

# Physician Orders for Life Sustaining Treatments (POLST) for EMS

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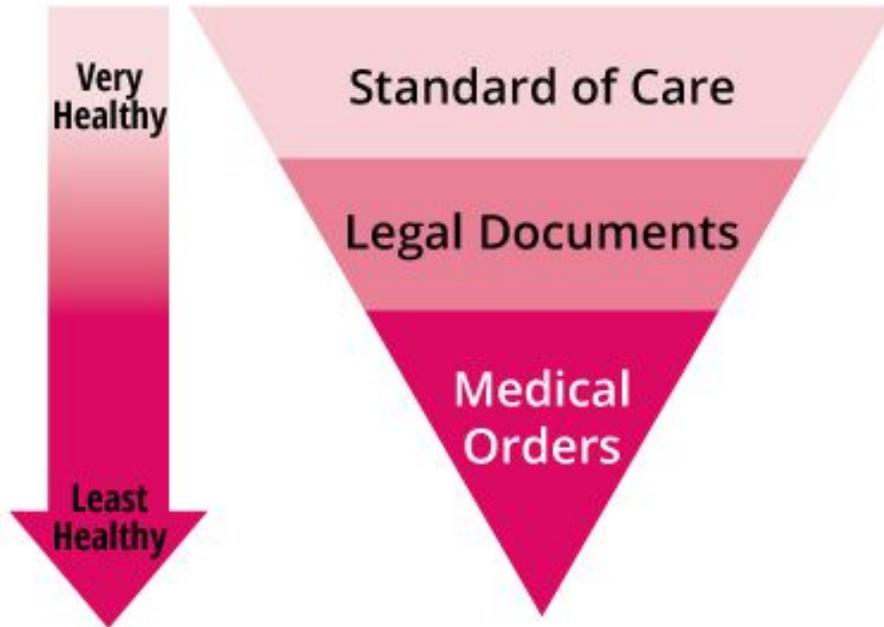
AK POLST Education Workgroup

January 2022

ALASKA

**POLST**

**PHYSICIAN ORDERS  
FOR LIFE-SUSTAINING  
TREATMENT**



**Standard of Care** is the treatment automatically provided when you can't communicate. Providers will do all they can to save your life.

**Advance Directive** You use these to authorize someone to make health care decisions for you. You also include your general treatment wishes in these.

**Medical Orders** (POLST forms and do not resuscitate orders) are created and signed by health care providers and give specific medical treatment orders to other providers based on your wishes.

## POLST is replacing Comfort One as the state-wide DNR order and orders for/against other life-sustaining treatments

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POLST is a tool for seriously ill patients to communicate their wishes for treatment in emergency situations--when critically ill and/or at the end of their lives: to specify wishes for DNR, and wishes about being in an ICU, being hospitalized... and translate these wishes into medical orders to be followed in all care settings

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POLST and Comfort One protocols are backed by state statute and regulation, and require these medical orders required by all health care professionals and institutions

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State will stop resupplying Comfort One forms June 2022. The most recent form (C1 or POLST) is the active medical order

# POLST Regulation

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Intended population: “people with advanced illness or frailty where death is in the foreseeable future”

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POLST is always voluntary for the patient- to represent their wishes and is *recommended* to be signed by patient, but not required to be a legal order

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POLST form can be voided at any time, by the patient or their legal decision maker

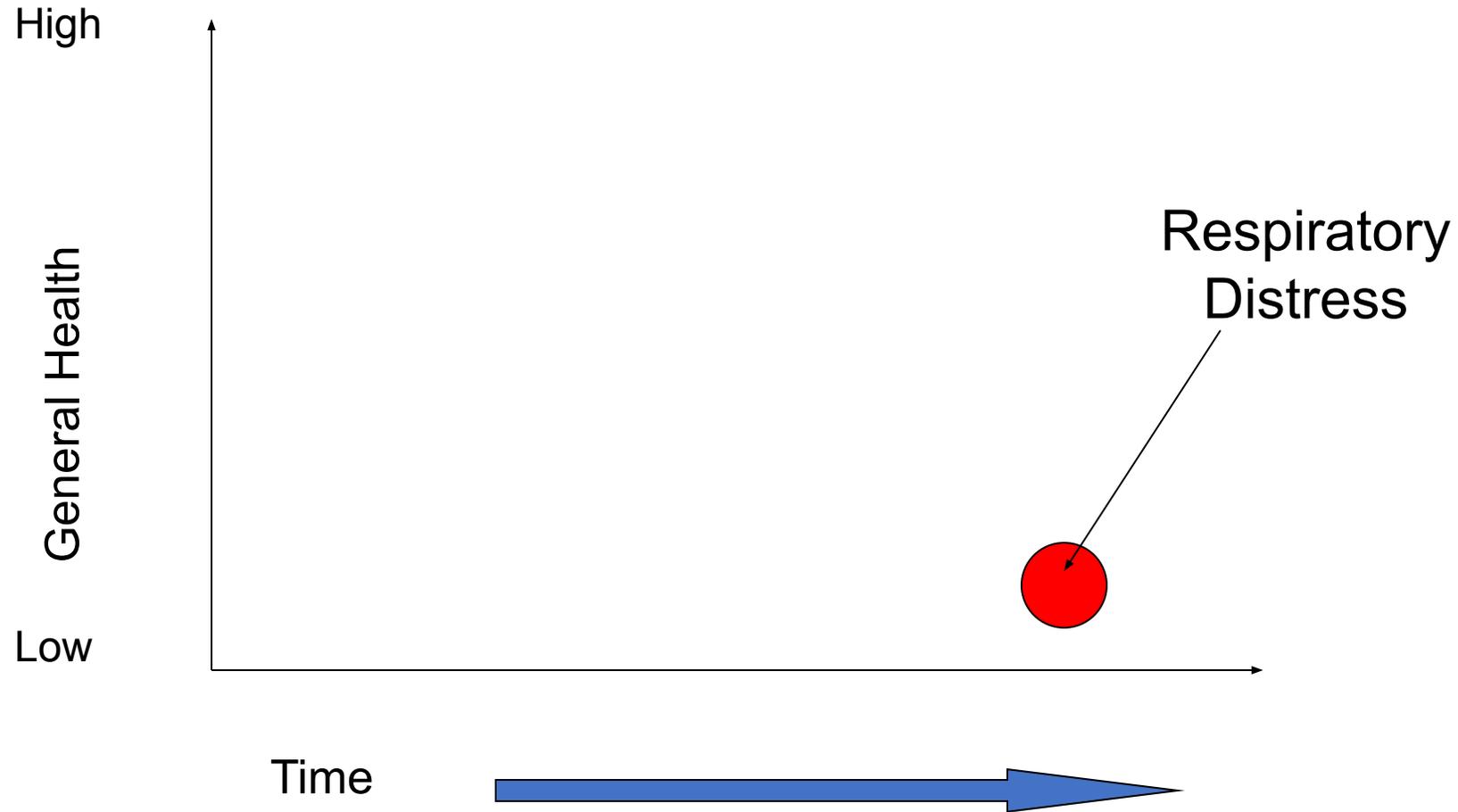
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Alaska law provides immunity from civil or criminal liability when complying with a patient’s POLST orders and when following the direction of someone who presents as a legal decision maker

