

**STATE OF ALASKA**  
**DEPARTMENT OF HEALTH**  
**AND SOCIAL SERVICES**

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**Physician Orders for Life**  
**Sustaining Treatment**  
**(POLST) Program**

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## Alaska POLST Program: An Introduction

POLST is an acronym that stands for Physician Orders for Life-Sustaining Treatment. POLST helps give seriously-ill patients more control over the medical treatment they receive. The POLST form guides discussions between patients, their families, their physician, and their healthcare team about treatment wishes in instances of serious illness. POLST transforms those wishes into physician orders, which are actionable and to be respected across the continuum of healthcare settings. POLST helps to ensure that patients receive the treatments that they want, and do not receive treatments that they do not want.

The POLST form complements an Advance Directive and does not replace that document. An Advance Directive is still necessary to appoint a legal healthcare decision maker, and is recommended for all adults, regardless of their health status. Use of the POLST form is designed for persons with advanced chronic, progressive and/or end-stage illness.

Completing a POLST form is completely voluntary. It is intended for patients with advanced illness or frailty and records choices for medical treatment in the patient's current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, the patient's treatment wishes may change, in which case POLST orders can and should be changed to reflect new preferences and treatment choices. If a POLST form is completed, Alaska law requires that the healthcare professional honor the completed POLST form and is provided immunity from civil or criminal liability when complying in good faith with a patient's POLST requests.

## Requirement to Honor POLST Forms

The State of Alaska has defined that all individuals, including EMT's, First Responders, and health care providers shall comply with life-sustaining treatment orders executed by a physician (M.D./D.O.) according to Alaska Statute AS 13.52.60.

## Who Should Consider Having a POLST Form?

The POLST form is intended for patients with advanced illness or frailty where accurate predictions cannot be made but death is likely in the foreseeable future.

### Determine If The Patient Has A Condition That Warrants POLST Form Completion

The health care professional (M.D./D.O.) may use several questions to determine if a POLST form is warranted. If the answer is "Yes" to any of these questions, the patient may have a condition that warrants the completion of a POLST form. A POLST form may be completed on the basis of a deteriorating irreversible health condition.

- Does the patient have a disease process that is in an advanced stage;
- Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias);
- Is the patient in a palliative care, hospice program, or skilled nursing facility ; and/or

- Has this patient’s level of functioning become more severely impaired as a result of a deteriorating health condition when intervention will not significantly impact the process of decline?

### **POLST Use for Patients With Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Condition Who Are Near the End of Life**

Special consideration is required when completing a POLST form for a patient with significant physical disabilities, developmental disabilities and/or a significant mental health condition. Patients in these groups have the right to both the highest quality of care for their chronic disability and for equally high quality care at the end of their life.

Patients with disabilities are at risk of bias resulting in under-treatment and/or have their chronic health conditions mistaken for illnesses or conditions nearing the end of life. The challenge to the health care professional is to discern when the patient is transitioning from a stable chronic disability to a more advanced phase of their illness.

### **Use of POLST for Individuals with Guardians**

A guardian is the legal representative of the patient and should participate in a POLST discussion. Physicians may sign a POLST that includes limitations of treatment when the patient’s guardian offers a non-opposition to their recommendations for withholding life-saving or life-sustaining treatment.

## **Advance Directives and POLST: Working Together in Advance Care Planning**

The voluntary use of the POLST form and the Advance Directive form are complementary to advance care planning to ensure patient wishes are followed. The purpose of advanced care planning is to document patient treatment preferences, provide a venue for reviewing and regularly updating these preferences, and communicate these preferences clearly to first responders and health care providers. While the Advance Directive and POLST forms differ, they both play important roles in end-of-life planning.

The POLST form is designed to direct medical treatment in acute situations through specific medical orders addressing defined medical interventions. Since these orders are followed in emergent conditions, the POLST should reflect what the patient would want now in their current state of health.

The focus of the Advance Directive is to document future health care instructions for patients who no longer can speak for themselves.

