

7. What if I don't understand some of the medical terms?

POLST is a set of medical orders using words that may be confusing. Your full understanding of your choices is very important. Talk with your doctor or nurse practitioner and ask questions so that your decisions are based on understanding your choices. They want to make sure you understand your choices too! Your values and goals for care can guide your decisions.

8. What if a person can no longer understand and communicate their health care choices?

If your loved one has completed an Advance Directive and appointed a "DPOAH" (Durable Power of Attorney for Healthcare), that person can make decisions for you when you cannot speak for yourself. This includes completing a POLST form, if appropriate. A doctor or nurse practitioner can complete the POLST form based on a DPOAH understanding of a patient's choices.



9. How do I get more information about a POLST form?

Talk with your doctor or nurse practitioner or ask at your hospital or health facility. This brochure is an introduction to POLST. Go to www.healthynh.com to learn more.



Health Care Decision Forms

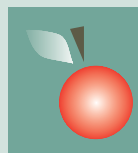
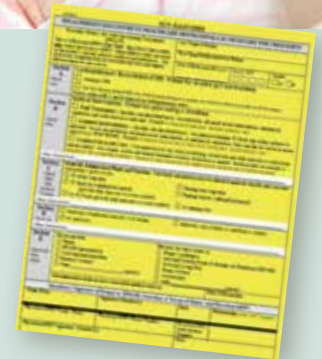
Advance Directives: For everyone age 18 years or older, especially people age 55 and older. Discuss with family and friends.

DNR/Portable-DNR: For a person with health condition(s) who does not want CPR. Discuss with medical provider.

POLST: For a person with serious illness and frail. Discuss with your medical provider.

POLST

Provider Orders for Life-Sustaining Treatment



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Adapted from The Oregon POLST Task Force brochure.



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1. What is POLST?

POLST means *Provider Orders for Life-Sustaining Treatment*. It is a process based on conversations among patients, their loved ones and their medical providers. The goal of POLST is to ensure that seriously ill or frail patients make choices about the treatments they want and that their choices are honored and followed by medical providers.

A key part of the program is the POLST form – a bright yellow form listing specific medical orders that indicate a patient’s treatment choices, particularly for emergency or crisis situations. The orders become active when the form is completed and signed by a doctor or nurse practitioner and the patient.

2. How is a POLST form different from an Advance Directive or a Portable-DNR form?

An Advance Directive is a written document that:

- a) Identifies who you want to make medical decisions for you (a Durable Power of Attorney for Healthcare or DPOAH), and is **ONLY** for when you are unable to make medical decisions yourself—as documented by a physician or nurse practitioner.
- b) Gives you the option to complete a “Living Will”: a request to avoid artificial treatments that prolong life when you are dying.

Everyone over 18 years old should have an Advance Directive, even if they are healthy. An Advance Directive is signed by you, not by a doctor or nurse practitioner. Go to: www.healthynh.com to learn more about advance care planning.

The POLST form differs from an Advance Directive because it is a medical form to put your treatment choices into written medical orders that will guide emergency health care professionals in providing your medical care. POLST forms are for people with serious illness or frailty for whom their doctor or nurse practitioner would not be surprised if they died in the next year.

The Portable-DNR form (pink form) is a medical order to avoid attempts at CPR (cardiopulmonary resuscitation). Unless they have a medical order limiting treatment, emergency personnel must start CPR and other aggressive medical treatments (even when the risks of harm are high and the benefit is low).

Talk with your doctor, nurse practitioner or other healthcare professionals about these forms and how they may help you make the best choices.



3. Should I have a POLST form?

A POLST form is helpful if you have a serious illness. It will turn your treatment choices into a medical order. You can change your treatment choices and the POLST form at any time by talking to your medical provider.

Key sections of POLST: Section B

Full Medical Treatment: For patients who want full treatment including use of a breathing machine and other treatments usually provided in an intensive care unit.

Limited Medical Interventions: For patients who want to go a hospital for basic medical treatments such as antibiotics for pneumonia, oxygen, IV fluids or cardiac monitoring. These patients generally want to avoid the intensive care unit.

Comfort Measures Only: For patients who want the focus of their care on maximizing their comfort through symptom management and prefer not to go to a hospital.

4. Is anyone required to have a POLST form?

No. Completing a POLST form is always a choice and it may be changed or cancelled at any time.

5. Who completes and signs the POLST?

The POLST form is based on conversations you have with loved ones and your doctor or nurse practitioner. A nurse or social worker may help you to start these conversations before you complete the POLST form. To be valid, a POLST form must be signed by a doctor or nurse practitioner and you.

6. Where should I keep my POLST form?

The original yellow POLST form should stay with you. It should be available whether you are in a hospital, at home or in a long-term care facility. If you live at home, keep the original POLST form in a place where the Emergency Medical Service (EMS) can easily find it.