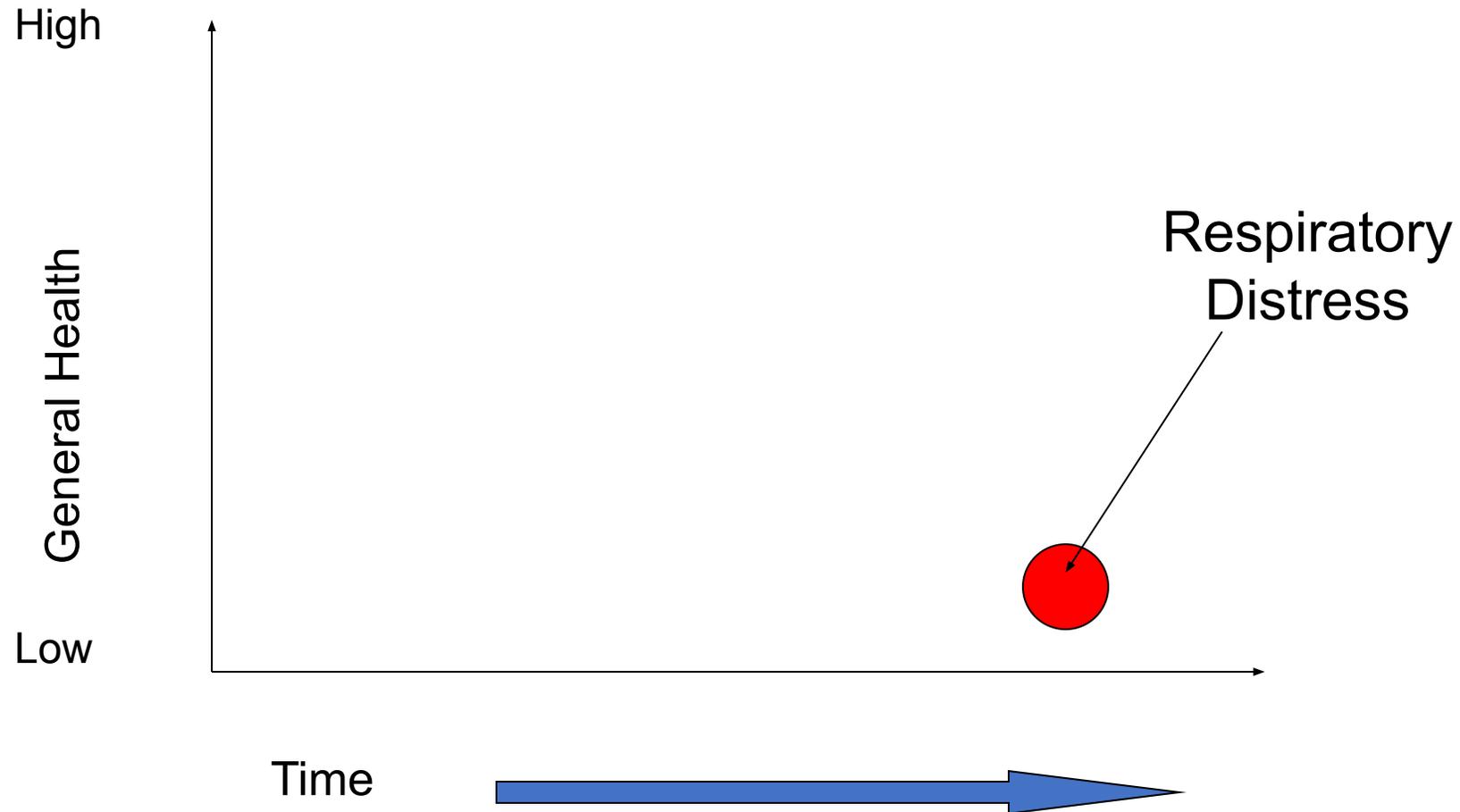
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Copied, faxed or electronic versions of the POLST form are legal and valid