Patients with medical decision-making capacity should be assisted by their health care professional (M.D./D.O.) in voiding their current POLST form and creating a new POLST form to reflect changing circumstances and wishes. If, however, the patient becomes incapacitated, the health care instructions and surrogate/health care decision-maker appointed in an Advance

Directive play an important role in implementing goals for care consistent with the patient wishes in their new state of health. The surrogate/health care decision-maker would participate in updating POLST orders (if needed) to be consistent with a patient’s preferences as the patient’s health status changes.

*Note that the POLST form is a medical order and not intended to replace an Advance Directive. The Advance Directive is the appropriate legal document to appoint a surrogate/health care decision-maker.*

| <p align="center"><b>Advanced Directive</b><br/><b>A Voluntary Legal Document</b></p>   | <p align="center"><b>POLST</b><br/><b>A Voluntary Medical Order</b></p>   |
|---|---|
| <p>For all adults regardless of health status.</p>  | <p>For those with advanced illness, or frailty, or a limited prognosis at any age, depending on health status.</p>  |
| <ol style="list-style-type: none"> <li>1. Appoints a legal decision-maker</li> <li>2. Memorizes values and preferences</li> <li>3. Is signed by the patient and witnessed and/or notarized</li> </ol>   | <p>A patient or surrogate/health care decision-maker participates in the shared decision making of the POLST form. When the form is signed by a physician, it becomes a medical order.</p>                        |
| <p>Provides for theoretical situations in which a person may not have capacity for decision making. Guidelines for imagined future situations which may arise and for which a person may have preferences for a particular kind of care plan.</p> | <p>Provides for likely events that can be foreseen. Specific medical orders addressing defined medical interventions for situations that are likely to arise given the patient’s health status and prognosis.</p> |

## **Who Can Fill Out A POLST Form?**

The POLST form is intended for the patient to complete in consultation with his/her health care provider. If the patient is not fully capable of making decisions, the surrogate/health care decision-maker as appointed in the Advance Directive is the legally recognized surrogate and discussions should occur with this person. It is prudent for the signer to review the Advance Directive and verify its validity. The surrogate/health care decision-maker has the legal right to accept or refuse medical treatments for the patient as defined by Alaska Statute.

## **What If The Patient Does Not Have An Advance Directive?**

If the patient does not have an Advance Directive, AS 13.52.030 identifies the appropriate surrogate decision makers that may be invited to speak on the incapacitated patient’s behalf or provide input into treatment options. Facility ethics committees or institutional policy may provide additional guidance for those who do not have a surrogate/health care decision-maker.

### **Determining Appropriate Surrogate/Health Care Decision-Maker for Those Who Have Not Completed an Advance Directive**

An adult may designate an individual to act as a surrogate/health care decision-maker. In the absence of a designation, or if the designee is not reasonably available, Alaska law defines the classes of patient family who may act as surrogate in AS 13.52.030 (c).

If none of the persons identified in the statute is available, then life-sustaining procedures may be withheld or withdrawn upon the direction and under the supervision of the attending physician (some health systems have additional procedures for decision making in the care of those without a surrogate/health care decision-maker).

## Completing the POLST Form

The next section of this guidance provides a section-by-section review and instructions for completing the POLST form. Note that the provider should document the patient's goals of care and details of the discussion upon which the orders are based in the patient's medical record.

References to the "patient's representative" indicate the surrogate/health care decision-maker who is permitted to complete or void this form by Alaska Statute.

Any incomplete portion of this form defaults to the presumption that full treatment should be provided for that section.

### Patient Information—Required

The following information is required in the Patient Information section of the POLST form:

- Patient First Name
- Last Name
- DOB

The following information is optional, but is helpful for providing further identification of the patient:

- Middle Name/Initial
- Preferred Name
- Suffix
- Gender
- Social Security Number's last 4 digits
- State where form was completed

### Section A: Cardiopulmonary Resuscitation Orders

These orders apply only when the patient has no pulse and is not breathing. If the patient wants CPR and CPR is ordered, then the "YES CPR" box is checked. Full CPR measures should be carried out and 9-1-1 should be called. If a patient has indicated that they do not want CPR in the event of no pulse and no breathing, then the "NO CPR" box is checked. CPR should not be performed.

