



CARING FOR OUR COMMUNITY LIKE FAMILY

# Engaging in POLST and Code Status Activity with patients in an Ambulatory Setting

Sarah Peterson, Director of Supportive and Palliative Care

Amisha Mehta, Medical Director of Palliative Care

Priyanka Choudhury, Advance Care Planning Coordinator



# Code Status in Context

## Advance Care Planning


- Plan for the future and “what I think I want”
- Plan for making health care decision in the event a person becomes unable to do so for themselves in the future
- Not a GOC conversation

## Goals of Care (GOC)

- Decisions and care plan based on current situation
- Dynamic, evolving
- Not restricted to medical care

## Code Status

- Defines the types of resuscitation procedures and medical treatments a person would benefit from and desires



# Patient Story: Mr. Smith

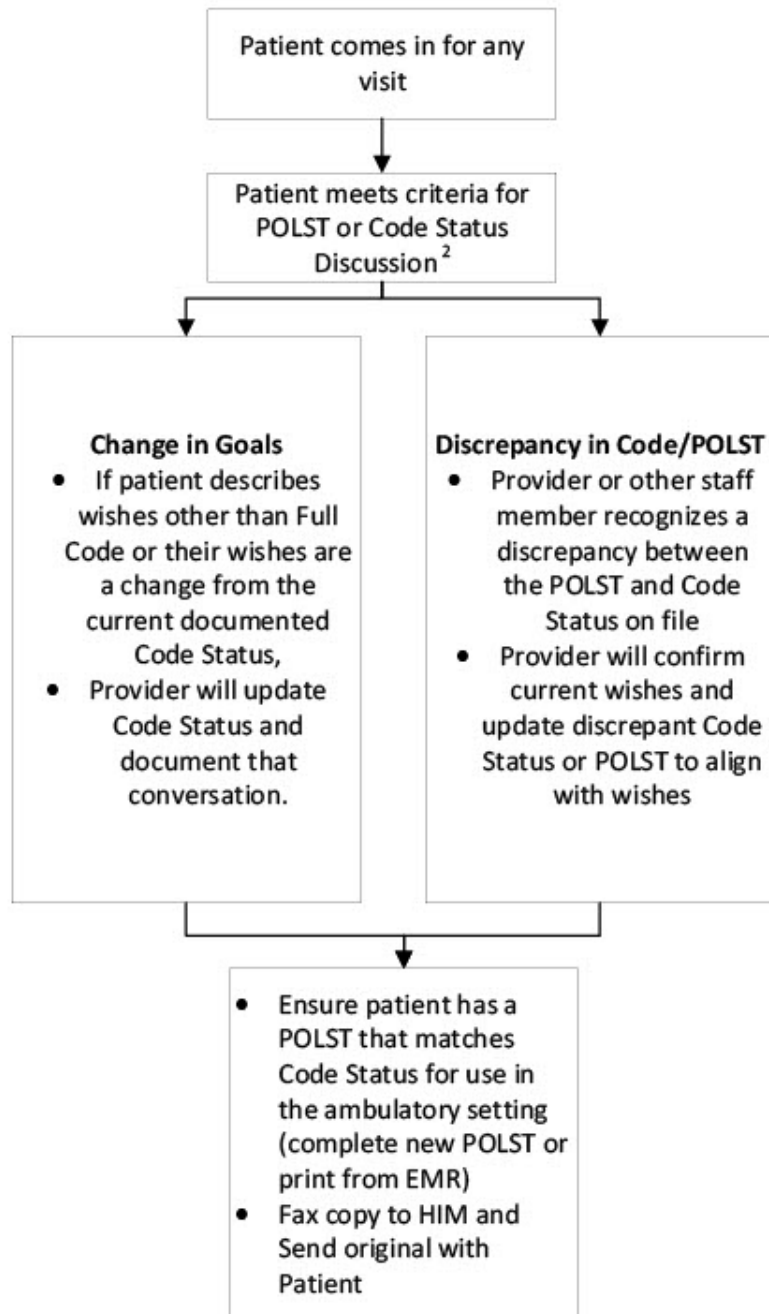
Mr. Smith is a 72 yo male with history of panhypopit, CKD3, HTN, diabetes, chronic venous stasis ulcers.

**January 2022:** Presents to the ED, admitted with COVID infection – conversation about code status leads to DNR Intermediate. No POLST completed, no POLST scanned into EMR.

**April 2022:** Presents to the ED and is admitted with acute respiratory failure. Emergently intubated in the ED. No decision maker had been identified and no one was with patient at bedside. Issues resolve and patient is extubated, but patient reaffirms his preference to not be intubated in the future. No POLST completed or scanned into EMR.

After this hospitalization, patient engages with patient relations re: concerns about documentation of his wishes and ACP in his chart. He states “I have a healthcare directive. I don’t want to be hooked up to any machines. I’m ready to go.”

# Work Flow



## 1. Definitions

- Code Status: defines type of resuscitation procedures and medical treatment a patient would benefit from or desire
- POLST: is a portable order that defines type of resuscitation procedures and medical treatment a patient would benefit from or desire intended for use between home and the hospital.

