

Patient Information Guide

Supplement to POLST Consumer Brochure

POLST (Physician Orders for Life-Sustaining Treatment) is a form to record your wishes for the types of medical care you want if you become seriously ill. Your doctor or another healthcare provider will be going over the POLST form with you.

Please read the POLST brochure and the information below. Each section of the POLST form is explained. Once you discuss the medical treatment you would want in these situations, both you and your doctor sign the POLST form.

When the POLST form is signed, your wishes become medical orders. This means they must be followed by other doctors, nurses and the emergency team. Your POLST form stays with you if you move from one healthcare setting to another.

A POLST form can be updated if your condition changes, or if your treatment wishes change.

Take POLST with you whenever you go to the hospital. If you are admitted to the hospital, the POLST form stays with you (or in your chart). When you leave the hospital, the POLST form goes with you.

Completing a POLST helps to make certain that your wishes for care will be respected by all healthcare staff. POLST is recognized throughout California and used in many other states. It is important to talk with your family about your POLST choices.

Review each section of POLST:

SECTION A

___ Cardiopulmonary Resuscitation (CPR) is attempted only when a patient's heart has completely stopped. The patient has no heartbeat, is not breathing, is not conscious, and has died a natural death. CPR includes pumping on the chest and trying to shock the heart. Broken ribs from CPR are common in older patients.

CPR is unsuccessful in almost 100% of patients in nursing homes. Of the rare cases of people who do survive CPR, most will be on a ventilator (life support, using a breathing machine to force air into the lungs) for a period of time and still may die. Brain damage occurs in at least half of the patients who initially survive CPR.

People who choose CPR may think “If it doesn’t work, then I’m no worse off than not trying – I will die either way. So even if there is a high chance of broken ribs and brain damage I want you to try CPR. It’s my only chance.”

Other people choose No CPR because they feel, “It’s such a small chance that CPR will work and I’ll probably be sick for a long time. If I’ve died, then let me go peacefully.”

SECTION B

Medical Interventions is about hospital treatment options for serious illness. In each of these options, the comfort needs of patient must be taken care of. When aggressive medical treatments are used, the patient often will require more pain and sedative (“calming”) medications. Recovery time after intensive treatments is often long and difficult.

If a patient becomes suddenly ill, treatment options are:

Comfort Measures Only focuses on keeping the patient comfortable by treating pain and symptoms. The patient chooses not to start treatments that attempt to *cure* new, serious medical problems because they do not want to prolong life. The patient may choose treatment when the goal is to decrease pain and discomfort; for example, taking antibiotics for a bladder infection in order to relieve discomfort.

Limited Additional Interventions includes transfer to the hospital for care if necessary. The patient chooses not to use ventilators (life support, forced breathing machines.) The patient who chooses this option also will usually choose not to have major surgery or treatments that involve significant pain, or heavy sedation, or long and difficult recovery times.

Full Treatment includes aggressive treatment using all medical treatment options if needed. The patient who chooses the “Attempt Resuscitation/CPR” option above will receive Full Treatment. The patient can express their wish to

stop these treatments if the doctor believes that the patient is not going to make a good recovery, and the treatments are just keeping them alive. We can write “Full treatment for trial period” under Additional Orders.

Some patients will think, “If I end up in ICU on life support, I know that it will be a tough fight, but I do think my body will be strong enough to get through. It may be a long recovery, but I’m ready to face it, and I want to try”

Others may be thinking, “It’s not a guarantee that life support treatment will work, and if it does, it still sounds like I will be weaker than I am, sicker, and needing help for a long time, and I don’t want to be that way. You can treat me in the hospital, but don’t put me on life support.”

Patients may also feel, “My body is really tired. Next time I get sick, even a little bit, I don’t want to be treated, even if it something that you think I would be able to get better from. Make sure I’m comfortable – that’s what I really want.”

SECTION C

Artificially Administered Nutrition is about situations (such as brain damage from a stroke or severe dementia) in which a patient cannot speak for themselves and cannot swallow food and is not expected to recover, or may take months to recover.

Food is always offered for comfort and enjoyment. Or the patient may be fed through a tube. Careful feeding by hand can be just as effective and some believe the human touch is better. There is very little evidence that artificial feeding by tube is helpful for people who are ill because of very advanced dementia. Artificial tube feeding does not prevent pneumonia. Feeding tubes can cause pneumonia, swelling and infections. Artificial tube feedings can be helpful in some very specific situations, such as cancer of the mouth or throat.

A patient may say “That’s no quality of life...No feeding tubes!”

Another patient may think, “My beliefs are that if there is a medical means to keep my body alive, then I want to have those means used.”

Key Points:

- ☐ Talk with your family about your wishes
- ☐ Complete an Advance Health Care Directive to name your decisionmaker

Caring for the POLST Form:

- ☐ Keep POLST in an obvious place in your home, such as on the refrigerator or with your medicines
 - POLST and your Advance Health Care Directive can be kept together in a plastic cover
- ☐ Take POLST with you to the hospital
 - EMS (emergency medical service team) will take POLST with you during ambulance transfers between home or skilled nursing facility and the hospital
- ☐ Take POLST with you when you leave the hospital