# Decision Making at a time of crisis: *what is the right treatment?*



# Decision Making at a time of crisis: *what is the right treatment?*

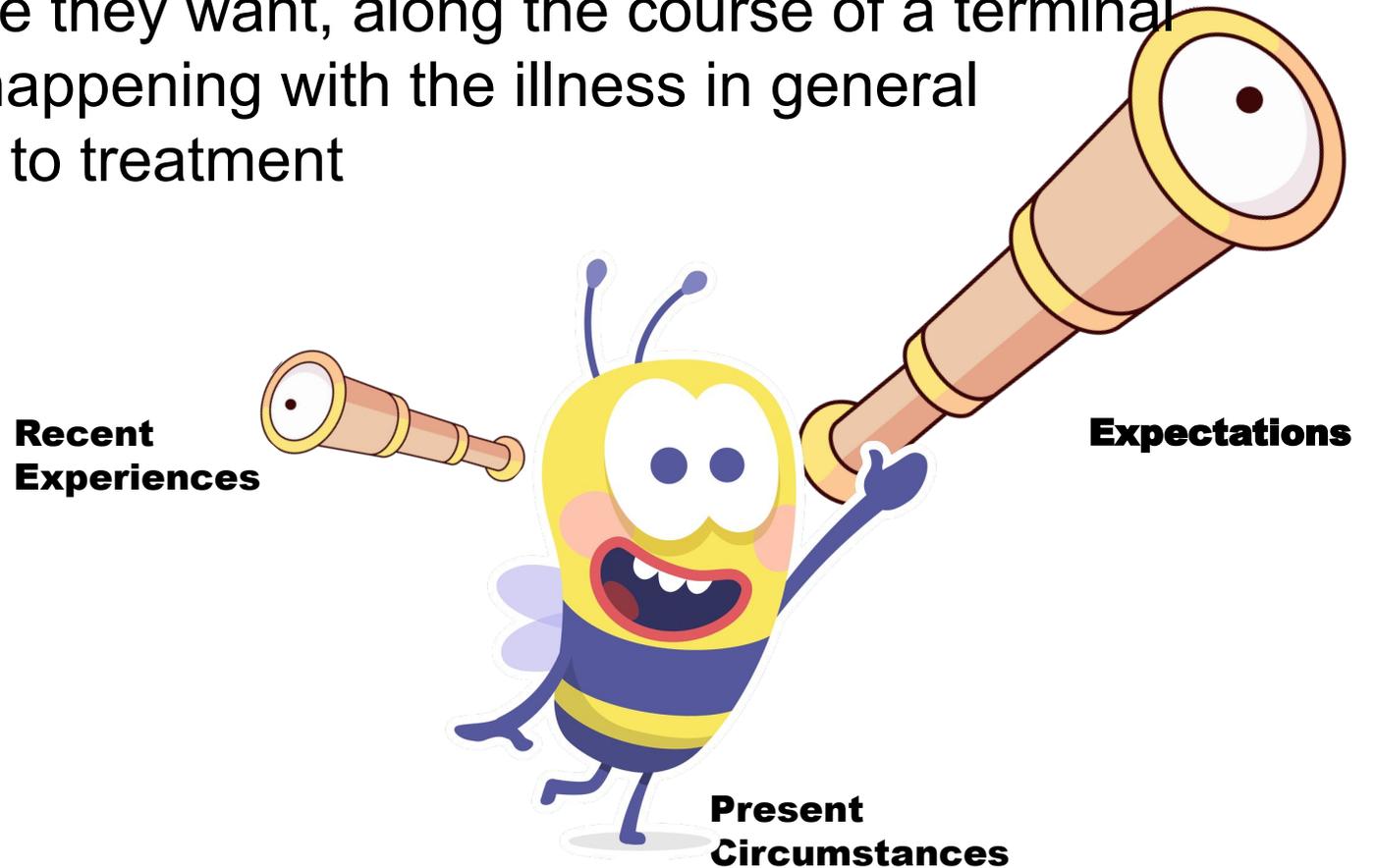


Is this a bad day or is this the last days?

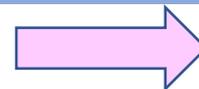
# The Importance Of Context

A patient's decision about the care they want, along the course of a terminal illness, often depend on what is happening with the illness in general

- Ability of their body to respond to treatment
- Changes in functional status
- Changes in cognitive function



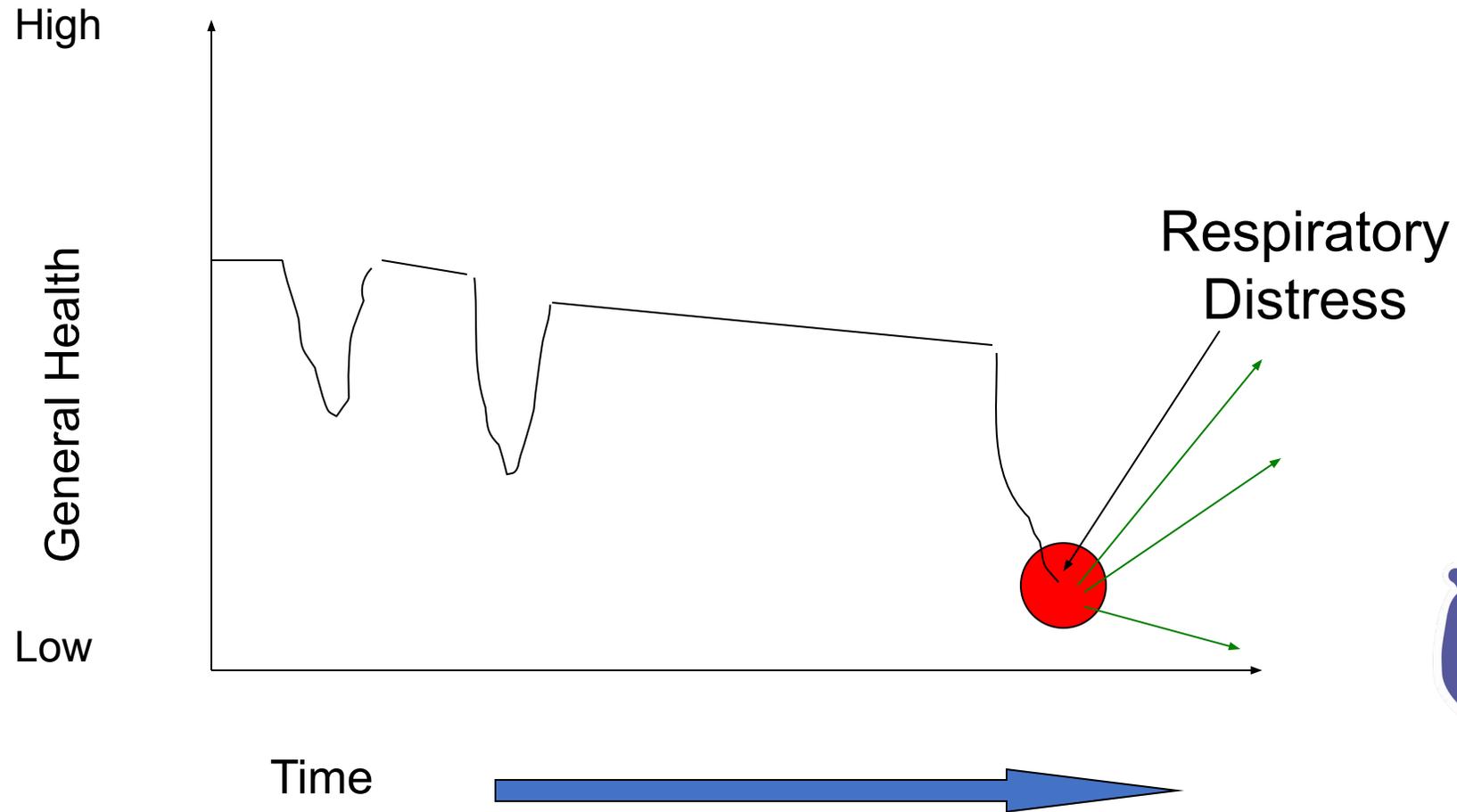
Context + patient values, priorities and preferences



