.
 Provider Name: _____ Provider Phone Number: _____ Date: _____
 Provider Signature (Required): _____ Provider License #: _____
 Signature of Patient or Legally Authorized Representative
 My signature below indicates that these orders/resuscitation measures are consistent with my wishes or (if signed by LAR) the known wishes and/or in the best interests of the patient who is the subject of this form.
 Signature (Required): _____ Name (print): _____ Relationship (write "self" if patient)
 Summary of Medical Condition: _____ Official Use Only: _____
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

When would I need a POLST form?

- The POLST form is intended for a person who has a chronic debilitating illness or is facing a life limiting disease, such as end-stage lung or heart disease or a terminal cancer.
- The decision to create a POLST should be discussed with each person's own provider.

The POLST form asks for information about your preferences for medical treatments:

- Whether to attempt cardiopulmonary resuscitation or not (see website for 'Questions about CPR'),
- The intensity of medical care you want,
- If you want to be hospitalized and under what conditions, and
- If you want artificial nutrition by feeding tube (see Kōkua Mau website for 'Tube Feeding' handout)

FREQUENTLY ASKED QUESTIONS (FAQ)

How do I get a copy of the POLST form?

You or your provider can download a POLST form and instructions for your doctor at the Kōkua Mau website: www.kokuamau.org/polst. The Kōkua Mau website is the central source for POLST information for Hawai'i. Most hospitals, nursing homes, home health and hospice providers as well as others in the community also have the form for you, and can provide some assistance in understanding it and filling it out. Please remember that your POLST form must be signed by your doctor or Advanced Practice Registered Nurse (APRN) to be valid.

Does the law require that I complete a POLST?

No. POLST is voluntary and has been available in Hawai'i since July 2009. However without a POLST, Emergency Medical Services (EMS) or other healthcare providers may be required to attempt to restart your heart and breathing should they stop, even if you do not wish an attempt to be made to resuscitate you, and would prefer to die a natural death.

Where is the POLST form kept?

If you live at home you should keep the original lime green POLST form in a location where it can easily be seen. The ideal place is on your refrigerator where EMS personnel will look for it first. Other visible places could be the back of the bedroom door, on a bedside table, or in your medicine cabinet. If you reside in a long-term facility, your POLST form may be kept in your medical chart along with other medical orders. A copy of your POLST form on white paper is legal.

Does the POLST form need to be signed?

Yes. Your doctor or APRN must sign the form in order for it to be a “Provider Order” that is understood and followed by other health care providers, including EMS personnel. The form also requires the signature of the person for whom the form is being completed or their Power of Attorney for Healthcare or Legally Authorized Representative.

What is a Legally Authorized Representative (LAR)?

This is someone who is able to make decisions for the patient when they are not able to make decisions on their own. A LAR can be 1) an agent designated by the patient through a Power of Attorney for Healthcare, 2) a guardian, 3) a surrogate designated by the patient when the patient is still able to make that decision, or 4) a surrogate designated by consensus of interested persons. If a patient is not able to make decisions on their own, the patient’s primary physician determines that is the case. After that, efforts are made to find all the people who have exhibited special care and concern for the patient and are familiar with the patient’s wishes. Some of these people may include a spouse who is not separated or estranged, parents, and children, but interested persons do not necessarily need to be related by blood or marriage. This group of people select a surrogate decision maker by consensus. This is in accordance with HRS 327E-5.

What decisions can be made by a Legally Authorized Representative?

A Legally Authorized Representative can make all decisions that the patient would make on their own behalf with one exception regarding the surrogate decision maker designated by consensus. This surrogate appointed by consensus in accordance with HRS 327E-5 has limitations placed upon him or her about decisions about withholding or withdrawing artificial nutrition and hydration. The surrogate by consensus can only make the decision to withhold or withdraw artificial nutrition and hydration if two physicians independently certify in the patient’s medical records that the artificial nutrition and hydration only prolongs the act of dying and the patient is highly unlikely to have any neurological response in the future.

If I have a POLST form do I need an Advance Health Care Directive (AHCD) too?

It is highly recommended that you also complete an Advance Health Care Directive, but it is not required. An advance health care directive is the best way to: a) make your wishes for treatment be known, and b) appoint an agent to act as your health care power of attorney in the event you may be unable to speak for yourself. The POLST form is not the right tool to appoint your agent for the AHCD, since POLST is a medical order. You may obtain more information about advance directives from your provider or from the www.kokuamau.org/resources/advance-directives website. The combination of POLST and AHCD gives you the best opportunity to have your wishes followed in the event you cannot speak for yourself.

What if I am no longer able to communicate my wishes and I do not have a POLST?

Through an AHCD, you should appoint a health care power of attorney who can speak on your behalf in case you are no longer able to speak for yourself. Your doctor or APRN can complete the POLST form with your Power of Attorney for Healthcare or Legally Authorized Representative based on their understanding of your wishes.

In what setting is the POLST form used?

The completed, signed POLST form is a medical order that will remain with you if you are transported between care settings, regardless of whether you are in the hospital, at home or in a long-term care facility. The POLST form is designed to be used to convey your medical orders to healthcare providers including paramedics who arrive after 9-1-1 has been called.

Why is the POLST Form lime green?

The lime green form is brightly colored so it can easily be found when needed and because it copies clearly on white paper. A plain white copy, completed correctly, and signed by a doctor or APRN is equally legal and valid. It will also be honored by health care providers including EMS personnel.

For the latest information about POLST and to download the PDF file of the official POLST form (for providers) please visit:
www.kokuamau.org/polst

For more information, contact Kōkua Mau at info@kokuamau.org or 808-585-9977.

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