A POLST form for Texas:
What is it and why is it important?

A presentation to GETAC Medical Directors

Robert L. Fine, MD, FACP
Director, Office of Clinical Ethics and Palliative Care, BHCS
robertf@baylorhealth.edu

What is POLST (POST)?

- Physician Orders for Life-Sustaining Treatment
  - **POST - Physician Orders for Scope of Treatment**
  - MOLST- Medical Orders for Life-Sustaining Treatment
- A physician order set that travels with the patient from one site of treatment to another.
- A standardized physician order form regarding CPR status; general intensity of treatment (full treatment, intermediate treatment, comfort only treatment); and use of additional treatments such as antibiotics, or artificial nutrition and hydration.

What is the intent of POST

- To improve communication (handoffs) between sites of treatment.
- To help deliver the treatment patients need and want, especially near the end of life.
- To lessen the risk of non-beneficial treatments, especially in the chronic care setting such as nursing homes and while in transport.

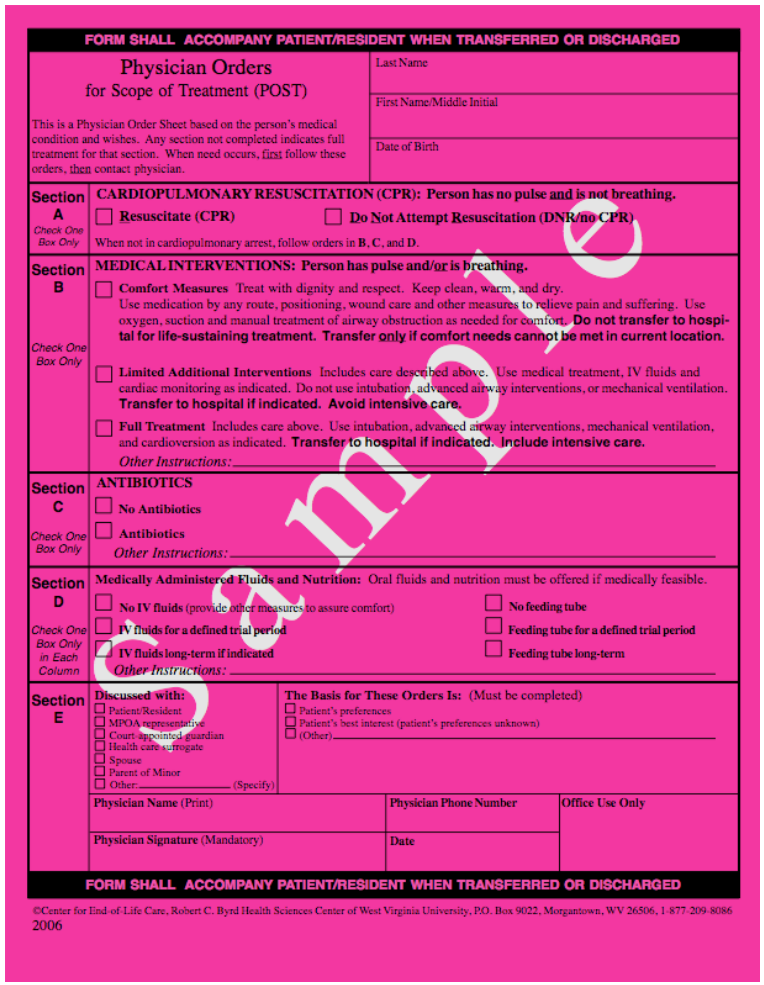
Who should have a POST form?

- POST forms are strongly recommended for hospitalized patients being discharged to nursing homes or home with hospice or home health care.
- POST forms are also recommended for nursing home residents on admission or during quarterly care planning.

Is a POST form the same as an advance directive?

- No, it is a physician order set that can be used to turn the preferences expressed in an advance directive into medical orders.
  - One need not have an advance directive to complete a POST form.

What does POST/POLST look like?



FORM SHALL ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

Physician Orders
for Scope of Treatment (POST)

This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed indicates full treatment for that section. When need occurs, first follow these orders, then contact physician.

Last Name
First Name/Middle Initial
Date of Birth

Section A (Check One Box Only)
CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
☐ Resuscitate (CPR) ☐ Do Not Attempt Resuscitation (DNR/no CPR)
When not in cardiopulmonary arrest, follow orders in B, C, and D.