Goals of Care

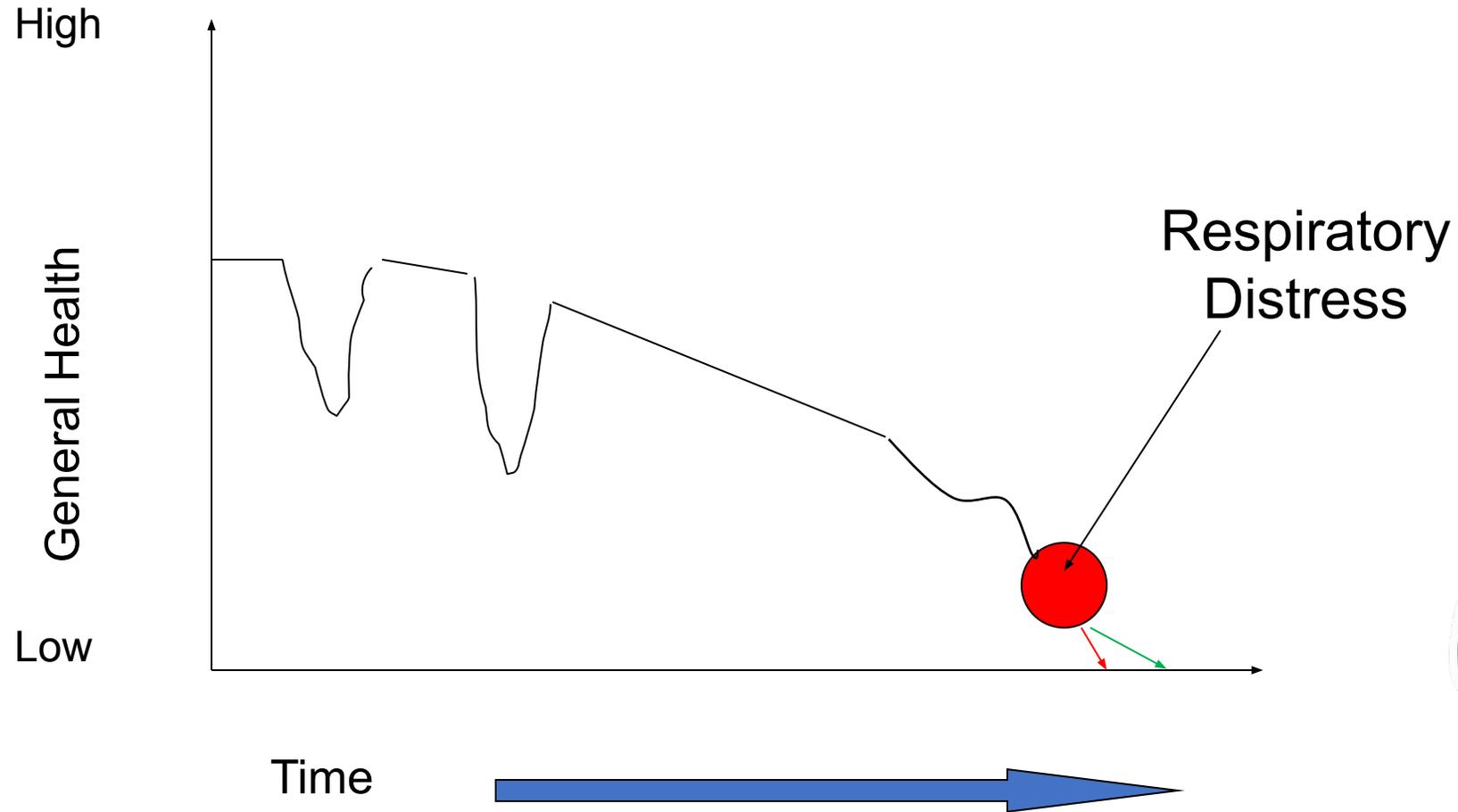
# Decision Making at a time of crisis

## *Organ Failure*



# Decision Making at a time of crisis

## *Organ Failure*



**A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.**

Pick 1

**YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)

**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

**B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.**

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

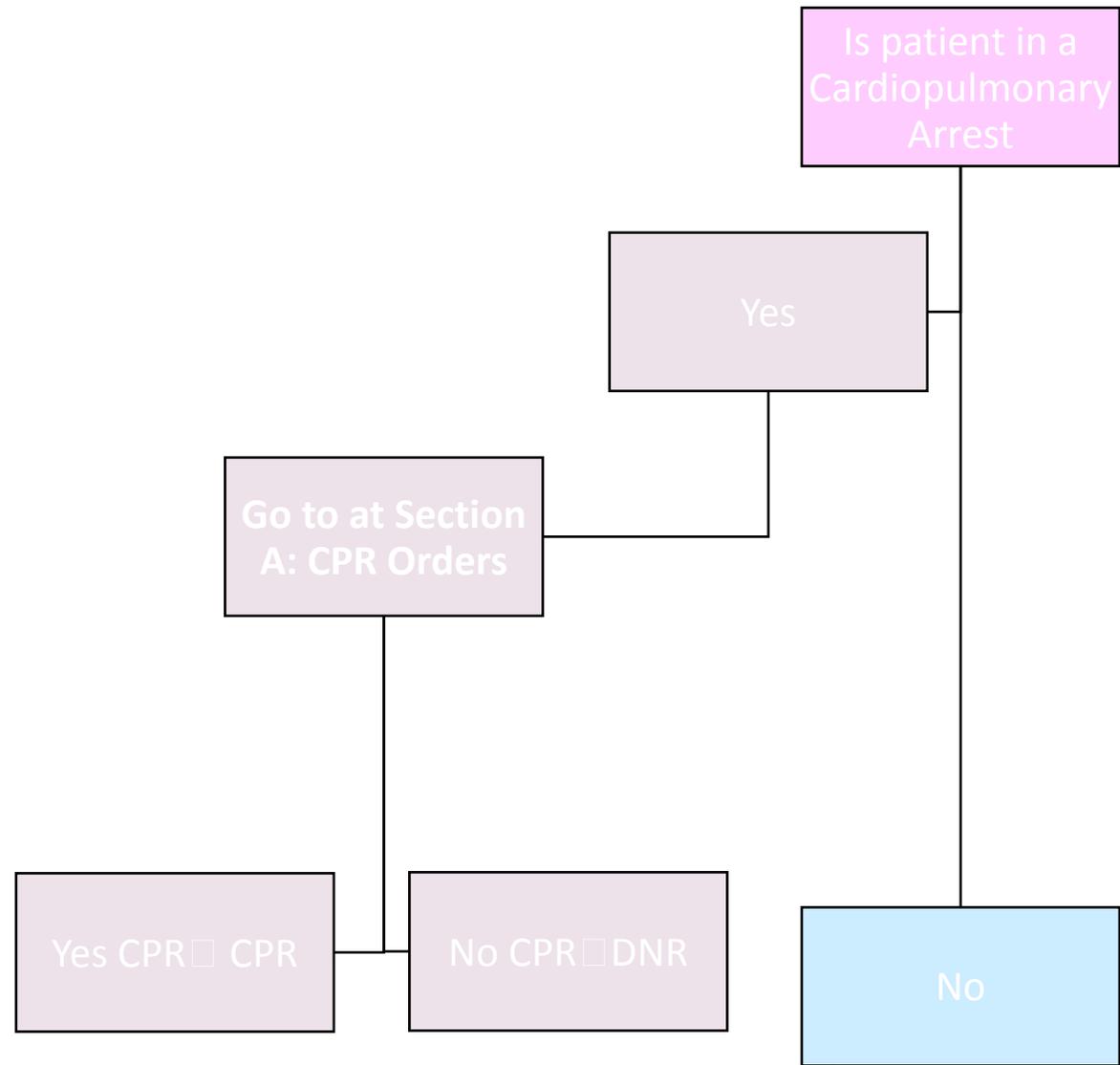
**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

