

Guidelines for Remote POLST Completion



While clinicians typically complete POLST forms in person with patients and families, that is more difficult during the COVID-19 pandemic. Fortunately, clinicians and patients can complete POLST remotely. These Guidelines help assure this is done effectively and appropriately.

Before the Clinician-Patient Discussion

1. Prior to contact with the patient/family, both the health care professional preparing the POLST form and the provider signing the form (if different)¹ should:
 - View the POLST instructional video²
 - Familiarize themselves with the sample POLST conversations on the POLST MN website³
2. Prior to contact with the health care professional, the patient and/or the patient's family⁴ should view the online educational video.²

Clinician-Patient Discussion

3. Complete the POLST form with patient/family by going through the POLST Conversation found on the website.³
4. In Section "C" of the form, note the following: "POLST completed remotely due to patient/family request" or "POLST completed remotely due to mandated social distancing during pandemic."

After the Clinician-Patient Discussion

5. Deliver the POLST form to the provider for signature (if prepared by another health care professional).
6. Enter the POLST form into the EMR.
7. Download a copy of the form and mail to patient for posting on the refrigerator. If the patient resides in a facility, email a PDF of the form to the facility.

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Footnotes

- ¹ Conversation may be conducted by any health care professional (e.g., Nurse, SW, Chaplain) who prepares the form for a provider (MD, DO, PA, APRN) who ultimately signs the POLST form and makes it a completed medical order.
- ² <https://www.youtube.com/watch?v=ci7KIDJQp-FU&feature=youtu.be>
- ³ See POLST "How to Guide" for scripted conversations. These conversations between the patient/family and the provider may be conducted through telephonic or tele-video means.
- ⁴ If the patient is unable to participate, the family/surrogate decision maker should be the Health Care Agent or guardian for the patient. If no HCA exists, the decision maker should be the next of kin or the individual most knowledgeable about the wishes and values of the patient. The patient should be included as appropriate or able.

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