Section B (Check One Box Only)
MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.
☐ Comfort Measures Treat with dignity and respect. Keep clean, warm, and dry. 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. Do not transfer to hospital for life-sustaining treatment. Transfer only if comfort needs cannot be met in current location.
☐ Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care.
☐ Full Treatment Includes care above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Include intensive care.
Other Instructions:

Section C (Check One Box Only)
ANTIBIOTICS
☐ No Antibiotics
☐ Antibiotics
Other Instructions:

Section D (Check One Box Only in Each Column)
Medically Administered Fluids and Nutrition: Oral fluids and nutrition must be offered if medically feasible.
☐ No IV fluids (provide other measures to assure comfort)
☐ IV fluids for a defined trial period
☐ IV fluids long-term if indicated
☐ No feeding tube
☐ Feeding tube for a defined trial period
☐ Feeding tube long-term
Other Instructions:

Section E
Discussed with:
☐ Patient/Resident
☐ MPOA representative
☐ Court-appointed guardian
☐ Health care surrogate
☐ Spouse
☐ Parent of Minor
☐ Other: _____ (Specify)

The Basis for These Orders Is: (Must be completed)
☐ Patient's preferences
☐ Patient's best interest (patient's preferences unknown)
☐ (Other) _____

Physician Name (Print) | Physician Phone Number | Office Use Only
Physician Signature (Mandatory) | Date

FORM SHALL ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

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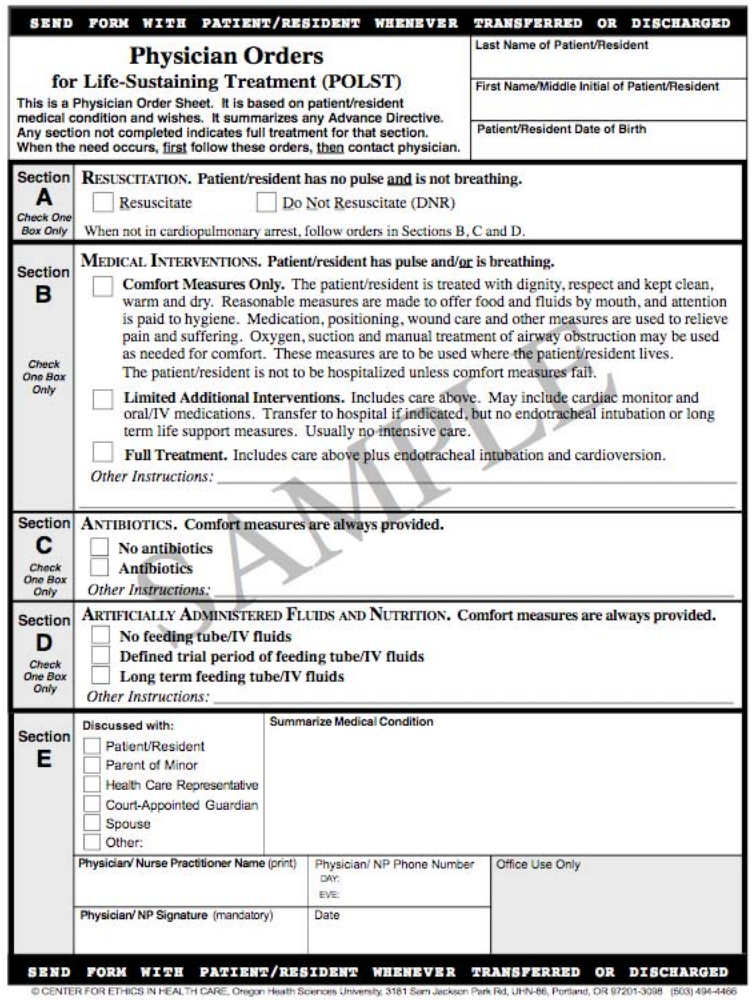

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

Physician Orders
for Life-Sustaining Treatment (POLST)

This is a Physician Order Sheet. It is based on patient/resident medical condition and wishes. It summarizes any Advance Directive. Any section not completed indicates full treatment for that section. When the need occurs, first follow these orders, then contact physician.

Last Name of Patient/Resident
First Name/Middle Initial of Patient/Resident
Patient/Resident Date of Birth

Section A (Check One Box Only)
RESUSCITATION. Patient/resident has no pulse and is not breathing.
☐ Resuscitate ☐ Do Not Resuscitate (DNR)
When not in cardiopulmonary arrest, follow orders in Sections B, C and D.

