



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: NON-BENEFICIAL CARE, DNR ORDER,
AND PHYSICIAN ORDERS FOR LIFE-
SUSTAINING TREATMENT (POLST)

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PURPOSE

To provide guidelines in decision-making process regarding non-beneficial or futile treatments, and guidelines for "Do Not Resuscitate Order," and Physician Orders- for Life-Sustaining Treatment.

DEFINITIONS:

Advanced Healthcare Directive—a document containing the patient's healthcare decisions concerning end of life and identifies the patient's chosen surrogate decision maker or agent to make decisions on his/her behalf if he/she no longer has capacity.

Capacity-- a patient's ability to understand the nature and consequences of proposed health care, including its significant benefits, risks and alternatives, and to make and communicate a health care decision (Probate Code 4609). A person has capacity when he or she understands his/her diagnosis and treatment options, and has the ability to choose among the options.

Cardiopulmonary Resuscitation (CPR)—a medical treatment for cardiopulmonary arrest that includes basic life support (BLS) and advanced cardiovascular life support (ACLS) to restore circulation and respiration.

Do Not Resuscitate (DNR)—unless otherwise specified, allows "natural death." The DNR order means a patient will not receive the following life sustaining treatments in the event of a cardiac and/or respiratory arrest:

- No cardiopulmonary resuscitation (CPR)
- No assisted breathing with mechanical devices
- No electric shocks to the heart
- No placement on life support machines such as a breathing machine or ventilator
- No treatment with medications that would artificially restart a stopped heart

Physician Orders for Life-Sustaining Treatment (POLST)—this is a voluntary and non-facility specific set of physician's orders regarding life-sustaining treatments. The form is completed by the provider, indicates the patient's preference on resuscitation, use of antibiotics, feeding tubes, etc., and signed by the patient or patient's surrogate decision-maker.

Surrogate Decision-Maker-- An adult person designated to make health care decisions on behalf of the patient. In determining the individual best able to serve as the surrogate, the following relevant factors may be considered:

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COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY: *Ben Amato*

- Familiarity with the patient's personal values
- Demonstrated care and concern for the patient
- Degree of regular contact with the patient before and during the patient's illness
- Availability to visit the patient
- Availability to engage in meaningful contact with health care professionals for the purpose of fully participating in the health care decision making process
- Ability to understand the medical condition and treatment options as explained by physicians or other health care professionals.

POLICY

Under Patients' Rights, Title 22, Section 70707, an adult patient with decision-making capacity has the right to accept or to refuse medical care or treatment. This includes terminal or non-terminal patient's right to forgo of life-sustaining procedures or intervention even if this would hasten patient's death.

It is the responsibility of the provider to inform the patient or patient's surrogate decision-maker of the patient's medical condition, treatment options, and possible consequences of the treatment options. Under California Probate Code 4734, the provider has no obligation to offer or to provide therapy that is medically ineffective or contrary to generally accepted health care standards.

A health care provider is not required to initiate a Physician Orders for Life-Sustaining Treatment (POLST) form, but is required to treat a patient in accordance with a POLST form. The physician shall review the POLST and incorporate the content of the POLST into the care and treatment plan to the patient. This does not apply if the POLST requires medically ineffective health care or health care contrary to generally accepted health care standards.

PROCEDURE:

I. Decision to Forgo Life-Sustaining Treatment

- A. The primary care provider is responsible for discussing futile care and forgoing of life-sustaining treatments with the patient or patient's surrogate decision-maker. Discussions may include diagnosis, prognosis, expected outcome of resuscitative measures, and comfort measures.

The primary care provider may consult other clinicians to initiate the "do not resuscitate" (DNR) discussion. Clinicians must document the discussions in the patient's medical records. The DNR order must be signed or co-signed by the attending physician.

Consider discussion of DNR status for any of the following conditions:

- A patient executed or presented an advanced healthcare directive or a POLST form to the facility.

- An adult patient with capacity clearly expressed the desire that no CPR procedures be instituted in specified circumstances. A diagnosis of terminal illness is not required in adhering to patient's request and ordering to forgo life-saving measures.
- The patient's death is imminent as determined by the primary care team.
- The patient has a condition in which medical interventions would only prolong the dying process that is already irreversibly underway.
- Medical interventions are not expected to achieve the physiological effects for which they would be used, i.e., they are judged to be medically ineffective.
- The patient has a medical condition for which the medical interventions are not expected to achieve the patient's minimal acceptable outcome as expressed by the patient or as determined by the patient's surrogate decision-maker in the patient's best interests (examples of minimal acceptable outcome would be restoring physical function of the organs, returning to a pre-morbid baseline, or achieving a certain activity of daily living or quality of life).
- The patient has an irreversible, incurable or terminal condition in which the medical interventions would impose burdens greatly disproportionate to any expected patient benefit.

