

# POLST

## Portable Orders for Life-Sustaining Treatment

Washington State Training Curriculum

For EMS Providers



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## Acknowledgements

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## Contents

Acknowledgements.....	1
Background / Scope .....	4
Introduction .....	4
Historical Perspective.....	4
Course Guide.....	5
Overview .....	5
Participant Requirements .....	5
Course Length .....	5
Washington State Training Course Forms .....	5
Educational Materials .....	5
Instructor .....	5
Medical Direction.....	5
Training Program Goals.....	6
Cognitive Objectives .....	6
Affective Objectives .....	6
Psychomotor Objectives .....	6
The Washington State POLST Program for EMS Providers .....	7
Amendment to 1992 Natural Death Act.....	7
Liability for the EMS Provider .....	7
Philosophy of the POLST program .....	7
What is the POLST form? .....	7
What does the POLST form do?.....	7
Who qualifies to utilize the POLST form? .....	7
Where is the POLST form used? .....	8
What is required for the POLST form to be valid?.....	8
How is the form transferred from one setting to another? .....	8
POLST Form Contents – (See APPENDIX D: Sample POLST Form) .....	8
Who keeps the POLST and where will it be located? .....	11
Revocation of the POLST .....	11
Special situation:.....	11
Other valid resuscitation orders .....	11
Run report documentation .....	11

Provide comfort care .....	12
How to manage grieving family members .....	12
APPENDIX A: Guidance Education for EMS Providers.....	13
Scene Size-Up/Initial Patient Assessment.....	13
Focused History and Detailed Physical Exam.....	13
Management.....	13
When the patient has an existing, valid resuscitation order: .....	13
If resuscitative efforts have been started before learning of a valid DNR / DNAR order, stop these treatment measures: .....	14
Revoking the resuscitation order.....	14
Documentation .....	14
Comfort Care Measures .....	14
Special situation .....	14
Ongoing Assessment as appropriate .....	15
Transport if necessary.....	15
APPENDIX B: “How Best to Tell the Worst News” .....	16
APPENDIX C: Medical Terms Used for End of Life Care .....	18
APPENDIX D: Sample POLST Form .....	21

## Background / Scope

### Introduction

Individuals have the right to make their own health care decisions. An advance directive document can help people communicate their treatment preferences when they would otherwise be unable to make such decisions. Unfortunately, the wishes expressed by an advance directive may in some cases not be honored because of the unavailability of completed forms or a provider's lack of understanding of how to translate the language of the document into treatment of specific medical conditions. Providers caring for individuals in various health care settings may in good faith initiate or withhold treatments that are potentially medically inappropriate or contrary to the desires of the person.

The "Portable Orders for Life-Sustaining Treatment" (POLST) is a document designed to help health care providers honor an individual's treatment wishes. The POLST is designed to help medical personnel:

- Promote an individual's autonomy by documenting an individual's treatment preferences and coordinating these with medical provider orders;
- Enhance the authorized transfer of patient records among facilities;
- Clarify treatment intentions and minimize confusion regarding an individual's treatment preferences, and;
- Facilitate appropriate treatment by emergency medical services personnel.

The POLST document is a short summary of treatment preferences and medical provider orders for care that is easy to read in an emergency situation. The POLST is not intended to replace an advance directive document or other medical provider orders. It centralizes information, facilitates record keeping, and ensures transfer of appropriate information among health care providers and care settings.

### Historical Perspective

The document was developed over a four-year period by a multi-disciplinary task force convened by the Center for Ethics in Health Care, Oregon Health & Science University, with representatives from numerous health care provider and institutional organizations. The Regional Ethics Network of Eastern Washington and the Department of Health first introduced the POLST form in Washington state as a pilot program in the Spokane area.

Individuals, physicians, home care personnel, and families have been particularly satisfied with this form because it promotes clarity in the patient's wishes in end of life care and interventions and promotes compassionate care at this important time in a person's life.

The POLST form translates an individual's wishes into an actual medical provider order and is portable from one care setting to another.

The POLST document and training are reviewed and updated regularly.

In Washington, the following medical providers may sign the POLST form: physicians (MD/DO), an advanced registered nurse practitioner (ARNP), or a physician assistant – certified (PA-C).

## Course Guide

### Overview

Medical, legal and ethical issues are a vital element of the EMS provider's daily life. The decision to treat or not to treat an Individual requires knowledge of current state and local legislation, policy and protocol. Up-to-date knowledge of the Washington state POLST program is essential. Guidance will be given in this lesson to answer questions regarding POLST and to assist EMS providers to make the correct decision when POLST or other resuscitation orders are encountered.

### Participant Requirements

The information contained in this curriculum is to be provided to all EMS providers in initial EMS training and as an update during continuing medical education (CME) or ongoing training and evaluation (OTEP).

### Course Length

Recommended length minimum of one hour.

### Washington State Training Course Forms

No application required for DOH – no credential to be issued by DOH. Documentation should be maintained by EMS provider.

### Educational Materials

*This curriculum is on the [DOH website](#). It can also be requested by contacting DOH Emergency Care System at 360-236-2840 or by sending an email to [HSQA.EMS@doh.wa.gov](mailto:HSQA.EMS@doh.wa.gov). Additional information regarding POLST can be found on the [WSMA website](#).*

### Instructor

Training should be conducted by people knowledgeable in the Washington state POLST program, experienced in the delivery of EMS education, and in practical application of scene and patient management, such as senior EMS instructors or other people approved by the medical program director to teach continuing education. Content experts should be used to instruct as available by area.