Section B (Check One Box Only)
MEDICAL INTERVENTIONS. Patient/resident has pulse and/or is breathing.
☐ Comfort Measures Only. The patient/resident is treated with dignity, respect and kept clean, warm and dry. Reasonable measures are made to offer food and fluids by mouth, and attention is paid to hygiene. Medication, positioning, wound care and other measures are used to relieve pain and suffering. Oxygen, suction and manual treatment of airway obstruction may be used as needed for comfort. These measures are to be used where the patient/resident lives. The patient/resident is not to be hospitalized unless comfort measures fail.
☐ Limited Additional Interventions. Includes care above. May include cardiac monitor and oral/IV medications. Transfer to hospital if indicated, but no endotracheal intubation or long term life support measures. Usually no intensive care.
☐ Full Treatment. Includes care above plus endotracheal intubation and cardioversion.
Other Instructions:

Section C (Check One Box Only)
ANTIBIOTICS. Comfort measures are always provided.
☐ No antibiotics
☐ Antibiotics
Other Instructions:

Section D (Check One Box Only)
ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION. Comfort measures are always provided.
☐ No feeding tube/IV fluids
☐ Defined trial period of feeding tube/IV fluids
☐ Long term feeding tube/IV fluids
Other Instructions:

Section E
Discussed with:
☐ Patient/Resident
☐ Parent of Minor
☐ Health Care Representative
☐ Court-Appointed Guardian
☐ Spouse
☐ Other:

Summarize Medical Condition

Physician/ Nurse Practitioner Name (print) | Physician/ NP Phone Number DAY: EVE: | Office Use Only
Physician/ NP Signature (mandatory) | Date

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

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Why should we support POST?

- To help lessen the three major deficits in treatment near the end of life.
  - High (3 - 6 fold) variability in intensity of treatment without improved outcome.
    - www.dartmouthatlas.org
  - High amounts of unacceptable suffering with 50% of patients having severe pain at the end of life.
    - Principal investigators, The Support Study. JAMA 1995; 274: 1591-98.
  - High costs in the last year of life with 28% of Medicare dollars spent in the last year and 14% in the last 2 months of life.
    - Last Year of Life study at www.cms.hhs.gov

CPR and variability in treatment

- When CPR is performed in inappropriate circumstances, for example at advanced age or advanced illness, it contributes to the high variability in treatment without variability of outcome.
- Most CPRs on television are successful (75%).
    - Cardiopulmonary resuscitation on television: miracles and misinformation. Diem SJ, Lantos JD. NEJM,1996 Jun 13;334(24):1578-82.
- The earliest report on the benefits of CPR suggested a 70% survival to discharge. Documentation of the nature of the patient's cardiac arrest was poor.
    - Closed-Chest Cardiac Massage. Kouwenhoven et al. JAMA vol.173, no. 10, 1064-1067. 1960.
- A 30-year review of 19,995 hospital based CPRs revealed a survival to discharge of not 70% but only 15%.
    - In-Hospital Cardiopulmonary Resuscitation: a 30 Year Review. Schneider, Nelson, and Brown. J of Am Board of Family Pract. 1993, 6:91-101.