B. Guidelines for discussing the patient's prognosis includes:

- Use simple language that the patient or surrogate can understand. With patient's consent, allow for other family members or patient's support system to participate in the discussion.
- Utilize a translator if needed.
- Be direct while showing compassion when discussing poor prognosis.
- Document the discussions in the medical records.

C. Patient with Capacity

An adult patient (18 years old and above) with capacity may complete an advanced health care directive to make his/her wishes known related to end of life. A copy of the advance directive must be provided to the facility and scanned into the patient's medical records.

In the absence of an advance directive, the patient may communicate his/her wish to forgo of life-sustaining treatment or procedure to his/her provider (MD, OD, NP, or PA). Forms of communication may include verbal, gestures, blinking, pointing to letters, written, or any other forms of verified methods of patient communication.

The provider must document the patient's wishes in the medical records and must communicate this to the rest of the treating team. The Attending Physician must sign orders for forgoing life-sustaining procedures including but not limited to "Do Not Resuscitate" (DNR) or equivalent order.

NOTE:

- Decisions made by the patient while the patient has capacity remains valid if the patient is deemed to no longer have capacity.
- DNR status applies in surgeries if mutually agreed upon by the patient/surrogate, surgeon, and anesthesiologist.
- A patient with capacity has the right to change his/her mind about DNR status at any time by communicating the decision to the treating team.
- The patient's most recent decision takes precedence over a written advanced directive or POLST or prior decision made by the patient. The patient's wishes must be documented in the medical records, communicated to the clinical team, and reflected in the medical orders.

D. Patient without Capacity

Determine if the patient has an advanced health care directive or if there is a court appointed conservator or guardian. If there is no advanced health care directive or guardian, determine who the patient's surrogate decision-maker is. Discussion and decisions made by the patient's agent, conservator, or surrogate decision-maker in forgoing life-sustaining procedures must be documented in the patient's medical records. The Attending Physician must sign or co-sign forgoing of life-sustaining orders.

E. Patients who are Minor (17years old and below):

Parents of minor children, unless that responsibility has been revoked by court, have the right to make decisions related to forgoing of life-sustaining treatment for the minor.

The person who provides substituted judgment should be encouraged to consider the child's wishes. In the rare case of a direct contradiction with a cognitively aware child's stated wishes, if this cannot be resolved via the treatment team or the Bioethics Committee, the Department of Child Protective Services and or County Counsel may be consulted to ensure that the rights of the child are protected.

Emancipated and self-sufficient minors with capacity may direct their own care related to forgoing of life- sustaining treatments. Emancipated minors are 14 years old or older and legally married or joined the armed forces. Self-sufficient minors are 15 years old or older and living away from home and managing their own financial status.

II. Medically Inappropriate Treatment

- A. If there is disagreement regarding whether the proposed or current medical interventions are inappropriate or lack sustainable benefit to the patient, consideration should be given to the following:
 - a. The patient's personal or religious values to the extent known;
 - b. The medical alternatives, burdens, risks and benefits of continued treatment

- c. The relief of suffering
- d. The possible preservation or restoration of function;
- e. The patient's medical condition, diagnosis, and prognosis;
- f. The impact of the decision on those people closest to the patient.

NOTE:

It is recommended NOT to write a DNR order or withdrawal of care order against the patient or patient surrogate's wishes. Convene patient/ surrogate conferences with the clinical team to attain agreement on resuscitation status and plan of care.

B. California law (California Probate Code Sec. 4733-4736) states that a health care provider shall "comply with an individual health care instruction of the patient" or surrogate. However, "a health care provider may decline to comply with an individual health care instruction":

- "that requires medically ineffective health care" or
- that requires "health care contrary to generally accepted health care standards" or
- "for reasons of conscience"

a. A health care provider who declines to comply with an individual health care instruction shall do all of the following:

- "promptly inform the patient, if possible" and the surrogate
- "immediately make all reasonable efforts to assist in the transfer of the patient to another health care provider or institution that is willing to comply with the patient's wishes
- "provide continuing care [including appropriate pain relief and other palliative care] to the patient until a transfer can be accomplished or until it appears that a transfer cannot be accomplished".

b. The health care provider should inform his or her supervisor of the decision not to comply. As needed, the provider may consult with Bio-Ethics Committee or with Risk Management.

III. POLST Workflow

POLST is intended to help healthcare providers understand and honor a patient's wishes regarding resuscitative and life-sustaining treatment. The POLST Form converts those wishes into a medical order that applies across care setting. There is no legal requirement for hospitals to inform or provide POLST forms to the patient. However, it is best practices to do so for patients with serious or terminal illness.

