

POLST in Long-Term Care

- Commonly used in place of PIC/PIT form in California SNFs now
 - Some SNFs require completion of **POLST** as part of admission paperwork
 - Pros: Appropriate population; brings up important EOL topics, allows education; patients can take home **POLST** upon discharge; it can be faxed to PCP
 - Cons: Implies that it's required or "routine"; can be filled out by inadequately trained personnel; can conflict with previous advance directive; physicians may not always verify patients' wishes

POLST in Long-Term Care

- Model Policies & Procedures for SNFs available on CCCC website, very useful
- Most patients in SNF appreciate the opportunity to discuss these important topics
- CALTCM (state chapter of AMDA), California Assoc. of Long Term Care Medicine, planning educational initiative for LTC physicians on proper **POLST** completion, w/stakeholders
- ePrognosis.net may help assess SNF residents' predicted longevity

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- CARE Recommendations have valuable patient information sheets on CPR & Tube Feeding—(planning stages for handouts on dehydration and intubation, forthcoming from CCCC)
- Education of Patients/Families about **POLST** choices is critically important
 - Dying of dehydration is not excruciating
 - “No CPR” does not mean “No Care” or that we will just “let them die”
- Often patients and families disagree
 - Multiple conversations sometimes needed
 - SNF Personnel sometimes have family sign even though the resident has decisional capacity