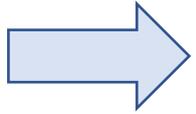
**C. Additional Orders or Instructions.** These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]



| A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing. |   |
|--|---|
| <b>Pick 1</b>  | <input type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B) <input type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B) |

Go to Section B:  
Initial Treatment  
Orders



**B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.**

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

- Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.
- Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.
- Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

**C. Additional Orders or Instructions.** These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

Is patient in a  
Cardiopulmonary  
Arrest

No

Look at Section B:  
Initial Treatment  
Orders

Patient is not in cardiopulmonary arrest: look at Section B orders

- Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.



Patient is not in cardiopulmonary arrest: look at Section B orders

If patient deteriorates and goes into cardiopulmonary arrest  Look at Section A  CPR/DNR?

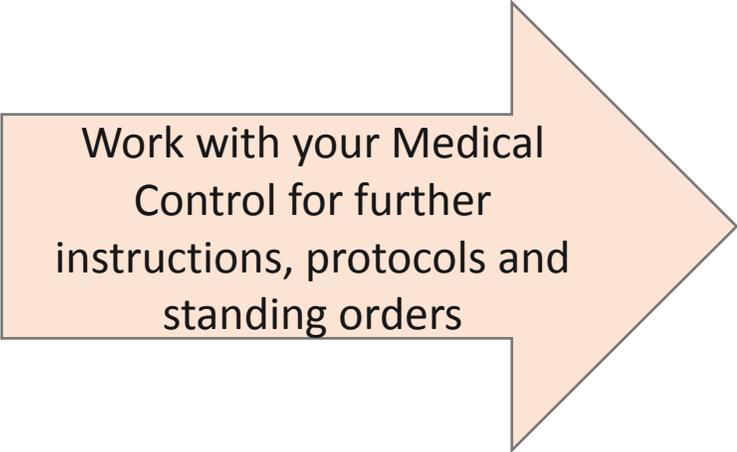
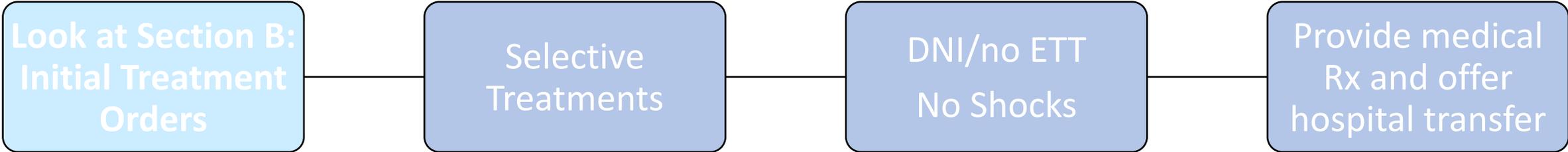
**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.



Patient is not in cardiopulmonary arrest: look at Section B orders

If patient deteriorates and goes into cardiopulmonary arrest  Look at Section A  DNR

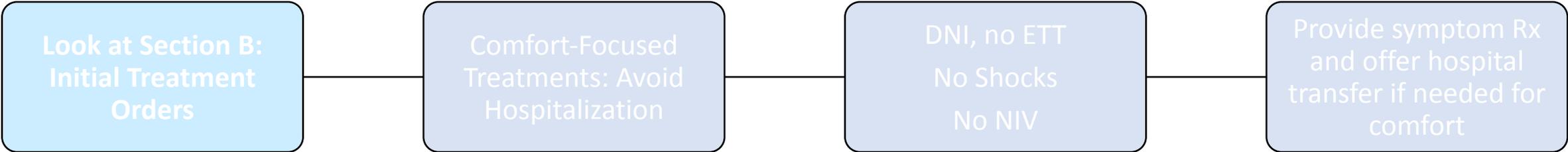
**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.



Patient is not in cardiopulmonary arrest: look at Section B orders

If patient deteriorates and goes into cardiopulmonary arrest  Look at Section A  DNR

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.



Work with your Medical Control for further instructions, protocols and standing orders

**C. Additional Orders or Instructions.** These orders are in addition to those above (e.g., blood products, dialysis).  
[EMS protocols may limit emergency responder ability to act on orders in this section.]

**D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe and tolerated)**

Pick 1

- Provide feeding through new or existing surgically-placed tubes     No artificial means of nutrition desired  
 Trial period for artificial nutrition but no surgically-placed tubes     Discussed but no decision made (standard of care provided)

**E. SIGNATURE: Patient or Patient Representative (optional)**

I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's representative, the treatments are consistent with the patient's known wishes and in their best interest.

(optional)

If other than patient, print full name of person  
consenting (or non-opposition in instance of guardian)

Authority:

**F. SIGNATURE: Health Care Provider (required, eSigned documents are valid)** Verbal orders are acceptable with follow up signature.

I have confirmed that this order was discussed with the patient or his/her representative. The orders reflect the patient's known wishes, to the best of my knowledge. [Note: Only licensed health care providers authorized by law to sign POLST form in Alaska may sign this order.]

