

POLST Minnesota: Information for Patients and Family Members

This document provides general information about the POLST program in Minnesota, known as POLST Minnesota. For simplicity, the term POLST is used throughout the document. The recognized POLST form in Minnesota includes the state name.

What is POLST?

POLST stands for Provider Orders for Life-Sustaining Treatment. POLST Minnesota is the name of the POLST program in Minnesota.

The purpose of POLST is to give very ill patients more control over the treatment they do and do not want to receive.

What is a POLST form?

A POLST form is used to turn a patient's treatment wishes into a medical order. The POLST form moves with the patient so that it can be used any place a patient may receive care – at home, in a medical emergency, in a nursing home, in a hospital, etc.

The POLST form can help improve patient care, especially in a medical emergency. In a medical emergency, emergency medical services (EMS) or other health care professionals will do everything possible to try to save a person's life. Not all patients who are seriously ill or frail want that type of treatment, however. The POLST form lets patients define what care they do and do not want to receive.

Who should have a POLST form?

A POLST form is not for everyone. A POLST form is meant for people who are very sick or frail and whose health care provider would not be surprised if they died within a year or two. For example, patients with advanced heart disease, advanced lung disease, or cancer that has spread.

Most people are too healthy to need a POLST form.

I have a health care directive so why do I need a POLST form?

Both health care directives and POLST forms are types of advance care plans. They support each other but do different things.

All capable adults should have a health care directive. A health care directive is used to identify someone (a "health care agent") who can make health care decisions for you in case you are not able to make decisions on your own. A health care directive is also used to outline your future health care wishes. But in an

emergency, EMS or other health care professionals cannot follow the treatment wishes included in a health care directive.

If you become seriously ill, a POLST form can help you turn your treatment wishes into a medical order that can be followed if there is an emergency. A POLST form notes what treatments you do and do not want to receive. In order to ensure that EMS or other health care professionals follow your wishes, a POLST form is required.

For more information about health care directives and advance care planning resources in Minnesota, see Honoring Choices Minnesota. (<http://www.honoringchoices.org/>)

Can I complete a POLST form on my own?

No. As a patient, you should not be given a POLST form to complete on your own. Before a POLST form is completed, you should have a discussion with your health care provider or other health care professional. You should feel well informed about your health condition, understand how quickly your condition will worsen, know what your treatment options are, and think about what treatment options make sense for you given your personal beliefs, values and goals.

A POLST form is a medical order, which means it must be signed by a physician (MD/DO), advanced practice registered nurse (APRN), or physician assistant (PA) to be valid. By signing the form, the health care provider indicates that the orders on the form are based on the patient's current medical condition and treatment wishes.

As a patient, you (or the person who will make decisions for you) are strongly encouraged to sign the POLST form to show that you agree with the orders. A patient's (or surrogate's) signature, however, is not required.

Is a POLST form required?

No. Completion of a POLST form is always voluntary. Just as patients are not required to complete a health care directive, they are not required to complete a POLST form.

Some health care facilities may have policies that certain patients be offered the opportunity to have a conversation about POLST, but completion of a POLST form should always be voluntary.

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In some health care facilities, the POLST form may be used to document a patient's "code status." Code status defines whether or not to attempt to resuscitate a patient who is not breathing, has no pulse, and is not responsive. If a patient chooses not to make a decision regarding code status, or does not complete a POLST form, the current standard of care requires that the patient be designated as full code. Full code means every effort will be made to resuscitate the patient, which could include using CPR, breathing tubes, mechanical breathing machines, and admission to the intensive care unit (ICU).

What if my loved one can no longer communicate her treatment wishes?

In the event your loved one cannot make treatment decisions on her own, a trusted surrogate (or alternate) decision maker can do so for her.

There are different kinds of surrogates – a health care agent is someone who has been chosen in advance to make decisions for someone else (usually identified in a health care directive); a court-appointed guardian is someone who has been identified by a court to make decisions, including health care decisions, for another person; another kind of surrogate is someone who the patient's health care provider believes can make decisions based on the patient's known wishes and values, such as a spouse, domestic partner, adult child, sibling, parent of a minor, other relative, or close friend.

A surrogate decision maker can talk to a health care provider about your loved one's health condition and treatment wishes and sign a POLST form based on an understanding of your loved one's wishes.

If my medical condition changes can I change my POLST form?

