

POLST Cue Card

It is important to talk about your health and what can happen when people get critically ill. We talk about this with everyone. If you're unsure how to answer anything we talk about or if you have questions, your doctor can talk more with you. *(You can explore: How do you feel things are going for you? Have you noticed any changes in the past few months? I'd like to better understand what you know about your condition? What is your overall goal for your care; for example, to live life as long as possible, or to live your last days with comfort and dignity?)*

POLST documents your wishes for your care in critical medical situations. POLST becomes medical orders after you and your doctor sign it and obligates the medical system to follow these orders. Your choices should be based upon knowledge of your medical condition, the likelihood of you responding to these medical treatments, and your preferences. If your medical situation changes, or if your wishes and thinking change, POLST orders may also be changed.

SECTION A: Cardiopulmonary Resuscitation (CPR)

The first section of POLST has to do with the specific situation in which your heart completely stops, you are not breathing, not awake, and you have died a natural death. We can try a medical procedure, Cardiopulmonary Resuscitation (CPR). Unfortunately, CPR almost never works on older people. When this happens to people who have multiple medical problems or who have difficulty in caring for themselves, they have less than a 1% chance of living through CPR. If this happens to a healthier person here for short term rehabilitation, their chance of surviving CPR is less than 10%. There is a significant chance of worse disability and brain damage in those who survive. Resuscitation never cures the original medical problems.

If you have died a natural death, would you want us to try CPR?

- YES** – Mark Attempt Resuscitation/CPR and →Go to Section B
- NO** – Mark Do Not Attempt CPR/DNR (Allow Natural Death) and →Go to Section B

SECTION B: Medical Interventions

For patients who marked Attempt Resuscitation/CPR on Section A:

- Mark Full Treatment on Section B and →Continue...

...Let's say they did get your heart beating again. You will be in the ICU on a ventilator. If you did not get better and your doctor thought your chances of a good recovery were very poor, **would you still want to be kept alive on the ventilator?**

- YES** – Do nothing else in Section B. →Go to Section C
- NO** – If your doctor does not think you are going to make a good recovery, we can write, ***“Do not keep me on prolonged life support if I am not expected to recover”*** (Additional Orders Section B). →Go to Section C

For patients who marked No CPR on Section A:

Let's talk about if you got really sick, for example a bad pneumonia, and you needed a ventilator. The ventilator machine is not comfortable; you would need to be kept sedated and restrained. For people with healthy lungs and generally good health, most get better in four to five days. People with multiple problems or who are medically frail may choose not to be on a ventilator to avoid the discomfort and anxiety of all the medical procedures. Because their chances of dying are higher, they will likely be much weaker and more debilitated if they do survive.

If you were really sick **would you want to be placed on the ventilator?**

- YES** – Mark **Full Treatment** and **→Continue...**

...If you are on the ventilator and not improving, and your doctor thinks your chances of a good recovery are very poor, **would you want to be kept alive on the ventilator?**

- YES** – Do nothing else in Section B. **→Go to Section C**
- NO** – If your doctor does not think you are going to make a good recovery, we can write, **“Do not keep me on prolonged life support if I am not expected to recover”** (**Additional Orders Section B**). **→Go to Section C**
- NO** – **→Continue...**

...Most patients want us to treat them in the hospital if we feel that is necessary. However, some patients with advanced illness who we cannot cure and who have gotten very weak find it difficult to be sent to the Emergency Room, get poked with needles and moved back and forth by the hospital staff, and no longer want to go to the hospital at all. These patients, who feel that the hospital no longer helps them, will tell us to treat them in the facility with whatever means the facility has. Other patients will tell us to actively focus on keeping them comfortable if they have gotten that sick and allow them to die without starting treatment to prolong their life. **What do you think is best for you?**

- Mark **Comfort Measures Only** in Section B for patients choosing comfort measures
 - Mark **Limited Additional Interventions** in Section B for patients wishing to be hospitalized
 - Mark **Limited Additional Interventions** AND **Do Not Transfer** in Section B for patients wishing treatment to be only in the facility and not in the acute care hospital
- Go to Section C**

SECTION C: Artificially Administered Nutrition

There is one other case to talk about – if in the future you have a bad stroke and you can't talk or communicate. Your ability to swallow may also be affected. Difficulty swallowing can also happen with advanced Alzheimer's or Parkinson's Disease.

We will continue to hand feed you with thickened food and you can eat as best you can. Or, a feeding tube can be placed to provide artificial nutrition with liquid formula. Artificial nutrition may not prolong your life, especially if you have dementia. Artificial feeding may be uncomfortable, and will not prevent pneumonia or keep food from going into your lungs. Many believe people do better with the human touch of hand feeding. **Would you want hand feeding to allow you to eat as best as you can, or would you want artificial nutrition by a tube?**

- HAND FEEDING** – Mark **No artificial nutrition by tube**
- TUBE FEEDING** – Mark **Long-term artificial nutrition by tube**
- TUBE FEEDING FOR A TIME** – Mark **Defined trial period of artificial nutrition by tube**

REVIEW POLST CHOICES. If you have questions or need more information, we will help coordinate time for more discussion with your doctor. If patient is capable of decisionmaking, always encourage completion of AHCD (to name healthcare decisionmaker if you cannot speak for yourself).