Section A also includes reference to "mechanical ventilation, defibrillation and cardioversion." This information is intended to support the provider in providing clarity to the patient regarding what "YES CPR" means.

Note: If the patient chooses "YES CPR" in Section A, then the "Full Treatments" box must be checked in Section B.

## **Section B: Initial Treatment Orders**

This section begins with a reminder to reassess and discuss interventions with the patient or patient representative regularly. This is an important element to ensure that the POLST form represents the patient's most current care goals.

These orders in Section B apply to the patient who has a pulse and is breathing.

### *Full Treatments*

“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.”

This area should be chosen if all life-sustaining treatments are desired. This includes use of intubation, advanced airway intervention, mechanical ventilation, cardioversion, transfer to hospital and use of intensive care as indicated with no limitation of treatment. Full treatments must be chosen if YES CPR is chosen in Section A of this form. Additional clarifying orders may be included in Section C, Additional Orders or Instructions.

### *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.”

This area should be chosen if the patient's care goals include hospitalization if needed, but the patient wishes to avoid mechanical ventilation and the intensive care unit (ICU). Some patients may want hospitalization and treatments for reversible conditions or exacerbations of their underlying illness with the goal of restoring them to their current state of health (e.g., hospitalization for dehydration, pneumonia). Additional clarifying orders or other specific wishes to limit treatments may be included in Section C, Additional Orders or Instructions.

### *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.”

This area should be chosen for those patients wishing to avoid hospitalization. Additional clarifying orders may be included in Section C, Additional Orders or Instructions.

## **Section C: Additional Orders or Instructions**

The purpose of this section is to put context around anything ordered in Section B and any other specific treatment wishes. Information written in this section comprises medical orders

that are in addition to those listed in Section B. These orders may include, but are not limited to: dialysis, blood products, limited time interventions, hydration, cardiac or breathing support, antiarrhythmic drugs, medications, antibiotic treatments, hyperalimentation, electrolyte or acid/base corrective measures, hospice evaluation, chemotherapy or radiation preferences, and diagnostic testing preferences (labs, imaging, or X-ray diagnostic testing restrictions). This section also includes the note “EMS protocols may limit emergency responder ability to act on orders in this section.” EMS regulations, Scope of Practice, and agency protocols dictate the treatments they can provide, and they may not be able to honor what is ordered in this section.

#### **Section D: Medically Assisted Nutrition**

The intent of this area of the POLST form is to indicate high-level decision making about the patient’s desire for surgical (long-term) or non-surgical (short term) treatment to support nutrition needs.

Choices in this section include:

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

The purpose of including the choice “Discussed but no decision made (standard of care provided)” is to indicate to other providers that this issue has been previously addressed with the patient. The reference to “standard of care” is included as a reminder to all parties that the absence of a decision defaults to providing the standard of care in this area.

#### **Section E: Signature/Patient or Patient Representative (optional)**

The first statement in this area reinforces that this form is voluntary, and indicates that the patient has discussed treatment options and goals of care with their provider. The patient signature is not required, however, it is highly encouraged that the patient sign this form to confirm that the document accurately reflects the patient’s preferences. It is understood that most states require a patient signature on this form, and the form may not be honored in other states without the patient’s signature included.

It is the responsibility of the signer in Section F to know if the patient is capable of making decisions and signing the POLST form. If the patient is not capable of making decisions, the signer in Section F must ensure that the information included on this form was discussed with the appropriate patient representative appointed in the Advance Directive. If there is no Advance Directive, or there is no patient representative identified in the Advance Directive, then refer to the section of this document entitled *Determining Appropriate Surrogate For Those Who Have Not Completed An Advance Directive* for additional guidance.