### Medical Direction

Medical direction of EMS personnel is an essential component in the acceptance and use of the POLST form. Physician involvement should be in place for all aspects of EMS. On-line and/or off-line medical direction must be in place to allow EMS personnel to carry out and assist with the administration of the individual's treatment decisions.

## Training Program Goals

At the conclusion of the training program emergency medical services personnel will be able to:

### Cognitive Objectives

1. Describe the 1992 amendment to Washington's Natural Death Act
2. Recognize the liability for EMS personnel regarding the POLST or other valid resuscitation orders.
3. Describe the philosophy of the POLST program.
4. Describe what the POLST form is.
5. Describe what the POLST form does.
6. Describe who qualifies to have a POLST form.
7. Describe where the POLST form is used.
8. Describe what is required for the POLST form to be valid.
9. Describe how the POLST form is transferred from one setting to another.
10. Recognize the POLST form and other valid resuscitation orders.
11. Recognize the parts of the POLST form.
12. Recognize when an individual has revoked the POLST or other valid resuscitation orders.
13. Describe who keeps the POLST form and where the POLST form is kept.
14. Describe the EMS provider education guidance for managing an individual with a POLST form or other valid resuscitation orders (See APPENDIX A: Guidance Education for EMS Providers)
15. Describe how to document a POLST or other valid resuscitation order on the patient run report.
16. Describe how to provide comfort care measures to a dying individual.

### Affective Objectives

1. Explain which individuals qualify for the POLST program.
2. Explain the steps you can use to communicate with grieving family members. (See APPENDIX B: "How Best To Tell the Worst News").

### Psychomotor Objectives

1. Locate and identify the POLST form or other valid resuscitation orders.

## The Washington State POLST Program for EMS Providers

### Amendment to 1992 Natural Death Act

- A. March 1992, the state legislature directs Department of Health to:
  - 1. Adopt guidelines for how EMS personnel should respond to written do not resuscitate (DNR) orders
  - 2. Before 1992, EMS personnel could not legally recognize prehospital DNR orders

### Liability for the EMS Provider

- A. The EMS provider protection from liability exists in RCW 18.71.210
- B. This law provides protection for all acts and omissions done in good faith.
- C. In honoring the POLST, the EMS provider will be acting in accordance with medical program director (MPD) protocol and the individual's medical provider order, and therefore acting in good faith.

### Philosophy of the POLST program

- A. People have the right to make their own health care decisions.
- B. These rights include:
  - 1. The ability of individuals to indicate their decisions about life-sustaining treatment.
  - 2. A mechanism in which individual could describe their desires for life-sustaining treatment to health care providers.
  - 3. Health care providers who understand how to provide comfort care while honoring the individual's desires for life-sustaining treatment.

### What is the POLST form?

- A. It is a bright lime-green form that provides a short summary of treatment preferences and medical provider's order for care that is easy to read in an emergency situation.
- B. It is a "portable" order that describes the individual's care directions, i.e., preferences for resuscitation, medical interventions including medication, and artificially administered nutrition.
- C. It is "portable" because it is intended to go with the individual from one care setting to another using a single uniform document.

### What does the POLST form do?

- A. Completing a POLST form is voluntary on the part of an individual. The form is intended to:
  - 1. Allow people and their medical providers to discuss and develop plans to reflect the individual's end of life care wishes.
  - 2. Assist medical providers in honoring the individual's wishes for life-sustaining treatment.
  - 3. Direct appropriate treatment by EMS personnel.

### Who qualifies to utilize the POLST form?

- A. Anyone can qualify for a POLST, as long as it is signed by the individual's medical provider. It is most relevant to those who have a serious health condition or those who would like to place limitations on the emergency medical care they may receive.



### Where is the POLST form used?

- A. The completed POLST form is a medical provider order form that remains with an individual when transported between care settings, regardless of whether the setting is a person's home, a long-term care facility, or a hospital.

### What is required for the POLST form to be valid?

- A. The POLST form contains the individual's name, date of birth, date and the person's or legal medical decision maker's signature. Verbal consent for the individual's signature may be documented by a clinician.
- B. The POLST form has been signed and dated by the medical provider. A verbal order for the medical provider's signature may be recorded.
- C. All copies, digital images, faxes of signed POLST forms are valid.

### How is the form transferred from one setting to another?

- A. The original form, which is bright lime-green, is preferred but photocopies, digital images, and faxes of signed POLSTs will be honored.
- B. Institutions may wish to keep a duplicated copy in the permanent medical record upon discharge or before inter-facility transports.
- C. HIPPA permits the disclosure of POLST to other health care providers as necessary.

