

POLICY AND PROCEDURE

NUMBER: 8721-076	REVIEWED AND REVISED: 01/18/2017	EFFECTIVE DATE: 01/18/2017	SUPERSEDES NO./DATE: 11/28/2016
DISTRIBUTION: West Wing, ER, North Wing and Assisted Living, Nursing Administration and Administration			
SUBJECT: Physician Orders for Life Sustaining Treatment (POLST) Forms		APPROVED BY:  DEPARTMENT DIRECTOR  DEPARTMENT DIRECTOR  ADMINISTRATION	

POLICY:

Physician Orders for Life Sustaining Treatment (POLST) is a physician order form summarizing patient/resident wishes and medical indications regarding end of life care. The purpose of the POLST form is to provide physician orders on end of life care as patients move through the various health care settings. The POLST is intended to complement, not replace an advance directive.

PROCEDURE:

If a patient does not have a POLST form when they are admitted:

1. Fill out name and date of birth section in the upper right hand corner of the GREEN form. (It must be an original and not a photocopy)
2. Part A is a mandatory box for all patients. Check the box that represents the patient's decision.
3. Parts B, C, and D are necessary for all patients having a serious health condition and needing to make decisions about life-sustaining treatments. Check the boxes in parts B, C, and D that represent the patient's wishes.
4. The POLST form is to be completed by the nurse, physician or allied health provider reviewing the form with the patient. If necessary, an appointment can be made with the residents/patients Primary Care Provider by if requested.
5. The nurse can print the physician or AHP's name and phone number, but the physician or AHP must sign and date the form, **WITHIN 48 HOURS OF ADMISSION.**
6. The patient/resident or legal surrogate must sign and date the form.
7. The original POLST form will be kept in the front of the patient's chart until signed by the physician or AHP.
8. If the patient/resident is transferred or discharged, the original POLST form must accompany them. A copy of the POLST form will be placed in the chart.

If a patient/resident is admitted with a completed POLST form:

1. These orders will be in effect until the POLST form is reviewed by the physician or AHP. If there is a change to the form a new form must then be completed at that time.

The POLST form is reviewed with all transfers and significant changes in resident condition. Any discussions regarding significant changes to a resident's POLST include the resident's medical provider, the resident and/or the legal surrogate decision maker.

In an EMERGENT SITUATION for Assisted Living Facilities: (WAC 388-78A-2600)

What to do if a resident is found unresponsive, without a pulse or without respirations:

1. Notify charge nurse immediately.
2. Check code status:
 - a. If resident is a full code, begin chest compressions & direct someone to page "code blue to _____ (location).
 - b. If resident is not a full code then allow natural death to occur.
3. Nursing Assistants are allowed to follow "Section A" of the POLST (either provide CPR or provide comfort care while allowing a natural death).

If there is no Advance Directive, caregivers should honor the POLST order as they would follow any other medical order.

4. Nursing Assistants may also follow orders in "Section B" and "Section D" of a valid POLST under direction and supervision of an RN or an LPN.