Yes. As with the completion of your initial POLST form, a decision to replace or void a POLST form involves a discussion with a health care professional. As your medical condition changes or your thoughts about the kind of care you want changes, you can change what treatments you do or do not want on your POLST form. Talk with your health care provider or other health care professional about creating a new POLST form. Be sure to notify your health care provider of any decisions to replace or void your POLST form so that any POLST forms included in your medical record are also updated.

It is important to note that you cannot simply amend an existing POLST form; if changes are desired, a new form must be completed.

Your health care provider should also review your POLST form with you from time to time – especially when you move from one health care facility to another, when there is an important change in your condition, or if you change primary health care providers.

Does a POLST form limit the type of treatment I can get?

Only if you want limited treatments. The POLST form gives you more control over the type of treatments you do and do not want to receive, especially in an emergency when you are not able to speak for yourself.

Is a POLST form different than a Do Not Resuscitate (DNR) order?

Yes. The POLST form does more than a DNR order. Like a DNR order, a POLST form lets EMS or other health care professionals know whether or not the patient wants cardiopulmonary resuscitation (CPR). A DNR order only applies when a person does not have a pulse, is not breathing, and is unresponsive. However, in most medical emergencies, a person does have a pulse, is breathing, or is responsive.

A POLST form provides more information to EMS or other health care professionals than whether or not the patient wants CPR. The medical treatment options section on the POLST form (Section B) allows patients to provide more specific guidance on the care they do and do not want to receive.

What are the medical treatment options on the POLST form?

There are three medical treatment options on the POLST form (Section B).

- The first option is "Full Treatment." Full treatment means that all medical treatments and care will be used to try to save a patient's life. For example, full treatment may include the use of CPR, a breathing machine, and transfer to the hospital or intensive care unit (ICU).
- The second option is "Selective Treatment." Selective treatment means that medical treatments and care will be used to make sure a patient does not get sicker, or will be used to treat a new problem that occurs. For example, selective treatment may include the use of medications, antibiotics for pneumonia, and heart monitors. More intensive care that may be needed to save the patient's life, such as a breathing machine, will not be used. The patient will be taken to the hospital, if needed.
- The third option is "Comfort-Focused Treatment." Comfort-focused treatment means that medical treatments and care will be used to relieve a patient's pain and suffering. For example, the use of medications, wound care, and suction. The patient will not be taken to the hospital for life-saving care, but may be taken to the hospital if comfort cannot be provided in the current location.

The POLST form also separately allows patients to choose whether or not they would like artificially-administered nutrition and antibiotics.

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Does a POLST form allow for basics like food and water?

Yes. The POLST form ensures that patients are always offered comfort measures, such as pain relief and food and water, as tolerated.

What if I travel to another state, will my POLST form be valid?

It depends. If you are traveling to another state, it is strongly recommended that you take your health care directive and your POLST form with you. Both documents, even if not legally binding in another state, will help health care professionals understand your wishes and, if needed, a new POLST form can be completed.

What if I move to another state, will my POLST form be valid?

If you are moving, you should bring your POLST form with you. Take your POLST form to your first appointment with your new health care provider and create a new form for use in that state. You should also ask about updating your health care directive, as some states require you to use a specific form in order for your directive to be valid.

Where can I get a POLST form?

Talk to your health care provider. Since a POLST form is a medical order it must be signed by a health care provider (physician, advanced practice registered nurse, or physician assistant) to be valid.

As a patient, you should not be provided a POLST form to complete on your own. Before a POLST form is completed, you should feel well informed about your health condition, understand how quickly your condition will worsen, know what your treatment options are, and think about what treatment options make sense for you given your personal beliefs, values and goals.

Where should I keep my POLST form?

Your POLST form (or a copy of it) should always remain with you, regardless of whether you are at home, in the hospital, or in a nursing home. The form should be placed in a location where it can be readily available and visible in case EMS professionals are called. A copy should also be included in your medical record. Photocopied, faxed, or electronic versions of the POLST form are all valid and recognized.

Is POLST a federal government mandate or program?

No. There are POLST programs throughout the country, but POLST is not a federal program. POLST programs have been developed in states in many different ways. Some states have programs that were based on legislation and others have programs that are community based. The POLST program in Minnesota is community based. It is managed by the Minnesota Medical Association (MMA) and is overseen by a multi-stakeholder committee of physicians, nurses, other health care professionals, and other experts. The National POLST Paradigm Task Force creates quality standards for states to follow, which helps to ensure that patients can have their POLST form honored throughout the United States.

You can learn more about other POLST programs here:
<http://polst.org/programs-in-your-state/>

Adapted with permission from the National POLST Paradigm.

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