### POLST Form Contents – (See APPENDIX D: Sample POLST Form)

- A. Individual information – This area must be completed with the individual's name and date of birth. Gender and pronoun sections are optional.
- B. Medical Conditions/ Individual's Goals section to give more detail and context for the individual.
  - 1. If the individual requires treatment, the caregiver should first initiate any treatment orders recorded on the POLST, and then contact the attending medical provider.
  - 2. Any order section that is not completed indicates that full treatment should be provided for that section until clarification is obtained.
- C. Section A – Resuscitation: Individual has no pulse and is not breathing.
  - 1. If the individual wants CPR, the **Attempt Resuscitation box** is checked.
  - 2. If the individual does not want CPR, the **Do Not Attempt Resuscitation (DNAR) / Allow Natural Death box** is checked. Resuscitation should not be attempted.
  - 3. Comfort measures will always be provided.
  - 4. If the individual is not in cardiopulmonary arrest, go to section B.
- D. Section B – Level of Medical Interventions – When the individual has pulse and/or is breathing.
  - 1. Healthcare providers will first administer the level of EMS services (appropriate to the level of certification) ordered and then contact the attending medical provider or online medical control.
    - a. **Full treatment**- primary goal of prolonging life by all medically effective means. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Includes care described below *Transfer to hospital if indicated. Includes intensive care.*

- b. **SELECTIVE TREATMENT** – The primary goal of treating medical conditions while avoiding invasive measures whenever possible. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP, high-flow oxygen). Includes care described below. *Transfer to hospital if indicated. Avoid intensive care if possible.*
  - c. **COMFORT-FOCUSED TREATMENT** - Primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Individual prefers no hospital transfer: *EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.*
2. Additional orders (e.g., blood products, dialysis) may be listed and considered.
  3. Comfort care is always provided regardless of indicated level of EMS treatment.

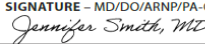

E. Section C – Signatures

1. The following are required to be valid:
  - a. A medical provider (physician, ARNP, or PA-C) printed name, signature, and date.
  - b. Patient or legal medical decision maker’s signature and date.
2. Additional language in section:
  - a. "A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2."
  - b. "Legal health care agent" refers specifically to a person named by DPOA-HC. "Legal medical decision maker" refers to a legal health care agent or another surrogate medical decision maker as outlined in RCW 7.70.065.
  - c. New box to clarify the relationship between the individual and their legal medical decision maker.
  - d. Telephone order signatures are valid.
3. Examples of signature box:

Signatures for verbal and telephone orders may vary depending on organizational policies, below are examples of what these types of signature boxes might look like.

Follow local protocols and contact medical control as needed.

- a. Verbal consent by patient or legal medical decision maker

<b>C</b>			
<b>Signatures:</b> A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.			
<b>Discussed with:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Parent(s) of minor <input type="checkbox"/> Guardian with health care authority <input type="checkbox"/> Legal health care agent(s) by DPOA-HC <input type="checkbox"/> Other medical decision maker by 7.70.065 RCW	<input checked="" type="checkbox"/> <b>SIGNATURE</b> – MD/DO/ARNP/PA-C (mandatory)  <b>PRINT</b> – NAME OF MD/DO/ARNP/PA-C (mandatory) Jennifer Smith, MD	<b>DATE (mandatory)</b> 06/17/2021 - 1300  <b>PHONE</b>	
<input checked="" type="checkbox"/> <b>SIGNATURE(S)</b> – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory) [Leave Blank for Signature]  Mary Davis, RN	<b>RELATIONSHIP</b> Davis, RN	<b>DATE (mandatory)</b> 06/17/2021 - 1300  <b>PHONE</b>	
<b>PRINT</b> – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory) Frank Miller (Patient) OR Susan Miller (POA)    Verbal Consent by Patient or POA/M.Davis			
Individual has: <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Health Care Directive (Living Will) <i>Encourage all advance care planning documents to accompany POLST.</i>			
<b>SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED</b>			

b. Verbal consent of telephone orders from a signing clinician.

<b>C</b> <b>Signatures:</b> A legal medical decision maker ( <i>see page 2</i> ) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.		
<b>Discussed with:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Parent(s) of minor <input type="checkbox"/> Guardian with health care authority <input type="checkbox"/> Legal health care agent(s) by DPOA-HC <input type="checkbox"/> Other medical decision maker by 7.70.065 RCW	<b>SIGNATURE – MD/DO/ARNP/PA-C (mandatory)</b> <b>[Leave Blank for Signature]</b> <i>Mary Davis, RN</i> <b>PRINT – NAME OF MD/DO/ARNP/PA-C (mandatory)</b> <b>Jennifer Smith, MD - T.O. Mary Davis, RN</b>	<b>DATE (mandatory)</b> 06/17/2021 - 1300  <b>PHONE</b>
<b>SIGNATURE(S) – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)</b> <i>Frank Miller</i> OR "Verbal Consent from [Patient/Surrogate Name]" <i>Mary Davis, RN</i>	<b>RELATIONSHIP</b> Patient / Legal Medical Decision Maker/Surrogate	<b>DATE (mandatory)</b> 06/17/2021 - 1300  <b>PHONE</b>
<b>PRINT – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)</b> <b>Frank Miller (Patient) OR Susan Miller (Legal Medical Decision Maker/Surrogate)</b>		
Individual has: <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Health Care Directive (Living Will) <i>Encourage all advance care planning documents to accompany POLST.</i>		
<b>SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED</b>		

F. Page 2 – Non-Emergency Transport Medical Treatment Preferences (*NOT APPLICABLE TO PREHOSPITAL EMS CARE*). – For EMS Awareness

1. Individual information
  - a. This section is completed with the individual’s name and date of birth.
2. Additional Contact Information (if any)
  - a. This section provides space for additional contact information and is optional.
3. Preference: Medically Assisted Nutrition (i.e., Artificial Nutrition)
  - a. This section is NOT required.
  - b. This section, whether completed or not, does not affect orders on page 1 of form.
  - c. Preferences for medically assisted nutrition, and other health care decisions, can also be indicated in advance directives which are advised for all adults.
  - d. The POLST does not replace an advance directive.
  - e. When an individual is no longer able to make their own decisions, consult with the legal medical decision maker(s) regarding their plan of care, including medically assisted nutrition. Base decisions on prior known wishes, best interests of the individual, preferences noted here or elsewhere, and current medical condition. Document specific decisions and/or orders in the medical record.

