CALIFORNIA PRISON HEALTH CARE SERVICES

VOLUME 1: GOVERNANCE & ADMINISTRATION	Effective Date: 9/1/10
CHAPTER 18	Revision Date(s):
PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST) POLICY	Attachments: Yes ☐ No ☒

I. PURPOSE

This policy introduces the Physician Orders for Life Sustaining Treatment (POLST) Form 7465 and complements the California Department of Corrections and Rehabilitation (CDCR) Advance Directive for Health Care Form 7421. (See IMSP P&P Volume 1, Chapter 17A and 17B Advance Directive for Health Care.)

II. BACKGROUND

POLST is a legally recognized mechanism by which patients can provide specific instructions for their end-of-life care, including "requests regarding resuscitation." It is appropriate to consider POLST for patient-inmates that are elderly, frail, have serious medical or surgical conditions, or who have less than six months life expectancy. Key provisions are as follows:

- The form is required to be signed by a physician and the individual or the individual's representative. Health care staff may discuss the form with the patient-inmate and help prepare the form but the POLST must be signed by a physician.
- Requires that health care providers honor POLST orders.
- Provides immunity[1] for honoring a POLST form that appears valid.

III. DEFINITIONS

Advance Directive for Health Care: Allows the patient-inmate to do *either or both* of the following: 1) state instructions for future health care decisions; and/or 2) appoint an agent with Power of Attorney for Health Care. (See CDCR Form 7421, Advanced Directive for Health Care)

Do Not Resuscitate (DNR): A written order which directs that resuscitation efforts (i.e., intubation and assisted mechanical ventilation, cardiac compression, defibrillation, and administration of cardiotonic drugs) are not to be initiated in the event of cardiac and/or respiratory arrest.

Physician Orders for Life-Sustaining Treatment (POLST): A physician order that documents a patient-inmate's 'preferred intensity of care' concerning life-sustaining treatment and end of life care, including resuscitation status, and which translates those expressed preferences into a physician's order. (See CDCR Form 7465, Physician Orders for Life Sustaining Treatment)

Representative: The patient-inmate's legally recognized health care decision maker.

IV. POLICY

A. General Direction

1. Patient-inmates have a fundamental right to make their own health care decisions, including treatment decisions regarding medications, surgeries, and life-support treatments (Cal. Probate Code § 4650; DOM Chapter. 9, Art. 10 § 91100).

[1] Provides statutory immunity from criminal prosecution, civil liability, discipline for unprofessional conduct, administrative sanction or any other sanction to a healthcare provider who relies in good faith on the request and honors it.

2. The CDCR POLST Form 7465 covered in this policy and Form 7421, Advance Directive for Health Care, covered in the Advance Directive for Health Care policy, are the preferred methods for CDCR patient-inmates to communicate their end of life wishes and intensity of care. Other documentation of end of life preferences provided by patient-inmates or their surrogates will be honored. However, efforts should be made to document the patient-inmate's requests on the POLST Form.
3. Patient-inmates or their representative may initiate or revoke a POLST at any time. If a patient-inmate is unable to sign a POLST, the provider must document and honor the verbal instructions. A formal POLST should be completed as soon possible.
4. Patient-inmates may have completed an Advance Directive for Health Care prior to completing a POLST but this is not required.
5. Patient-inmates are never required to complete a POLST or DNR. Their care is not conditional on the completion of a POLST or DNR.

B. Completing the POLST Form

1. CPHCS encourages staff to promote patient-inmate's use of the POLST form whenever it is appropriate.
2. Health care staff has professional obligations to discuss end of life decision-making and goals of care, as well as patient-inmates' right to name a health care agent and to specify their end of life preferences. This discussion should occur at clinically appropriate times with patient-inmates who are elderly, frail, have serious medical or surgical conditions, or who have less than six months life expectancy. The provider is responsible for using language and communication methods that are appropriate and effective for the specific patient-inmate. It is often a good practice for providers to engage their patients in end of life preference discussions as soon as patient-inmates meet those criteria.
3. Primary Care Providers (PCP) must document in the UHR all discussions with a patient-inmate regarding the POLST Form. The Chief Physician Executive shall issue support material to accompany the POLST order form that includes guidance regarding the completion and documentation.
4. The treating provider shall be responsible for determining whether a patient-inmate or agent or decision maker is capable of making health care decisions. The provider shall request a psychiatric consultation or obtain the assistance of the Chief Medical Executive / Chief Medical Officer (CME/CMO) when there is a question concerning an inmate's capacity to make health care decisions. Determination of diminished capacity shall be documented in the Unit Health Record (UHR).
5. The PCP shall seek the concurrence and consent of the patient-inmate, agent or surrogate decision-maker before completing a POLST form. In the event the patient-inmate is unable to communicate informed health care decisions or lacks the capacity to make health care decisions, and has not designated a surrogate decision-maker either orally or via a written Advance Directive for Health Care, the treating provider, CME / CMO, and Regional Medical Executive (RME) shall work with the CPHCS Legal Affairs to identify appropriate steps to obtain legal authority for appointment of a surrogate decision-maker.