(required)

Date (mm/dd/yyyy): Required

Phone # :

Printed Full Name:

License/Cert. #:

**Patient Full Name:**

**Form Completion Information (required)**

|   |  |
|---|--|
| Reviewed patient's advance directive to confirm no conflict with POLST orders:<br>(A POLST form does not replace an advance directive or living will) | <input type="checkbox"/> Yes; date of the document reviewed: _____                                     |
|   | <input type="checkbox"/> Conflict exists, notified patient (if patient lacks capacity, noted in chart) |
|   | <input type="checkbox"/> Advance directive not available   |
|   | <input type="checkbox"/> No advance directive exists   |

Check everyone who participated in discussion:

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Patient with decision-making capacity | <input type="checkbox"/> Court Appointed Guardian | <input type="checkbox"/> Parent of Minor |
| <input type="checkbox"/> Legal Surrogate / Health Care Agent   | <input type="checkbox"/> Other: _____             |  |

|   |                    |          |
|---|--------------------|----------|
| Professional Assisting Health Care Provider w/ Form Completion (if applicable): | Date (mm/dd/yyyy): | Phone #: |
| Full Name:  | / /                | ( )      |

This individual is the patient's:

|  |  |                                |                                 |                                 |
|--|--|--------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Nurse | <input type="checkbox"/> Clergy | <input type="checkbox"/> Other: |
|--|--|--------------------------------|---------------------------------|---------------------------------|

**Contact Information (optional)**

Patient's Emergency Contact. (Note: Listing a person here does not grant them authority to be a legal representative. Only an advance directive or state law can grant that authority.)

|            |  |            |
|------------|--|------------|
| Full Name: | <input type="checkbox"/> Legal Representative    | Phone #:   |
|            | <input type="checkbox"/> Other emergency contact | Day: ( )   |
|            |  | Night: ( ) |

|                             |        |
|-----------------------------|--------|
| Primary Care Provider Name: | Phone: |
|                             | ( )    |

|   |                   |
|---|-------------------|
| <input type="checkbox"/> Patient is enrolled in hospice | Name of Agency:   |
|   | Agency Phone: ( ) |

## Form Information & Instructions

- **Completing a POLST form:**

- Provider should document basis for this form in the patient's medical record notes.
- Patient representative is determined by Alaska Statute, and in accordance with state law, may be able execute or void this POLST form only if the patient lacks decision-making capacity.
- Only licensed health care providers authorized to sign POLST forms in Alaska (M.D./D.O.) can sign this form.
- Original (if available) is given to patient; provider keeps a copy in medical record.
- Last 4 digits of SSN are optional but can help identify / match a patient to their form.
- If a translated POLST form is used during conversation, attach the translation to the signed English form.
- The most recently completed valid POLST form supersedes all previously completed POLST forms.

- **Using a POLST form:**

- Any incomplete section of POLST creates no presumption about patient's preferences for treatment. Provide standard of care.
- No defibrillator (including automated external defibrillators) or chest compressions should be used if "No CPR" is chosen.
- For all options, use medication by any appropriate route, positioning, wound care and other measures to relieve pain and suffering.

- **Reviewing a POLST form:** This form does not expire but should be reviewed whenever the patient:

- (1) is transferred from one care setting or level to another;
- (2) has a substantial change in health status;
- (3) changes primary provider; or
- (4) changes his/her treatment preferences or goals of care.

- **Modifying a POLST form:** This form cannot be modified. If changes are needed, void form and complete a new POLST form.

- **Voiding a POLST form:**

- **If a patient or patient representative (for patients lacking capacity) wants to void the form:** destroy paper form and contact patient's health care provider to void orders in patient's medical record (and POLST registry, if applicable).
- **For health care providers:** destroy patient copy (if possible), note in patient record form is voided and notify registries (if applicable).
- This form may be added to a secure electronic registry so health care providers can find it.

For Barcodes / ID Sticker

# Regulation Regarding a POLST Form Dispute

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“Sometimes disputes arise regarding existing treatment orders on a POLST form for a patient who no longer has decision-making capacity. These disputes may center on who has decision-making authority and/or what the decision(s) should be. For example, a family member is requesting treatment that is inconsistent with the existing POLST form”

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“For EMS, it is recommended to clarify the family's understanding of the POLST form and contacting your On-Line Medical Control, if possible. If conflict continues to exist, transport to a hospital where there is more time to thoughtfully address the conflict.”

# Final POLST Logistics

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- POLST, like Comfort One, may serve as an expected home death form
- Forms are no longer faxed and kept on file with the local fire department
- POLST is presented to EMS or asked for by EMS
  - Patient brochure rec they keep on fridge, on phone, or readily available
  - Clinician rec is to have POLST on file at patient's hospital
- There's no POLST bracelet system or pocket card, currently
- Future goal: an electronic POLST registry
- Patient or their legal decision maker can revoke or change their POLST at any time, including in emergencies
- Physician verbal orders are valid, patient signature is recommended but not required
- If a section is not completed, the order is to provide treatment
- State reciprocity: POLST from other states are recognized in AK as medical orders

# Case 1a

You receive a call for a witnessed cardiac arrest of a 92-year-old female in her home. You arrive on the scene and patient has no pulse and is not breathing.

Her daughter provides this POLST form

What should you do?

- A. Begin CPR and ACLS
- B. Begin CPR but do not intubate
- C. Do not begin CPR

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1  **YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)

**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1  **Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

# Case 1a

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1

**YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)

**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

You receive a call for a witnessed cardiac arrest of a 92-year-old female in her home. You arrive on the scene and patient has no pulse and is not breathing.

Her daughter provides this POLST form

What should you do?

A. Begin CPR and ACLS

B. Begin CPR but do not intubate

C. Do not begin CPR

# Case 1b

You receive a call for a witnessed cardiac arrest of a 92-year-old female in her home. You arrive on the scene and patient has no pulse and is not breathing.

Her daughter provides this POLST form

What should you do?