G. Additional areas include:

1. Directions for health care professionals
  - a. Completing, using, and reviewing POLST
2. Review of this POLST form

### Who keeps the POLST and where will it be located?

- A. In the home, the individual keeps the POLST in a prominent location:
  - 1. Next to the front door
  - 2. On or in the refrigerator
  - 3. Look for a Vial of Life or another container.
- B. When the individual is staying in a medical facility, the POLST form will be kept by the facility in the individual's medical chart along with other medical orders.
- C. The form may also be digital.

### Revocation of the POLST

- A. POLST form may be revoked by:
  - 1. The individual verbally revoking the order
  - 2. The individual destroying the form
  - 3. The medical providers by expressing the patient's revocation of the order
  - 4. The legal medical decision maker
  - 5. By drawing a diagonal line or the word VOID across the front of the form.

### Special situation:

- A. An individual's wish to withhold resuscitation should always be respected. Sometimes, however, the family may vigorously and persistently insist on CPR even if a valid POLST order is located. These verbal requests are not consistent with the individual's directive. However, in such circumstances:
  - 1. Attempt to convince family to honor the individual's decision to withhold CPR. If family persists, then;
  - 2. Initiate resuscitation efforts until relieved by advanced level providers (advanced EMTs and/ or paramedics [for EMRs and EMTs]).
  - 3. EMS personnel should continue treatment and consult medical control.

### Other valid resuscitation orders

- A. EMS personnel may recognize other medical provider signed health care resuscitation orders, but if any doubt about validity, CPR should be started.
- B. Sometimes health care facilities prefer to use their own health care resuscitation orders. When EMS providers see other resuscitation orders, they should do the following:
  - 1. Verify that the order has a medical provider signature requesting "Do Not Resuscitate."
  - 2. Verify the presence of the individual's name on the order.
  - 3. Contact on-line medical control for further consultation. In most cases, on-line medical control will advise to withhold CPR following verification of a valid medical provider signed DNR order.

### Run report documentation

- A. All individual contacts must be properly documented:
  - 1. Complete medical incident report form.
  - 2. Identify individual as having a valid POLST.
  - 3. Follow your local MPD protocols for individuals who have died.

### Provide comfort care

- A. Comfort care measures for the dying individual may include:
  - 1. Manually open the airway (do not provide positive pressure ventilation with a bag valve mask, pocket mask or endotracheal tube).
  - 2. Clear the airway (including stoma) of secretions with appropriate suction device.
  - 3. Provide oxygen per nasal cannula at 2-4 l/min.
  - 4. Positioning for comfort.
  - 5. Splinting.
  - 6. Controlling bleeding.
  - 7. Providing pain medications pertinent to the level of certification/licensure.
  - 8. Provide emotional support to the individual and family.
- B. Contact individual's physician or on-line medical control if directed by local protocols or if questions or problems arise.

### How to manage grieving family members

- A. Review and Discuss APPENDIX B: "How Best to Tell the Worst News"

## APPENDIX A: Guidance Education for EMS Providers

EMS providers should refer to local protocol for medical direction. This section is education material and provides an example of information that may be contained within a protocol.

### Scene Size-Up/Initial Patient Assessment

#### Focused History and Detailed Physical Exam

- A. Determine the individual is in resuscitation status in one of the following ways:
  1. The individual has a valid POLST next to the front door, on or in the refrigerator, or look for a Vial of Life.
  2. We encourage medical facilities to use the POLST form.
    - a. Sometimes health care facilities prefer to use their own health care resuscitation orders. When encountering other resuscitation orders, perform the following:
      - (1) Verify that the order has a medical provider signature requesting "Do Not Resuscitate."
      - (2) Verify the presence of the individual's name on the order.
    - b. Contact on-line medical control for further consultation. In most cases, on-line medical control will advise to withhold CPR following verification of a valid physician-signed resuscitation order.
  3. In extended or intermediate care facilities, look for the resuscitation form in the individual's chart.

#### Management

- A. Begin resuscitation as indicated on the POLST
- B. Do not initiate resuscitation measures when:
  1. The patient is determined to be obviously dead.
    - a. The obviously dead are victims who, in addition to absence of respiration and cardiac activity, have experienced one or more of the following:
      - (1) Decapitation
      - (2) Evisceration of heart or brain
      - (3) Incineration
      - (4) Rigor mortis
      - (5) Decomposition
      - (6) Dependent lividity

If in your medical judgment you determine your patient has attempted suicide or is a victim of a homicide, begin resuscitation, follow local protocols, and contact medical control as needed.