C. Distribution and Filing

1. Blank POLST forms and guidance material for staff must be available in all health care settings.

2. A copy of this policy must be available in the Institution Law Library.
3. The current original unrevoked POLST is filed on top of the Physician Order's section for outpatient health records and, if in an inpatient setting a copy of the current unrevoked POLST is filed on top of the Physician Order's section in the inpatient health record. **The POLST form is double sided and both sides must be copied.**
4. Any revoked POLST original or copy shall be lined out and marked "revoked-void" and filed in the Physician's Order section in the outpatient chart and, if in an inpatient setting, also in the inpatient health records.
5. Health Information Management (HIM) staff shall apply a bright orange 1 X 3 label on the outside cover of the inpatient and outpatient health record directly adjacent to the "Allergic to" area, noting that an inmate has a POLST. The label (Advance Directive / POLST Alert Label) shall state in bold letters, "POLST in place" with a completed checkbox.
6. A copy of the POLST form shall accompany the patient-inmate on trips to the hospital for admissions and when transferred to other health care facilities.

D. Conflict Resolution and Special Situations

1. In the event a patient-inmate requests medical treatment contrary to generally accepted medical standards, or if the requested medical care would be medically ineffective, or for reasons of conscience, the health care provider or institution (for institutions there must be a pre-existing institutional policy) may decline to comply with the preferences of the patient-inmate or the patient-inmate's agent or surrogate.
2. If the patient-inmate requests "Do Not Attempt Resuscitation" status on A of the POLST it is understood that every effort shall be made to relieve the patient-inmate's suffering and maintain comfort. Specifically, **a "Do Not Attempt Resuscitation" order does not imply that other therapeutic measures necessary to promote comfort will be withheld** (e.g., palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions).
3. Terms such as "slow code" and "chemical code" are inappropriate and shall not be used. In the absence of a POLST order specifying "Do Not Attempt Resuscitation" full Cardio Pulmonary Resuscitation shall be initiated for any patient-inmate experiencing cardiac and/or respiratory arrest, unless otherwise indicated.
4. If there is suspicion that a patient-inmate's cardiorespiratory arrest is not a part of a natural or expected death then resuscitation shall be attempted despite the presence of a POLST stating no attempt at resuscitation. This would include a patient-inmate suspected of attempted suicide or possibly suffering harm by another.
5. The treating provider shall be responsible for discussing with the patient and/or surrogate as appropriate and documenting in the UHR whether the POLST/DNR orders are to be maintained or suspended during anesthesia and surgery. This decision shall be communicated to the surgeon prior to the date of the procedure by the treating provider. If the surgeon refuses to honor the patient's wishes a referral to another surgeon willing to do so should be generated by the provider and the CME/CMO should be notified. The surgical team and the patient determine in advance of the procedure specifically when the POLST/DNR orders are to be suspended and reinstated.

E. Honoring POLST Orders Completed Outside of the Institution

1. If a patient-inmate with a completed POLST transfers to or from another CDCR institution or outside healthcare facility, the receiving institution/facility must accept the sending institution's POLST orders.

F. Documenting the Code Status of a Critically Ill Patient-Inmate Who Has No POLST or Advance Directive

1. Completion of a POLST form is not always possible. If DNR status is clinically indicated and in keeping with the patient-inmates wishes, providers may write DNR orders in the absence of a POLST form.
2. For DNR orders without an accompanying POLST form, a supervising physician not directly involved in the care of the patient-inmate shall document his/her concordance in the medical record.
3. A DNR order written without a POLST means only that the patient-inmate is not to receive resuscitative measures in the event of a full arrest. Any other limits on medical interventions, such as "do not intubate" or "no blood products," must be specifically ordered.

V. RESPONSIBILITIES

The CME/CMO, Chief Executive Officer/Health Care Manager (CEO/HCM), and Chief Nurse Executive/Director of Nurses (CNE/DON) at each institution are responsible for implementation of this policy.

VI. RELATIONSHIP TO OTHER POLICIES

IMSP&P Volume 1, Chapter 17A and 17B Advance Directive for Health Care governs the patient-inmate's right to make decisions regarding their health care and appoints an agent to make decisions for them. That procedure includes labeling the presence of a POLST in the UHR and problem list. The definitions in the IMSP&P Advance Directive for Health Care also apply to this policy.

VII. REFERENCES

- Cal. Probate Code §4650, 4780, 4780c, 4781, 4781.2, 4781.5, 4782, 4783, 4785, 4609, 4654, 4734, 4735
- DOM Chapter. 9, Art. 10, § 91100, 91100.1, 91100.4.1, 91100.4.3, 91100.5, 91100.6, 91100.8 and 91100.10, 91100.13
- POLST form approved by the Emergency Medical Services Authority can be accessed at: www.finalchoices.org/polst-form