- A. Begin CPR and ACLS
- B. Begin CPR but do not intubate
- C. Do not begin CPR

|   |  |   |
|---|--|---|
| <b>A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.</b>   |  |   |
| <b>Pick 1</b>   | <input type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B)   | <input checked="" type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B) |
| <b>B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.</b>   |  |   |
| Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes. |  |   |
| <b>Pick 1</b>   | <input checked="" type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.   |   |
|   | <input type="checkbox"/> <b>Selective Treatments.</b> Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form. |   |
|   | <input type="checkbox"/> <b>Comfort-focused Treatments.</b> Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting.   |   |
| <b>C. Additional Orders or Instructions.</b> These orders are in addition to those above (e.g., blood products, dialysis).<br>[EMS protocols may limit emergency responder ability to act on orders in this section.]   |  |   |

# Case 1b

You receive a call for a witnessed cardiac arrest of a 92-year-old female in her home. You arrive on the scene and patient has no pulse and is not breathing.

Her daughter provides this POLST form

What should you do?

- A. Begin CPR and ACLS
- B. Begin CPR but do not intubate
- C. Do not begin CPR

|   |   |   |
|---|---|---|
| <b>A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.</b>   |   |   |
| <b>Pick 1</b>   | <input type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B)  | <input checked="" type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B) |
| <b>B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.</b>   |   |   |
| Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes. |   |   |
| <b>Pick 1</b>   | <input checked="" type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> <u>Goal: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.   |   |
|   | <input type="checkbox"/> <b>Selective Treatments.</b> <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form. |   |
|   | <input type="checkbox"/> <b>Comfort-focused Treatments.</b> <u>Goal: Maximize comfort through symptom management; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting.   |   |
| <b>C. Additional Orders or Instructions.</b> These orders are in addition to those above (e.g., blood products, dialysis).<br>[EMS protocols may limit emergency responder ability to act on orders in this section.]   |   |   |

# Case 1c

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1

**YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)

**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

You receive a call for a witnessed cardiac arrest of a 92-year-old female in her home. You arrive on the scene and patient has no pulse and is not breathing.

Her daughter provides this POLST form

What should you do?

- A. Begin CPR and ACLS
- B. Begin CPR but do not intubate
- C. Do not begin CPR

# Case 1c

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1

**YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)

**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

You receive a call for a witnessed cardiac arrest of a 92-year-old female in her home. You arrive on the scene and patient has no pulse and is not breathing.

Her daughter provides this POLST form

What should you do?

A. Begin CPR and ACLS

B. Begin CPR but do not intubate

C. Do not begin CPR

# Case 1d

You receive a call for a witnessed cardiac arrest of a 92-year-old female in her home. You arrive on the scene and patient has no pulse and is not breathing.

Her daughter provides this POLST form

What should you do?

- A. Begin CPR and ACLS
- B. Begin CPR but do not intubate
- C. Do not begin CPR

|   |  |
|---|--|
| <b>A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.</b>   |  |
| <b>Pick 1</b>   | <input checked="" type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B) <input type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B)   |
| <b>B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.</b>   |  |
| Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes. |  |
| <b>Pick 1</b>   | <input checked="" type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.<br><input type="checkbox"/> <b>Selective Treatments.</b> Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.<br><input type="checkbox"/> <b>Comfort-focused Treatments.</b> Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting. |
| <b>C. Additional Orders or Instructions.</b> These orders are in addition to those above (e.g., blood products, dialysis).<br>[EMS protocols may limit emergency responder ability to act on orders in this section.]   |  |
|   |  |

# Case 1d

You receive a call for a witnessed cardiac arrest of a 92-year-old female in her home. You arrive on the scene and patient has no pulse and is not breathing.

Her daughter provides this POLST form

What should you do?

A. Begin CPR and ACLS

B. Begin CPR but do not intubate

C. Do not begin CPR

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1

**YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)

**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

# Case 2a

A husband has called 911 for his 72-year-old wife who is experiencing shortness of breath and chest pain. Upon arrival, you are informed that the woman has a history significant for Chronic Obstructive Pulmonary Disease. She is hypoxic with pulse ox in the 70s, ETCO2 >45mmhg, RR 30s and confused. You provide oxygen and her oxygen saturation only increase to 80 and she is becoming somnolent.

He presents her POLST

What should you do?

- A. ET Intubation, complete assessment and transfer to the hospital
- B. No ET intubation, can provide NIV, provide nebs, NC O2 and transport to the hospital
- C. No ET intubation, No NIV, provide nebs and medications to palliative SOB, do not transport to the hospital if comfort can be maintained at home

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

|        |  |   |
|--------|--|---|
| Pick 1 | <input type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B) | <input checked="" type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B) |
|--------|--|---|

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

|        |   |
|--------|---|
| Pick 1 | <input checked="" type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> <u>Goal: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.   |
|        | <input type="checkbox"/> <b>Selective Treatments.</b> <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form. |
|        | <input type="checkbox"/> <b>Comfort-focused Treatments.</b> <u>Goal: Maximize comfort through symptom management; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting.   |

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]

# Case 2a

A husband has called 911 for his 72-year-old wife who is experiencing shortness of breath and chest pain. Upon arrival, you are informed that the woman has a history significant for Chronic Obstructive Pulmonary Disease. She is hypoxic with pulse ox in the 70s, ETCO2 >45mmhg, RR 30s and confused. You provide oxygen and her oxygen saturation only increase to 80 and she is becoming somnolent.

He presents her POLST

What should you do?

- A. ET Intubation, complete assessment and transfer to the hospital
- B. No ET intubation, can provide NIV, provide nebs, NC O2 and transport to the hospital
- C. No ET intubation, No NIV, provide nebs and medications to palliative SOB, do not transport to the hospital if comfort can be maintained at home

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1

**YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)



**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

# Case 2b

| A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.  |   |
|---|---|
| Pick 1  | <input type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B) <input checked="" type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B)  |
| B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.  |   |
| Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes. |   |
| Pick 1  | <input type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> <u>Goal: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.<br><input type="checkbox"/> <b>Selective Treatments.</b> <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.<br><input checked="" type="checkbox"/> <b>Comfort-focused Treatments.</b> <u>Goal: Maximize comfort through symptom management; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting. |
| C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]             |   |
|   |   |

A husband has called 911 for his 72-year-old wife who is experiencing shortness of breath and chest pain. Upon arrival, you are informed that the woman has a history significant for Chronic Obstructive Pulmonary Disease. She is hypoxic with pulse ox in the 70s, ETCO2 >45mmhg, RR 30s and confused. You provide oxygen and her oxygen saturation only increase to 80 and she is becoming somnolent.

He presents her POLST

What should you do?