#### When the patient has an existing, valid resuscitation order:

- A. POLST:
  1. Provide resuscitation based on individual's wishes identified on the form
  2. Provide medical interventions identified on the form
  3. Always provide comfort care
- B. Other resuscitation orders:

1. Follow specific orders contained in the resuscitation order based on the standard of care allowed by your level of certification/licensure and communications with on-line medical control.

If resuscitative efforts have been started before learning of a valid DNR / DNAR order, stop these treatment measures:

- A. Basic CPR.
- B. Intubation (leave the endotracheal tube in place, but stop any positive pressure ventilations).
- C. Cardiac monitoring and defibrillation.
- D. Administration of resuscitation medications.
- E. Any positive pressure ventilation (through bag valve masks, pocket facemasks, endotracheal tubes).

Revoking the resuscitation order.

The following people can inform the EMS system that the DNAR order has been revoked:

- A. The individual (by destroying the order, drawing a diagonal line or the word VOID across the front of the form, or by verbally revoking the order).
- B. The physician expressing the individual's revocation of the directive.
- C. The legal medical decision maker for the individual expressing in-person the individual's revocation of the directive.

Documentation

- A. Complete medical incident report form.
- B. Identify individual as having a valid POLST.
- C. Follow your local MPD protocols for individuals who have expired.

Comfort Care Measures

- A. Comfort care measures for the dying individuals may include:
  1. Manually open the airway (do not provide positive pressure ventilation with a bag valve mask, pocket mask or endotracheal tube).
  2. Clear the airway (including stoma) of secretions with appropriate suction device.
  3. Provide oxygen per nasal cannula at 2-4 l/min.
  4. Positioning for comfort.
  5. Splinting.
  6. Controlling bleeding.
  7. Providing pain medications pertinent to the level of certification/licensure.
  8. Providing emotional support.
  9. Provide emotional support to the family.
- B. Contact individual's physician or on-line medical control if directed by local protocols or if questions or problems arise.

Special situation:

- A. The individual's wishes about resuscitation should always be respected. Sometimes, however, the family may vigorously and persistently insist on CPR even if a valid DNR/DNAR order is located.

These verbal requests are not consistent with the individual's directive. However, in such circumstances:

1. Attempt to convince family to honor the individual's decision to withhold CPR/treatment. If family persists, then
  2. Initiate resuscitation efforts until relieved by advanced level providers (advanced EMTs and/or paramedics (for EMRs and EMTs).
  3. EMS personnel should continue treatment and consult medical control.
- B. Remember: Once a death has occurred, the family and relatives become your patients.

Ongoing Assessment as appropriate

Transport if necessary



## APPENDIX B: “How Best to Tell the Worst News”

"When you end a resuscitation, you gain a new set of patients: the grieving family."

It's not a pleasant job to tell someone that his or her relative has died from cardiac arrest. Although telling relatives about a death is an important issue in emergency care, it has not received much practical attention. Initial contact with the family has a strong effect on how its members respond to grief. Bad news conveyed in an inappropriate, incomplete or uncaring manner may have long-lasting psychological effects on a family. Here are some recommendations about how to convey bad news. These ideas were accepted by the 1992 National American Heart Association Conference. Portions of this document are directly from the October 28, 1992 JAMA publication of the Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care.

As a rescuer, one of the hardest switches in emergency medicine is to move from the inability to achieve ROSC to dealing with a family in shock from sudden grief. Rescuers go from technical aspects of directing a resuscitation (a "no time for feelings" situation), to the post-resuscitation situation where feelings, thoughts and empathy for loss begin a grief reaction. Feelings of failure, sadness and inadequacy make it difficult to initially support and counsel the patient's family.

Here are 18 tips:

1. One EMS provider on a team takes the lead. Decide quickly who might be most effective for these particular circumstances.
2. Get yourself ready. Recognize that you may be discouraged or overwhelmed. Take a deep breath and do what has to be done.
3. Gather information about the death. Obtain as much information as possible about the patient and the circumstances surrounding the death. Carefully go over the events as they happened:
  - a. Medical history;
  - b. The event itself;
  - c. Relationship between patient and survivor.
4. Find a quiet location. When not in an enclosed building, be sure the location is a safe distance from hazards. Normal reactions to extreme grief can include involuntary physical responses such as walking or running about.
5. Get physically lower. If possible, sit down or have the family members sit down and kneel next to them.
6. Nonverbal actions speak louder than words. Make eye contact with the person closest to you. If there are several people, be sure to make eye contact with each of them during this conversation. Make eye contact, touch when appropriate and share.
7. Listen, and be still. Silent reactions are fine. Don't endlessly chatter. Answer questions.
8. When to touch: If someone reaches out to you first.
9. Briefly review the history and circumstances. Allow as much time as necessary for questions and discussion. Go over the events several times to make sure everything is understood and to facilitate further questions.

Example A: "You have known that George had a long history of heart trouble and has had pain for several days."

Example B: "You know your baby-sitter found your son, John, not breathing in his crib."