## **Section F: Signature/Health Care Provider**

POLST is a medical order and, to be valid, must be signed by an authorized provider. In Alaska, only a M.D. or D.O. is authorized to sign in Section F. By signing this form, the provider confirms that the orders were discussed with the patient and they reflect the patient's wishes. A verbal order is also acceptable, with a follow-up signature, in accordance with the facility's verbal orders policy. Note: forms may be completed electronically and signed using an electronic signature.

If the POLST form has been prepared by someone other than the signer, this attestation confirms that the signing professional personally knows that the information is correct. It is the legal responsibility of the signer, not the preparer, to confirm that POLST orders reflect the patient's wishes in their current state of health and to assure that a copy of the form is submitted to the POLST Registry.

### **Form Validity and Expiration**

The bottom of Page 1 of the POLST form indicates that a "copied, faxed or electronic version of this form is a legal and valid medical order." It is understood that the original copy of the POLST form may not be available, and this statement affirms that other presentations of the form are valid.

The final statement on Page 1 indicates "This form does not expire." While this form and the orders therein do not expire, it is vital that the provider or his/her designee reviews this form regularly with the patient or patient's representative. This is recommended to occur at the following intervals:

- When the patient is transferred from one care setting or level to another;
- Has a substantial change in health status;
- Changes primary provider; or
- Changes his/her treatment preferences or goals of care.

### **Form Completion Information (required)**

All individuals present for the POLST discussion must be documented in this section. This includes individuals who are not legal decision-makers (friends, family members, etc.). If a health care provider assists in form completion, other than the M.D./D.O. who signed the orders, then this individual's name must be legibly written in the designated area, along with the date and phone number. Additionally, the provider type must be indicated by checking the correct box or completing the "Other" category.

### **Contact Information (optional)**

Contact information is provided in this section for convenience and is not required. Note that designating an individual as the Patient's Emergency Contact in this section does not grant them authority to act as a legal representative for the patient. This is explicitly stated on the form.

### **Using POLST with an Interpreter**

Health care interpreter services should be used when the patient and/or patient representative has limited English proficiency. The signed version of the POLST form must remain in English so that emergency medical personnel can understand and follow the orders.

### **Modifying the POLST Form**

The POLST Form cannot be modified. If changes are needed, the current form must be voided and a new form created.

### **Voiding the POLST Form**

A patient with capacity, or the patient representative who has legal decision-making authority for a patient without capacity, can void the form. This is done when the patient or patient representative no longer wishes to have a POLST form, or when the form no longer accurately reflects patient wishes and needs to be updated.

- For facilities using a paper form, draw a line through Page 1 of the form, write VOID in large letters, and send a copy to the POLST Registry.
- If included in an electronic medical record, follow voiding procedures of facility, and send a copy of the voided form to the POLST Registry.

### **Transferring a Patient With a POLST Form**

For patients in institutional settings, the POLST form should accompany the patient upon transfer from one setting to another. A copy of the POLST form should be kept in the individual's medical record. HIPAA permits disclosure of POLST orders to other health care professionals across treatment settings. Copies of the POLST form are valid and should be honored by EMS and other professionals.

### **Should You Transfer Patients With Comfort-focused Treatment Orders?**

“Comfort-focused Treatment” orders as designated in Section B of the POLST form suggest that the patient prefers not to be transferred to a hospital unless comfort needs cannot be met in the current location. Sometimes it is necessary to transfer patients to the hospital to control their suffering. Examples include pain and other symptom management (e.g., immediate and ongoing pain relief, control of bleeding, uncontrolled seizures, wound closing and treatment of lacerations), and stabilization of any fracture or other measures with the goal to control pain.

### **Addressing Disputes Regarding a POLST Form**

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.

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.

For health care facilities and organizations, if a family dispute arises concerning the validity of a POLST form, it is recommended that you follow the facility or organization policy regarding surrogate/health care decision-making.