

## POLST Cue Card with Documentation

It's important to talk about your health and your wishes for medical care if you got really sick. We talk about this with everyone with serious illness. Your doctor will review what we talk about and answer questions. (If appropriate, encourage patient to complete an advance directive and to designate a health care agent if not previously done.)

Take time to ask... How do you feel things are going? Have you noticed any changes in the past weeks, months? What has your doctor told you about your medical condition? What do you hope for with your care? What do you enjoy doing? What is important to you? What gives your life meaning?

POLST records your wishes for medical care if you are seriously ill; becomes medical orders after you and your doctor sign. Form goes with you to hospital. POLST can be changed if your condition changes or your treatment wishes change.

### **Section A: Cardiopulmonary Resuscitation/CPR** - Introduce with, "If you had a bad heart attack..."

CPR is attempted only if the heart has stopped beating; you are not breathing, not awake and have died a natural death. Unfortunately, CPR almost never works on older people. Of the rare times people live thru CPR, most will be on ventilator (life support) for a period of time and may still die. For those who survive, many have worse disability and brain damage. CPR never cures the original medical problem.

#### **If you die a natural death, would you want us to try CPR?**

- If "yes" – Requires Full Treatment in Section B. (Ask about Ventilator Trial)

### **Section B: Medical Interventions** - Introduce with, "If you got really sick, for example, you had a bad pneumonia..."

There are different treatment options for serious illness. **We always take care of comfort needs.** With aggressive medical care, say you needed a ventilator to help you breathe, the machine is not comfortable and pain and sedating/calming medicines are needed. Recovery time after intensive treatments is often long and difficult.

- **Full Treatment:** *All medical treatment options.* You can ask to stop if doctor thinks you are not going to make good recovery and treatments are just keeping you alive. We can write "Full treatment for trial period" on Additional Orders.
- **Limited Additional Interventions: Hospital care,** but **no** ventilator, **no** intubation. May use non-invasive positive pressure breathing mask. Patients often choose **not** to have major surgery or treatments with long, difficult recoveries.
- **Comfort Measures Only:** Some patients with illness we cannot cure want us to care for them by treating pain and other symptoms and prefer treatment to be focused on comfort. Oxygen, medications such as antibiotics for bladder infection and other treatments to promote comfort can be provided to help achieve this goal.

**What do you think is best for you?** For SNF patients, *Limited Interventions*, ask if they want hospital transfer or treatment at SNF with transfer to hospital only if required to meet comfort needs.

**Section C: Antibiotics** - Introduce with, "Antibiotics may require a conversation on how they may be used to treat a specific condition". You can choose "no antibiotics" or "use if life can be prolonged". You also may want to determine use or limitation when an infection occurs.

**What do you think is best for you?** *It is helpful for patients to have an understanding that antibiotics may be used as a comfort measure.*

**Section D: Artificially Administered Hydration / Nutrition** - *Introduce with, “If you had brain damage from a bad stroke, Parkinson’s, severe dementia or Alzheimer’s and you cannot speak for yourself, cannot swallow food or fluids and are not expected to recover (or may take months to recover).*

Food is offered by mouth if possible and desired. We will continue to hand feed you with the best texture of food and help you eat as best you can. Artificial tube feeding can be helpful in specific situations like cancer of the mouth or throat or some strokes where the patient is likely to improve so some may choose a *trial period*, in hopes that their ability to swallow may get better.

A feeding tube can be placed to give artificial nutrition with medically prescribed formula. Careful feeding by hand can be just as effective for most people and some believe the human touch is better. There is little evidence that artificial tube feeding helps people with advanced dementia. If you had a condition where you are unable to eat, **would you want hand feeding to allow you to eat as best you can, or would you want long-term artificial nutrition by tube?**

If patient desires further information you can add, artificial tube feeding may be uncomfortable, does not prevent pneumonia, and can cause swelling and infections.

**Next steps:**

- Review POLST choices.
- Prepare any questions and coordinate time with doctor if follow up would be helpful or wanted by patient.
- Complete signatures
- Document the conversation.

**Documentation of POLST Conversation:**

I have discussed POLST with the patient/resident or legal medical decision-maker.

Additional notes, questions or follow-up: \_\_\_\_\_  
 \_\_\_\_\_

**Health Care Professional Preparing POLST** \_\_\_\_\_

**Date** \_\_\_\_\_

**Patient/Resident Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Decision-maker Name** \_\_\_\_\_

This form can be filed in patient/resident chart to document POLST Conversation.

Materials adapted and used with permission from the Coalition for Compassionate Care of California, [www.CoalitionCCC.org](http://www.CoalitionCCC.org).