10. Use the word "death" or "dead." Such simple terms are clear. Euphemisms are easily misunderstood. Avoid euphemisms such as "he's passed on," "she is no longer with us" or "he's left us." Instead use the words "death," "dying" or "dead."
11. Expect any reaction and allow time to express anguish. Normal reactions to a loved one's death range through a variety of physical, mental and behavioral responses. Silent reactions are fine. Allow time for the shock to be absorbed.
12. Convey sympathy for a grieving family, yet don't let it sound like an apology. Family members can resent too many comments about a very intimate experience you cannot share. Convey your feelings with a phrase such as "You have my (our) sincere sympathy" or "we are sorry for your loss."
13. Find someone to be with them during this time. Do they want you to call a neighbor, family member or clergyman?
14. "Would you like to say goodbye to --- (use the patient's first name) and see him/her now?" (For many, this establishes death). If equipment is still connected, let the family know.
15. Tell them the plan for disposition of the body. What is going to happen next? Know in advance what happens next and who will sign the death certificate. Physicians may impose burdens on staff members and family if they fail to understand policies about death certification and disposition of the body. Know the answers to these questions before meeting the family.
16. Ask if they have any questions. Answer them directly. Use simple sentences. People in crisis have trouble understanding complex messages.
17. Don't lie to them. This is especially important when a crime scene is involved or an autopsy will be performed. (Example: "We have to take your baby to the hospital for an autopsy to find out why he died. Perhaps we can learn something so this kind of thing won't happen again.").
18. Leave clear information about follow-up contacts for the family for when you have gone (social worker, counselor, chaplain). Enlist the aid of a social worker or the clergy if not already present. If time allows, offer to contact the patient's physician and remain available if there are further questions.

### **Summary**

The community thinks of EMS personnel as superhuman rescuers who can work miracles in brief periods. Expectations about what EMTs and paramedics can do for the surviving relatives are frequently unrealistic. In the short period after resuscitation efforts, rescuers can do little more than set into motion a normal grief reaction. EMS providers must prepare for the next emergency. The most important task is to mobilize personal and community resources for those plunged into sorrow by the unexpected loss of a loved one.

### **References:**

Excerpts in this portion are from: Emergency Cardiac Care Committee and Subcommittees, American Heart Association, Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care, I: Introduction. JAMA. 1992, 268:2172-2183.

### **Acknowledgements:**

Judy Reid Graves

## APPENDIX C: Medical Terms Used for End of Life Care

**Advance Directives:** An advance directive is a voluntary, legal way to write down an individual's advance care planning decisions. There are two types of advance directives in Washington state. The first is a durable power of attorney for health care (DPOA-HC), which is a legal form that allows an individual to name their health care agent to make health care decisions for them if they cannot make their own decisions. The second type of advance directive is a health care directive (i.e., living will, medical directive to physicians), which is a directive to withhold life-sustaining treatment in specific situations under Washington state law. Both types of advance directives can also include information about an individual's goals, values, and preferences; which should be used to guide medical care decisions. EMS providers who see advance directives should contact medical control for direction.

**Agonal Breathing:** The medical term used to describe struggling to breathe or gasping. It is often a symptom of a severe medical emergency, such as stroke or cardiac arrest. The gasping associated with agonal breathing is not true breathing, but rather a brainstem reflex.

**Breathing:** The process of taking air into and expelling it from the lungs.

**Cardiac Arrest:** A condition where the heart stops beating.

**CPR:** For the purposes of this document, "CPR" or "cardiopulmonary resuscitation" covers the full range of emergency cardiac interventions and is not limited to basic CPR.

**Comfort measures:** Medical care undertaken with the primary goal of keeping an individual comfortable rather than prolonging life.

On the POLST form, an individual who requests, "comfort measures only" would be transferred to the hospital if comfort measures fail or if comfort measures cannot be met in the individual's environment.

Comfort measures include:

Oral and body hygiene, reasonable efforts to offer food and fluids orally, administering medications appropriate to the certification or licensure level of the health care provider, wound care, warmth, appropriate lighting, and other measures to relieve pain and suffering. Privacy and respect for the dignity and humanity of the patient.

**Dialysis:** A mechanical process used to clean the blood to remove waste and excess fluids when the kidneys fail.

**DNR/DNAR:** Do not resuscitate (DNR) and do not attempt resuscitation (DNAR) as per the "POLST" orders specify no ventilation support (other than manually opening the airway), no cardiac compressions, no endotracheal intubation, no advanced airway management, no cardiac monitoring, no defibrillation and no intravenous resuscitation medications.

**Durable Power of Attorney for Health Care:** A document signed by an individual that appoints someone else to make health care decisions for the individual in the event that the individual loses the ability to make his or her own decisions.

**Emergency Medical Services (EMS) and Trauma Care System (WAC 246-976-010):** An organized approach to providing personnel, facilities, and equipment for effective and coordinated medical treatment of individuals with a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability.

**EMS Personnel, Qualified:** Qualified personnel authorized to recognize prehospital resuscitation documents are certified by the Washington State Department of Health to provide emergency medical care or treatment. These caregivers include emergency medical responders (EMR), emergency medical technicians (EMT), advanced emergency medical technicians (AEMT), and paramedics.

**Health Care Agent:** A health care agent is the person an individual chooses to make health care decisions for them if they cannot make them for themselves. A health care agent is named via a Durable Power of Attorney for Health Care. See “Legal Medical Decision Maker” for information about what happens if a health care agent is not named.

**Intravenous (IV) fluids:** A small plastic tube (catheter) is inserted directly into the vein and fluids are administered through the tube. Typically, IV fluids are given on a short-term basis.