A. If the patient is admitted to Rancho without a POLST, Physician, PA, or NP Actions Include:

- Initiate the conversation with patient or patient's surrogate decision-maker by discussing the patient's prognosis and any limitations in treatment.
 - Determine the patient's wishes related to cardio-pulmonary resuscitation and/or medical treatment prior to, during or after an arrest.
 - Obtain the patient's signature and sign the form. For PA and NP, identify the attending physician on the second page.
 - Write an order in Powerchart to reflect the orders in POLST.
 - Document patient/surrogate discussions in the medical records.
 - Two copies of the completed POLST will be printed: One print for the patient and the other for scanning into the patient's records.
- B. If the patient is admitted to Rancho with a POLST, Physician, PA, or NP Actions Include:
- Verify with the patient or patient's surrogate decision-maker if the sections completed in the POLST form are accurate and document discussions in the medical records.
 - If accurate, write an order in Powerchart to reflect the orders in POLST.
 - If there are changes needed to the old form and a new form needs to be completed, the old form needs to be marked "Void" from sections A-D.
 - Ensure that the new POLST form and old voided form are scanned into the electronic medical records. The original forms are returned to the patient/surrogate prior to the patient's discharge or transfer.

Note:

- In order to be valid, the POLST must be signed by a physician, and by the patient or surrogate decision maker.
- Discussions about revising or revoking the POLST should be documented in the medical record. At any time, the attending physician and patient or their legally recognized healthcare decision maker may review or revise the POLST consistent with the patient's most recently expressed wishes.

Attachment: POLST Form

REFERENCE:

DHS Policy 311.004 "Non-Beneficial Care"
County of Los Angeles, Department of Health Services EMS Agency Policy No.815, Honoring Pre-hospital Do-Not-Resuscitate (DNR) Orders.
CHA Consent Manual 2021
Rancho Administrative Policy B504 "Consent for Medical Treatment"
Rancho Administrative Policy B504.1 "Designation of Surrogate Decision-Maker"
Coalition for Compassionate Care of California: <http://www.capolst.org/>



EMSA #111 B
(Effective 4/1/2017)

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST complements an Advance Directive and is not intended to replace that document.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>If patient has no pulse and is not breathing.</i> <i>If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.</i>
	<input type="checkbox"/> Attempt Resuscitation/CPR (Selecting CPR in Section A <u>requires</u> selecting Full Treatment in Section B) <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow Natural Death)

B Check One	MEDICAL INTERVENTIONS: <i>If patient is found with a pulse and/or is breathing.</i>
	<input type="checkbox"/> Full Treatment – primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <input type="checkbox"/> <i>Trial Period of Full Treatment.</i> <input type="checkbox"/> Selective Treatment – goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care. <input type="checkbox"/> <i>Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location.</i> <input type="checkbox"/> Comfort-Focused Treatment – primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. <i>Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location.</i> Additional Orders: _____

C Check One	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible and desired.</i>
	<input type="checkbox"/> Long-term artificial nutrition, including feeding tubes. Additional Orders: _____ <input type="checkbox"/> Trial period of artificial nutrition, including feeding tubes. _____ <input type="checkbox"/> No artificial means of nutrition, including feeding tubes. _____

D	INFORMATION AND SIGNATURES:		
	Discussed with: <input type="checkbox"/> Patient (Patient Has Capacity) <input type="checkbox"/> Legally Recognized Decisionmaker		
	<input type="checkbox"/> Advance Directive dated _____, available and reviewed →		Health Care Agent if named in Advance Directive:
	<input type="checkbox"/> Advance Directive not available		Name: _____
	<input type="checkbox"/> No Advance Directive		Phone: _____
	Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA) <i>My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.</i>		
	Print Physician/NP/PA Name:	Physician/NP/PA Phone #:	Physician/PA License #, NP Cert. #:
	Physician/NP/PA Signature: (required)		Date:
	Signature of Patient or Legally Recognized Decisionmaker <i>I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.</i>		
	Print Name:		Relationship: (write self if patient)
Signature: (required)	Date:	Your POLST may be added to a secure electronic registry to be accessible by health providers, as permitted by HIPAA.	
Mailing Address (street/city/state/zip):	Phone Number:		

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 or 01/01/2016 are also valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F
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NP/PA's Supervising Physician	Preparer Name (if other than signing Physician/NP/PA)	
Name:	Name/Title:	Phone #:

Additional Contact	<input type="checkbox"/> None	
Name:	Relationship to Patient:	Phone #:

Directions for Health Care Provider

Completing POLST

- **Completing a POLST form is voluntary.** California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive.** When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- **POLST must be completed by a health care provider based on patient preferences and medical indications.**
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician/NP/PA believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
- **To be valid a POLST form must be signed by (1) a physician, or by a nurse practitioner or a physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker.** Verbal orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.
- **If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.**
- **Use of original form is strongly encouraged.** Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- **If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."**

Section B:

- **When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).**
- **Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.**
- **IV antibiotics and hydration generally are not "Comfort-Focused Treatment."**
- **Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."**
- **Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.**

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician/NP/PA, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force. For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED