POLST Cue Card – Short Version

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. Encourage AHCD.

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?**  
Yes – **Section B is Full Treatment** (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 all symptoms and pain, focusing on comfort. The patient chooses not to start treatments to try and cure medical problems because they do not want to prolong their life. Medicines to promote comfort, like antibiotics for bladder infection, can be given.

→ **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: Artificially Administered Nutrition**  
*Introduce with, “If you had brain damage from a bad stroke or severe dementia or Alzheimer’s and you cannot speak for yourself, cannot swallow food 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. Or a feeding tube can be placed to give artificial nutrition with medically prescribed formula. Careful feeding by hand can be just as effective and some believe the human touch is better. There is little evidence that artificial tube feeding helps people with advanced dementia. Artificial tube feeding may be uncomfortable, does not prevent pneumonia, and can cause swelling and infections. Artificial tube feeding can be helpful in specific situations like cancer of the mouth or throat, and some may choose a trial period, in hopes that their ability to swallow may get better.**

→ **Would you want hand feeding to allow you to eat as best you can, or would you want long-term artificial nutrition by tube?**

**POLST Conversation Documentation Tool**

**Patient:** ___________________________  **DOB:** ____________

**POLST discussed with:** ___________________________  ___________________________

**Name and relationship**  **Name and relationship**

Patient is ____ capable of medical decisionmaking.  
Patient is ____ not capable of medical decisionmaking (per physician order).

Patient has Advance Health Care Directive (AHCD) naming ___________________________ as decisionmaker.

Or: ___ No AHCD, but decisionmaker/responsible party is: ___________________________  Or: ____ No named decisionmaker.  

**Patient Goals:** Discuss with patient and/or other family and friends present: ask what is important to you; what do you like to do?  
How do you feel things are going? Have you noticed any changes in the past weeks/months? What has the doctor told you about your medical condition? What do you hope for with your care?

The following components of the POLST Conversation have been discussed and patient preference is checked (if known):

- **CPR** is utilized when a patient has died, is not breathing and has no heartbeat. CPR is rarely successful in patients with multiple chronic diseases or those who require 24 hour care. CPR may result in severe disability including brain damage if the heartbeat is able to be restored.  
  Medical example: a massive heart attack.

- **Full Treatment** includes using ventilators (life support), major surgery and possibly other aggressive treatments. These treatments are often uncomfortable and are likely to cause further complications. If successful, a patient may live longer, but often has to undergo a long, difficult recovery.  
  Example: pneumonia needing a ventilator.

- **Limited Treatment** includes hospital treatments, but avoiding ventilators (life support) and other treatments which are difficult for a patient to endure. Option is available for treatment at the skilled facility and transfer only if required to meet comfort needs.  
  Example: treating pneumonia in skilled facility or at hospital without a ventilator (life support).

- **Comfort measures** means choosing a plan of treatment for the time in which a patient faces serious illness. This plan focuses on treatments that provide comfort, and chooses NOT to have treatments that are meant to cure illness and prolong life.  
  Example: serious pneumonia is treated with oxygen and medications to help with shortness of breath, but NOT being hospitalized and using other treatments aimed at curing the pneumonia.

- **Artificial Nutrition** as discussed in POLST is a treatment choice to be considered if a patient has become disabled and can no longer communicate and cannot swallow. Careful hand feeding with optimal food texture or choice of medically prescribed formula by tube.  
  Example: serious stroke or severe Alzheimers.

**Patient or family concerns:**

________________________________________________________________________________________

**Staff concerns** (i.e., comprehension, capability to act for patient, potential conflicts):

________________________________________________________________________________________

Dr. __________________ notified of questions or concerns.  **Staff signature:** ___________________________  **Date:** ____________

**Physician notes** (optional):

________________________________________________________________________________________

**Physician signature:** ___________________________  **Date:** ____________

---

*California POLST Education Program: POLST Cue Card (short version) & Conversation Documentation Tool*

© March 2012 Coalition for Compassionate Care of California  
Materials made possible by a grant from the California HealthCare Foundation