**Legal Medical Decision Maker:** If an individual cannot make their own health care decisions and a health care agent is not named, the individual's health care providers will follow Washington state law to determine who can act as their medical decision maker. This means they will ask family members or friends to make health care decisions for the individual. If family or friends cannot be identified from the list below, health care providers may ask a court to appoint a guardian to make health care decisions on the individual's behalf. Health care providers will contact people in the following order until they can identify a medical decision maker for the individual (chapter 7.70.065 RCW).

1. A guardian appointed by a court (if applicable)
2. Named health care agent(s)\*
3. Spouse or registered domestic partner
4. Adult children\*
5. Parents\*
6. Adult siblings\*
7. Adult grandchildren who are familiar with the patient\*
8. Adult nieces and nephews who are familiar with the patient\*
9. Adult aunts and uncles who are familiar with the patient\*
10. A close adult friend who meets certain criteria

\* For any group that has more than one person, everyone in the group must agree to the care.

**Medical Control (WAC 246-976-010):** Medical program director authority to direct the medical care provided by all certified personnel in patient care in the prehospital EMS system.

**Medical Program Director (MPD) [RCW 18.73(4)]:** A person who: (a) is licensed to practice medicine and surgery pursuant to Chapter 18.71 RCW or osteopathy and surgery pursuant to Chapter 18.57 RCW; (b) is qualified and knowledgeable in the administration and management of emergency care and services; and (c) is so certified by the Department of Health for a county, group of counties, or cities with populations of more than 400,000 in coordination with the recommendations of the local medical community and local emergency medical services and trauma care council.

**Medical Provider:** A person licensed in Washington state as a physician (MD, DO) an advanced registered nurse practitioner (ARNP) [RCW 18.79.256] or a physician assistant – certified (PA-C) [18.71.090].

**Medically Assisted Nutrition (i.e. Artificial Nutrition):** Nutrients provided to an individual when they can no longer eat or drink by mouth. May be in the form of an IV or tube feeding to provide fluids and liquid nutrients.

**POLST:** Portable orders for life-sustaining treatment. A medical order form that turns an individual's wishes for life-sustaining treatment into action. This form may be signed by a physician (MD/DO), an advanced registered nurse practitioner (ARNP), or a physician assistant – certified (PA-C).

**Physician:** A physician (MD/DO), selected by or assigned to the individual, who has active responsibility for the treatment and care of the individual.

**Prehospital (RCW 70.168.015):** Emergency medical care or transportation rendered to individual before hospital admission or during inter-facility transfer by licensed ambulance or aid service.

**Prehospital Patient Care Protocols (WAC 246-976-010):** Written procedures adopted by the medical program director that direct the out-of-hospital emergency care of emergency patients, including trauma care patients.


**Respiratory Arrest:** Breathing stops. Agonal respirations are considered part of a respiratory arrest.

**Revocation:** A procedure by which resuscitation order may be made ineffective. The POLST may be revoked at any time by any of the following methods:

1. By the individual drawing a diagonal line or the word, "VOID" across the front of the directive or by destroying the order; or
2. The physician expressing the individual's revocation of the directive; or
3. Verbal communication by a qualified patient or by their legal medical decision maker expressing the patient's revocation. The surrogate decision maker may not verbally revoke a patient executed directive. Such verbal revocation becomes effective upon its actual communication to the physician or EMS personnel.

**Tube feeding:** Medical assisted nutrition that can be given through a tube in the nose that goes into the stomach (nasogastric or "NG" tube) or a tube can be inserted through a surgical procedure directly into the stomach (gastric or "G" tube) or the intestines (jejunal or "J" tube).

## APPENDIX D: Sample POLST Form

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY			
 <p>Washington <b>POLST</b> Portable Orders for Life-Sustaining Treatment A Participating Program of National POLST</p>	LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL		
	DATE OF BIRTH / /	GENDER (optional)	PRONOUNNS (optional)
<p><b>This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary.</b>  <i>IMPORTANT: See page 2 for complete instructions.</i></p>			
MEDICAL CONDITIONS/INDIVIDUAL GOALS:		AGENCY INFO / PHONE (if applicable)	
<b>A</b> CHECK ONE	<b>Use of Cardiopulmonary Resuscitation (CPR): When the individual has NO pulse and is not breathing.</b>		
	<input type="checkbox"/> <b>YES – Attempt Resuscitation / CPR</b> (choose FULL TREATMENT in Section B)		<div style="border: 1px solid black; padding: 5px; text-align: center;">                 When not in cardiopulmonary arrest, go to Section B.             </div>
<input type="checkbox"/> <b>NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death</b>			
<b>B</b> CHECK ONE	<b>Level of Medical Interventions: When the individual has a pulse and/or is breathing.</b> Any of these treatment levels may be paired with DNAR / Allow Natural Death above.		
	<input type="checkbox"/> <b>FULL TREATMENT – Primary goal is prolonging life by all medically effective means.</b> Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. <i>Transfer to hospital if indicated. Includes intensive care.</i>		
<input type="checkbox"/> <b>SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible.</b> Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. <i>Do not intubate.</i> May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i>			
<input type="checkbox"/> <b>COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort.</b> Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. <i>Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.</i>			
<b>Additional orders (e.g., blood products, dialysis):</b> _____			
<b>C</b>	<b>Signatures:</b> A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.		
	Discussed with: <input type="checkbox"/> Individual <input type="checkbox"/> Parent(s) of minor <input type="checkbox"/> Guardian with health care authority <input type="checkbox"/> Legal health care agent(s) by DPOA-HC <input type="checkbox"/> Other medical decision maker by 7.70.065 RCW	<input checked="" type="checkbox"/> SIGNATURE – MD/DO/ARNP/PA-C (mandatory)	DATE (mandatory)
	PRINT – NAME OF MD/DO/ARNP/PA-C (mandatory)	PHONE	
<input checked="" type="checkbox"/> SIGNATURE(S) – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)	RELATIONSHIP	DATE (mandatory)	
PRINT – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)		PHONE	
Individual has: <input type="checkbox"/> Durable Power of Attorney for Health Care <input type="checkbox"/> Health Care Directive (Living Will) <i>Encourage all advance care planning documents to accompany POLST.</i>			
SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED			



