



Physician Orders for Life Sustaining Treatment (POLST) Frequently Asked Questions

Who should have a POLST form?

The POLST (Physician Orders for Life-Sustaining Treatment) form is important for people with serious health conditions. It is used to make a person's wishes for medical care known to doctors, nurses, emergency medical personnel and other healthcare staff. The POLST form is a bright pink medical order form. Your doctor uses the POLST form to write orders that indicate the treatment you want in the last stages of an illness.

Why should I complete a POLST form?

If you have a serious medical condition, you can help to make certain that your wishes for care in the future are known and respected.

- The POLST form makes clear what medical care you would or would not want if you become unable to make the decisions yourself.
- It provides a doctor's order so that healthcare workers can follow your plan.
- A POLST form increases the chances of living out your days as you and your family wish.

What does the POLST form do?

The POLST form is voluntary and is intended to:

- Help you and your doctor discuss and develop plans to reflect your wishes.
- Assist doctors, nurses, healthcare facilities and emergency personnel in honoring your wishes.
- Make sure that your wishes are followed as you are moved from one healthcare facility to another (for example, from hospital to nursing home).

How is the POLST form used?

A nurse, social worker or your doctor completes the form making sure the treatments are what you want. The doctor signs the orders, making them official immediately. The orders are kept near you at all times, usually on your refrigerator or by your bed if you are home or in your medical chart, if you are in a care facility. The form is then easily found in emergencies. The POLST form will remain with you if you are transported between care settings (from home to hospital or from hospital to a skilled nursing facility).

What might happen to me if I do not have a POLST form?

Without a POLST form, emergency medical personnel, nurses and doctors would not know your treatment wishes. You most likely would receive all possible treatments, whether you want them or not, even if they are unlikely to achieve the result you would hope for, and even if these treatments cause pain or complications. Thinking through treatment choices with your family and doctor before a problem occurs can guide and provide the kind of care you want during difficult times.

What if I want to change something on my POLST form?

The POLST orders can be changed by you and your doctor at any time.

What are some of the medical terms used when talking about end-of-life-care?

Resuscitation: Resuscitation, also known as CPR, attempts to restart breathing and the heartbeat of a person who has no heartbeat or has stopped breathing. It typically involves “mouth to mouth” breathing and forceful pressure on the chest to try to restart the heart. Resuscitation may also involve electrical shock (defibrillation) or a plastic tube down the throat into the windpipe to assist breathing (intubation). When a person is not breathing on his or her own, a machine pumps air in and out of the lungs through the plastic breathing tube (mechanical ventilation/respiration).

DNR: Do Not Resuscitate or DNR, is a medical order not to attempt resuscitation because the patient does not want it or it is unlikely to help the patient.

- **Why would I choose DNR?**

Resuscitation may benefit healthy people. However, success with resuscitation is frequently very poor for people with a serious medical condition or more than one medical condition. If they live, these people can have broken ribs, punctured lungs or brain damage after receiving resuscitation. Resuscitation does not ensure that the person will have the same quality of life as before their heart stopped beating or breathing stopped.

Comfort Measures: Medical care focused on the main goal of keeping a person comfortable (rather than focused on medical procedures that may prolong life). On the POLST form, a person who requests comfort measures only would be moved to the hospital only if it is needed to provide comfort. The goal of managing pain and uncomfortable symptoms is always important. Food and fluids are always offered.

Antibiotics: Antibiotics fight infections (such as pneumonia). Antibiotics may only prolong the death of a person who is terminally ill and may prolong their suffering.

Intravenous (IV Fluids): A small plastic tube (catheter) is placed directly into the vein and fluids are given through the tube. Usually, IV fluids are given only for a short time, as IV fluids only help a person get through an acute illness.

Tube Feeding: Fluids and liquid nutrients (formula) can be given through a tube in the nose that goes into the stomach or through a tube placed directly into the stomach (by a surgical procedure).

- **When are feeding tubes not useful?**

1. It is controversial if giving nutrition by a feeding tube near the end of life may be beneficial or if it is actually harmful. People with serious illnesses such as a stroke or Alzheimer’s disease may lose the ability to eat or drink. Feeding tubes can be harmful because they can cause pneumonia, ulcers, swelling and infections.
2. The patient may feel more comfortable without a feeding tube or IV. When someone can no longer eat or drink, hand-feeding may be better. Hand-feeding offers a personal touch that does not happen with medically administered fluids and liquid nutrients. Food and fluids by hand-feeding are always offered for comfort and patient enjoyment.

What if I have more questions or concerns?

We encourage you to talk with your doctor and your healthcare team about your illness and your treatment choices. The POLST form and this information can help guide discussions with your healthcare

team.

Who can help me complete the POLST form?

Social workers, nurses and other healthcare professionals can complete the POLST form with you, but it MUST be reviewed and signed by a doctor. You or your healthcare representative, your healthcare agent or surrogate must also sign the form.

Will having a POLST form cause any problems for my family or my doctor?

Not at all. In fact, the POLST form helps you, your family and your doctor. The form shares your treatment wishes with your caregivers and helps keep you comfortable.

If I have a POLST form, do I need an Advance Directive too?

Yes, it is recommended that you also have an Advance Healthcare Directive (AHCD). The POLST form reinforces the wishes that you express in your AHCD. The POLST form presents those wishes in an easy to understand way.

- The AHCD is written instructions stating how you want future medical decisions made, in the event that you become unable to make or to communicate those decisions for yourself.
- The AHCD states who you want to make healthcare decisions for you if you are unable to make them for yourself.

**This information is provided courtesy of
California Coalition for Compassionate Care,
the statewide leader for implementation of POLST in California. For more information on POLST
in California visit their website at www.finalchoices.org**