

### • **Comfort Measures:**

Medical care focused primarily on keeping a person comfortable. This is in distinction to disease-directed therapy which focuses more intensively on treating the disease process itself. On the POLST form, a person who requests comfort measures only would be moved to the hospital only if needed to provide comfort. The management of pain and discomfort would be the essential goal of treatment. Food and fluids are always offered but are not usually artificially administered.

### • **Antibiotics:**

Antibiotics fight infections such as pneumonia. Antibiotics may only prolong the death of a person who is terminally ill and may prolong their suffering. It is important to consider, in end-of-life situations, whether to treat serious infections with antibiotics or with comfort-care medications only.

### • **Intravenous (IV) fluids:**

A small plastic tube (catheter) is placed directly into a vein and fluids are given through the tube. Usually IV fluids are given only for a short time, in order to help a person get through an acute illness. They are rarely utilized in long-term care.

### • **Tube-feeding:**

Fluids and liquid nutrients (formula) can be given via a tube placed through the nose into the stomach (an NG tube) or through a tube placed directly into the stomach by a surgical procedure.

Are feeding tubes helpful? It is not clear that giving nutrition by a feeding tube near the end of life is of benefit in prolonging either quantity or quality of life. People with serious illnesses such as a stroke or Alzheimer's disease may lose the ability to eat or drink. Feeding tubes can be harmful because they can

cause pneumonia, ulcers, and infections. The patient frequently feels more comfortable without a feeding tube or NG. When someone can no longer eat or drink, hand feeding may be preferred. Such feeding offers a personal touch that is lacking with mechanically administered fluids and liquid nutrients. Food and fluids by hand feeding are always offered for comfort and patient enjoyment.

### **Who can help me complete the POLST form?**

Social workers, nurses and other healthcare professionals can complete the POLST form with you, but a doctor **MUST** sign it. You or your healthcare agent or surrogate may also sign the form.

### **What if I want to change my POLST form?**

You and your doctor can change the POLST orders at any time.

### **Will POLST cause problems for my family or doctor?**

Not at all. In fact, the POLST form helps you, your family and your doctor. The presence of this completed form allows your treatment wishes to be maximally implemented while minimizing confusion and conflict.

### **If I have questions or concerns**

Talk with your doctor and your healthcare team about your condition and your treatment choices. The California Coalition for Compassionate Care is the statewide leader for implementation of POLST in California. For more information about POLST visit [www.CaPOLST.org](http://www.CaPOLST.org).

**Source:** [Adaptation of CA POLST Broch](#)  
by [Humboldt Del Norte IPA Coalition](#)

# **POLST**

## **Physician Orders about**

## **Life-Sustaining Treatment**

**Making certain  
your preferences  
for care in the future**

### **Who should fill out a POLST form?**

The POLST form has been designed to help anyone of advanced age or with serious health conditions. Its purpose is to make known a person's wishes regarding end-of-life intensity of medical care to doctors, nurses, emergency medical personnel and other healthcare staff in the event that one is not able to express themselves. The POLST form is a bright pink medical order form upon which your doctor will write the orders that reflect the level of treatment intervention you desire in the last stages of your life.

### **If I have a POLST form, do I need an Advance Directive too?**

Yes. It is recommended that you also have an Advance Healthcare Directive (AHCD). The AHCD states whom you want to make your healthcare decisions if you are unable to make them yourself. It also provides your agent guidance, clearly expressing your wishes regarding medical decisions which need to be made in the event that you become unable to communicate these decisions for yourself. The AHCD is a detailed statement of your wishes toward these ends.

The POLST form, however, is a set of physician orders which make your preferences authoritative in medical settings. It mandates the wishes that you express in your AHCD and summarizes them in a quick, easy-to-grasp way.

### **Why should I complete a POLST form?**

If you have a potentially serious medical condition, you can help make certain that your wishes for care in the future are known and respected. This not only makes life much easier for your loved ones, but also greatly increases your chances of living out your days as you and your family wish.

### **What does the POLST form do?**

Completion of the POLST form helps you and your doctor discuss and develop a plan that will maximize the implementation of your health care wishes. This also makes it much easier for you to share your thoughts and desires with family and loved ones. The presence of this form greatly assists doctors, nurses, and emergency personnel in honoring your wishes. By moving with you from one

health care facility to another, the presence of this form helps insure that your wishes are followed in a continuous fashion.

### **How is the POLST form used?**

A nurse, social worker or your doctor completes the form, making sure it reflects the intensity of care that you want. Your doctor signs form, making your preferences official medical orders immediately.

The POLST form is designed to stay with you, traveling from home or nursing home to the hospital, and back again. It is bright pink in color to make it quickly recognizable in every setting. The form must be easily found in emergencies, so keep it handy and visible  on your refrigerator or by your bed if you are home, or in a designated place in an assisted living facility. It will be in your medical chart if you are in a hospital or nursing home, and should be given to or kept with you if you are transferred.

### **What might happen if I do not have a POLST form?**

Without a POLST form, emergency medical personnel, nurses and doctors would not know your treatment wishes and follow authoritative physician orders implementing your preferences. Until orders are decided and written, they will be duty-bound to deliver intense, aggressive medical intervention. That's why it is a good idea to think through treatment options before such a situation occurs and ask your doctor to document your wishes on a POLST form, so you receive the type and intensity of care you personally desire.

### **What are some of the medical terms used when talking about end-of-life care?**

#### **• Resuscitation:**

Resuscitation, also known as CPR, attempts to restart breathing and the heartbeat of a person who has no heartbeat or has stopped breathing. It typically involves mouth-to-mouth breathing and forceful compressions of the chest to try to restore blood circulation.

Resuscitation may also involve electrical shock (defibrillation) or the placement of a plastic tube down the throat through the windpipe to assist breathing (intubation). When a person is not breathing on his or her own, a mechanical device will often be used to pump air in and out of the lungs through the plastic breathing tube (mechanical ventilation).

#### **• DNAR:**

Do Not Attempt Resuscitation, or DNAR, is a medical order not to attempt resuscitation because the patient does not want it, or because it is not reasonable to expect it to help the patient's quantity or quality of life.

Why might I choose DNAR? CPR is by far most effective when used on basically healthy people who have had a catastrophic event. Attempted resuscitation is rarely successful for people with serious medical conditions. The complications of CPR frequently include broken ribs, punctured lungs, or damage to the brain from lack of adequate circulation. In these circumstances a resuscitation which brings a heart back to life again does not necessarily return a person to the same quality of life. The more complex one's medical condition, the more likely this is to occur.