- A. ET Intubation, complete assessment and transfer to the hospital
- B. No ET intubation, can provide NIV, provide nebs, NC O2 and transport to the hospital
- C. No ET intubation, No NIV, provide nebs and medications to palliative SOB, do not transport to the hospital if comfort can be maintained at home

# Case 2b

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1

**YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)

**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

A husband has called 911 for his 72-year-old wife who is experiencing shortness of breath and chest pain. Upon arrival, you are informed that the woman has a history significant for Chronic Obstructive Pulmonary Disease. She is hypoxic with pulse ox in the 70s, ETCO<sub>2</sub> >45mmhg, RR 30s and confused. You provide oxygen and her oxygen saturation only increase to 80 and she is becoming somnolent.

He presents her POLST

What should you do?

- A. ET Intubation, complete assessment and transfer to the hospital
- B. No ET intubation, can provide NIV, provide nebs, NC O<sub>2</sub> and transport to the hospital
- C. No ET intubation, No NIV, provide nebs and medications to palliative SOB, do not transport to the hospital if comfort can be maintained at home

# Case 2c

|   |   |
|---|---|
| <b>A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.</b>   |   |
| <b>Pick 1</b>   | <input type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B) <input checked="" type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B)  |
| <b>B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.</b>   |   |
| Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes. |   |
| <b>Pick 1</b>   | <input type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> <u>Goal: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care. <input checked="" type="checkbox"/> <b>Selective Treatments.</b> <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form. <input type="checkbox"/> <b>Comfort-focused Treatments.</b> <u>Goal: Maximize comfort through symptom management; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting. |
| <b>C. Additional Orders or Instructions.</b> These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]      |   |

A husband has called 911 for his 72-year-old wife who is experiencing shortness of breath and chest pain. Upon arrival, you are informed that the woman has a history significant for Chronic Obstructive Pulmonary Disease. She is hypoxic with pulse ox in the 70s, ETCO2 >45mmhg, RR 30s and confused. You provide oxygen and her oxygen saturation only increase to 80 and she is becoming somnolent.

He presents her POLST

What should you do?

- A. ET Intubation, complete assessment and transfer to the hospital
- B. No ET intubation, can provide NIV, provide nebs, NC O2 and transport to the hospital
- C. No ET intubation, No NIV, provide nebs and medications to palliative SOB, do not transport to the hospital if comfort can be maintained at home

# Case 2c

|   |   |
|---|---|
| <b>A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.</b>   |   |
| <b>Pick 1</b>   | <input type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B) <input checked="" type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B)  |
| <b>B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.</b>   |   |
| Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes. |   |
| <b>Pick 1</b>   | <input type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> <u>Goal: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care. <input checked="" type="checkbox"/> <b>Selective Treatments.</b> <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form. <input type="checkbox"/> <b>Comfort-focused Treatments.</b> <u>Goal: Maximize comfort through symptom management; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting. |
| <b>C. Additional Orders or Instructions.</b> These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]      |   |

A husband has called 911 for his 72-year-old wife who is experiencing shortness of breath and chest pain. Upon arrival, you are informed that the woman has a history significant for Chronic Obstructive Pulmonary Disease. She is hypoxic with pulse ox in the 70s, ETCO2 >45mmhg, RR 30s and confused. You provide oxygen and her oxygen saturation only increase to 80 and she is becoming somnolent.

He presents her POLST

What should you do?

- A. ET Intubation, complete assessment and transfer to the hospital
- B. No ET intubation, can provide NIV, provide nebs, NC O2 and transport to the hospital**
- C. No ET intubation, No NIV, provide nebs and medications to palliative SOB, do not transport to the hospital if comfort can be maintained at home

# Case 2d

A husband has called 911 for his 72-year-old wife who is experiencing shortness of breath and chest pain. Upon arrival, you are informed that the woman has a history significant for Chronic Obstructive Pulmonary Disease. She is hypoxic with pulse ox in the 70s, ETCO2 >45mmhg, RR 30s and confused. You provide oxygen and her oxygen saturation only increase to 80 and she is becoming somnolent.

But husband states he is her legal decision maker and believes she would want full treatment in this type of medical emergency, including being intubated and ICU care. He wished to revoke her POLST form

He presents her POLST

What should you do?

- A. ET Intubation, complete assessment and transfer to the hospital
- B. No ET intubation, can provide NIV, provide nebs, NC O2 and transport to the hospital
- C. No ET intubation, No NIV, provide nebs and medications to palliative SOB, do not transport to the hospital if comfort can be maintained at home

|   |   |
|---|---|
| <b>A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.</b>   |   |
| Pick 1  | <input type="checkbox"/> <b>YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.</b> (Requires choosing Full Treatments in Section B) <input checked="" type="checkbox"/> <b>NO CPR: Do Not Attempt Resuscitation.</b> (May choose any option in Section B)  |
| <b>B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.</b>   |   |
| Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes. |   |
| Pick 1  | <input type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> <u>Goal: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care. <input checked="" type="checkbox"/> <b>Selective Treatments.</b> <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form. <input type="checkbox"/> <b>Comfort-focused Treatments.</b> <u>Goal: Maximize comfort through symptom management; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital <b>only</b> if comfort cannot be achieved in current setting. |
| <b>C. Additional Orders or Instructions.</b> These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]      |   |
|   |   |

# Case 2d

A husband has called 911 for his 72-year-old wife who is experiencing shortness of breath and chest pain. Upon arrival, you are informed that the woman has a history significant for Chronic Obstructive Pulmonary Disease. She is hypoxic with pulse ox in the 70s, ETCO2 >45mmhg, RR 30s and confused. You provide oxygen and her oxygen saturation only increase to 80 and she is becoming somnolent.

But husband states he is her legal decision maker and believes she would want full treatment in this type of medical emergency, including being intubated and ICU care. He wished to revoke her POLST form

He presents her POLST

What should you do?

- A. ET Intubation, complete assessment and transfer to the hospital
- B. No ET intubation, can provide NIV, provide nebs, NC O2 and transport to the hospital
- C. No ET intubation, No NIV, provide nebs and medications to palliative SOB, do not transport to the hospital if comfort can be maintained at home

## A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1

**YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion.** (Requires choosing Full Treatments in Section B)

**NO CPR: Do Not Attempt Resuscitation.** (May choose any option in Section B)

## B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.

Pick 1

**Full Treatments (required if choose CPR in Section A).** Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.

**Selective Treatments.** Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location, unless another treatment preference is documented in Section C of this form.

**Comfort-focused Treatments.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital **only** if comfort cannot be achieved in current setting.

## C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

# Alaska POLST website with clinician and patient information

[www.akpolst.org](http://www.akpolst.org)