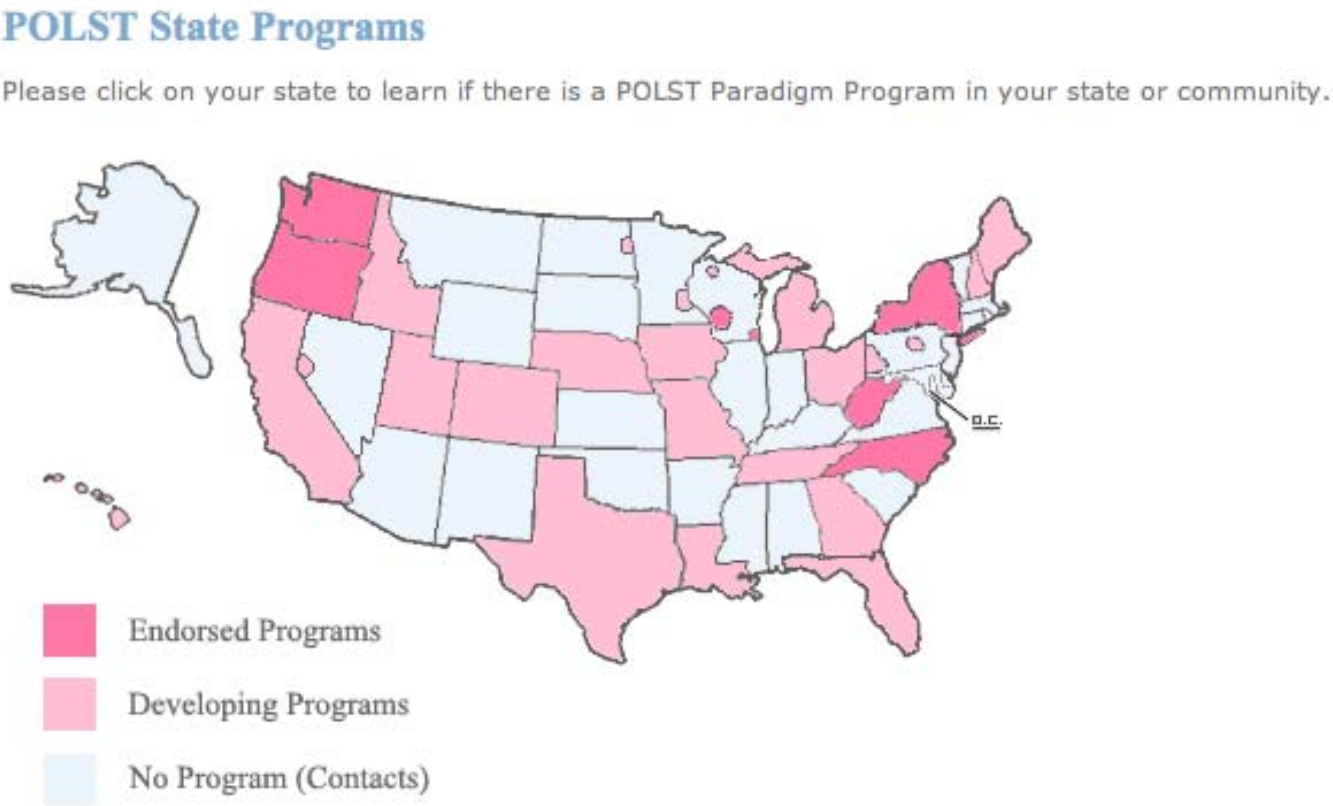
CPR and variability in treatment

- Patients who are free living and independent prior to CPR have a higher survival rate at discharge (19%) than those who are homebound (<3%) or nursing home residents (<3%) prior to hospital based CPR.
    - Survival After Cardiopulmonary Resuscitation for an In-Hospital Cardiac Arrest. Urberg and Ways. Journal of Family Practice 25, 41-44. 1987.
- When resuscitation is attempted in a nursing home (117 patients):
  - 102 (89%) were pronounced dead in the ED.
  - 2 died within 24 hours of admission to the hospital.
  - 11 died with an average stay of 5 days in the hospital.
  - 1 survived to discharge, returning to the nursing home with advanced dementia and died 8 months later.
  - 1 returned to the nursing home in the same condition they were in pre-arrest.
    - Applebaum GE, King JE, Finucane TE. CPR outcomes in the nursing home J Am Geriatr Soc. 1990 Mar;38(3):197-200.

CPR, suffering, and medical costs

- We will never be able to do a study of suffering during CPR however everything we know about pain and suffering suggests that it is a brutal and painful procedure.
  - Patients who have survived and recall it talk about how awful it was.
  - There is a growing body of evidence that minimally conscious patients feel pain and patients undergoing CPR are likely to be minimally conscious for some period of time.
- Estimates of the cost-effectiveness of CPR for all 6 month survivors of a large international multicenter collaborative trial are $406,605 per life saved (range $344,314 to 966,759).
  - Cardiopulmonary Resuscitation: What Cost to Cheat Death? Lee, Angus, and Abramson. Critical Care Medicine 24(12), 2046-2052, December 1996.

Where else is POLST used?



What is the Oregon experience?

- EMT experience with POLST in Oregon.
  - In 45% of cases where a POLST was present, EMTs reported that it changed treatment.
  - Most (74%) of the respondents agreed that the POLST Program provides clear instructions about patient's preferences and 91% agreed that the POLST Program is useful in determining which treatments to provide when the patient has no pulse and is apneic.
    - The Physician Orders for Life-Sustaining Treatment (POLST) Program: Oregon Emergency Medical Technicians' Practical Experiences and Attitudes. Schmidt TA, Hickman SE, et al. Journal of the American Geriatrics Society,2004; 52:1430-1434.

Next steps?