All copies, digital images, faxes of signed POLST forms are valid. See page 2 for preferences regarding medically assisted nutrition. For more information on POLST, visit [www.wsma.org/POLST](http://www.wsma.org/POLST).

## HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL	DATE OF BIRTH / /
----------------------------------------------	----------------------

### Additional Contact Information (if any)

LEGAL MEDICAL DECISION MAKER(S) (by DPOA-HC or 7.70.065 RCW)	RELATIONSHIP	PHONE
OTHER CONTACT PERSON	RELATIONSHIP	PHONE
HEALTH CARE PROFESSIONAL COMPLETING FORM	ROLE / CREDENTIALS	PHONE

**Preference: Medically Assisted Nutrition (i.e., Artificial Nutrition)**  Check here if not discussed

*This section is NOT required. This section, whether completed or not, does not affect orders on page 1 of form.*  
 Preferences for medically assisted nutrition, and other health care decisions, can also be indicated in advance directives which are advised for all adults. The POLST does not replace an advance directive. When an individual is no longer able to make their own decisions, consult with the legal medical decision maker(s) regarding their plan of care, including medically assisted nutrition. Base decisions on prior known wishes, best interests of the individual, preferences noted here or elsewhere, and current medical condition. Document specific decisions and/or orders in the medical record.

**Food and liquids to be offered by mouth if feasible and consistent with the individual's known preferences.**

- Preference is to avoid medically assisted nutrition.
  - Preference is to discuss medically assisted nutrition options, as indicated.\*
- Discuss short- versus long-term medically assisted nutrition (long-term requires surgical placement of tube).*

\* Medically assisted nutrition is proven to have no effect on length of life in moderate- to late-stage dementia, and it is associated with complications. People may have documents or known wishes to not have oral feeding continued; the directions for oral feeding may be subject to these known wishes.

Discussed with: \_\_\_ Individual \_\_\_ Health Care Professional \_\_\_ Legal Medical Decision Maker

### Directions for Health Care Professionals

NOTE: An individual with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.

*Any incomplete section of POLST implies full treatment for that section. This POLST is valid in all care settings. It is primarily intended for out of hospital care, but valid within health care facilities per specific policy. The POLST is a set of medical orders. The most recent POLST replaces all previous orders.*

**Completing POLST**

- Completing POLST is voluntary for the individual; it should be offered as appropriate but not required.
- Treatment choices documented on this form should be the result of shared decision making by an individual or their health care agent and health care professional based on the individual's preferences and medical condition.
- POLST must be signed by an MD/DO/ARNP/PA-C and the individual or their legal medical decision maker as determined by guardianship, DPOA-HC, or other relationship per 7.70.065 RCW, to be valid. Multiple decision maker signatures are allowed, but not required.
- Virtual, remote, and verbal orders and consents are acceptable in accordance with the policies of the health care facility. For examples, see FAQ at [www.wsma.org/POLST](http://www.wsma.org/POLST).
- POLST may be used to indicate orders regarding medical care for children under the age of 18 with serious illness. Guardian(s)/parent(s) sign the form along with the health care professionals. See FAQ at [www.wsma.org/POLST](http://www.wsma.org/POLST).

**NOTE: This form is not adequate to designate someone as a health care agent. A separate DPOA-HC is required to designate a health care agent.**

**Honoring POLST**

- Everyone shall be treated with dignity and respect.
- SECTIONS A AND B:
- No defibrillator should be used on an individual who has chosen "Do Not Attempt Resuscitation."
  - When comfort cannot be achieved in the current setting, the individual should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture). This may include medication by IV route for comfort.
  - Treatment of dehydration is a measure which may prolong life. An individual who desires IV fluids should indicate "Selective" or "Full Treatment."

**Reviewing POLST**

- This POLST should be reviewed whenever:
- The individual is transferred from one care setting or care level to another.
  - There is a substantial change in the individual's health status.
  - The individual's treatment preferences change.

*To void this form, draw a line across the page and write "VOID" in large letters. Notify all care facilities, clinical settings, and anyone who has a copy of the current POLST. Any changes require a new POLST.*

**Review of this POLST form: Use this section to update and confirm order and preferences.**

This meets the requirement of establishing code status and basic medical guidance for admission to nursing and other facilities.

REVIEW DATE	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME <input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New Form Completed
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**SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED**

Copies, digital images, and faxes of signed POLST forms are legal and valid. May make copies for records.  
 For more information on POLST, visit [www.wsma.org/POLST](http://www.wsma.org/POLST).