## 2. Criteria for POLST or Code Status Discussion

Any one of the following:

- Last 1-2 years of life
- Medically frail
- Significant change in health status
- 1+ intervention doesn't align with goals
- Patient engaged in Goals of Care conversation

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



LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL		
DATE OF BIRTH / /	GENDER (optional)	PRONOUNS (optional)

**This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary.**  
*IMPORTANT: See page 2 for complete instructions.*

MEDICAL CONDITIONS/INDIVIDUAL GOALS:	AGENCY INFO / PHONE (if applicable)
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**A Use of Cardiopulmonary Resuscitation (CPR): When the individual has NO pulse and is not breathing.**

CHECK ONE  **YES – Attempt Resuscitation / CPR** (choose FULL TREATMENT in Section B) When not in cardiopulmonary arrest, go to Section B.

**NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death**

**B Level of Medical Interventions: When the individual has a pulse and/or is breathing.**  
 Any of these treatment levels may be paired with DNAR / Allow Natural Death above.

CHECK ONE  **FULL TREATMENT – Primary goal is prolonging life by all medically effective means.** Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. *Transfer to hospital if indicated. Includes intensive care.*

**SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible.** Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. **Do not intubate.** May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below. *Transfer to hospital if indicated. Avoid intensive care if possible.*

**COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort.** Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. *Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.*

**Additional orders (e.g., blood products, dialysis):** \_\_\_\_\_

**C Signatures:** A legal medical decision maker (see page 2) may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.

Discussed with: <input type="checkbox"/> Individual <input type="checkbox"/> Parent(s) of minor <input type="checkbox"/> Guardian with health care authority <input type="checkbox"/> Legal health care agent(s) by DPOA-HC <input type="checkbox"/> Other medical decision maker by 7.70.065 RCW	<input checked="" type="checkbox"/> SIGNATURE – MD/DO/ARNP/PA-C (mandatory)	DATE (mandatory)
	PRINT – NAME OF MD/DO/ARNP/PA-C (mandatory)	PHONE
<input checked="" type="checkbox"/> SIGNATURE(S) – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)	RELATIONSHIP	DATE (mandatory)
PRINT – NAME OF INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) (mandatory)	PHONE	

Individual has:  Durable Power of Attorney for Health Care  Health Care Directive (Living Will)  
*Encourage all advance care planning documents to accompany POLST.*

**SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED**

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

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL		DATE OF BIRTH / /
<b>Additional Contact Information (if any)</b>		
LEGAL MEDICAL DECISION MAKER(S) (by DPOA-HC or 7.70.065 RCW)	RELATIONSHIP	PHONE
OTHER CONTACT PERSON	RELATIONSHIP	PHONE
HEALTH CARE PROFESSIONAL COMPLETING FORM	ROLE / CREDENTIALS	PHONE

**Preference: Medically Assisted Nutrition (i.e., Artificial Nutrition)**  Check here if not discussed

*This section is NOT required. This section, whether completed or not, does not affect orders on page 1 of form.*  
 Preferences for medically assisted nutrition, and other health care decisions, can also be indicated in advance directives which are advised for all adults. The POLST does not replace an advance directive. When an individual is no longer able to make their own decisions, consult with the legal medical decision maker(s) regarding their plan of care, including medically assisted nutrition. Base decisions on prior known wishes, best interests of the individual, preferences noted here or elsewhere, and current medical condition. Document specific decisions and/or orders in the medical record.

**Food and liquids to be offered by mouth if feasible and consistent with the individual's known preferences.**

Preference is to avoid medically assisted nutrition.  
 Preference is to discuss medically assisted nutrition options, as indicated.\*  
*Discuss short- versus long-term medically assisted nutrition (long-term requires surgical placement of tube).*

\* Medically assisted nutrition is proven to have no effect on length of life in moderate- to late-stage dementia, and it is associated with complications. People may have documents or known wishes to not have oral feeding continued; the directions for oral feeding may be subject to these known wishes.

Discussed with: \_\_\_\_\_ Individual \_\_\_\_\_ Health Care Professional \_\_\_\_\_ Legal Medical Decision Maker

**Directions for Health Care Professionals** NOTE: An individual with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.

*Any incomplete section of POLST implies full treatment for that section. This POLST is valid in all care settings. It is primarily intended for out of hospital care, but valid within health care facilities per specific policy. The POLST is a set of medical orders. The most recent POLST replaces all previous orders.*

**Completing POLST**

- Completing POLST is voluntary for the individual; it should be offered as appropriate but not required.
- Treatment choices documented on this form should be the result of shared decision making by an individual or their health care agent and health care professional based on the individual's preferences and medical condition.
- POLST must be signed by an MD/DO/ARNP/PA-C and the individual or their legal medical decision maker as determined by guardianship, DPOA-HC, or other relationship per 7.70.065 RCW, to be valid. Multiple decision maker signatures are allowed, but not required.
- Virtual, remote, and verbal orders and consents are acceptable in accordance with the policies of the health care facility. For examples, see FAQ at [www.wsma.org/POLST](http://www.wsma.org/POLST).
- POLST may be used to indicate orders regarding medical care for children under the age of 18 with serious illness. Guardian(s)/parent(s) sign the form along with the health care professionals. See FAQ at [www.wsma.org/POLST](http://www.wsma.org/POLST).

**Honoring POLST**  
 Everyone shall be treated with dignity and respect.  
 SECTIONS A AND B:  

- No defibrillator should be used on an individual who has chosen "Do Not Attempt Resuscitation."
- When comfort cannot be achieved in the current setting, the individual should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture). This may include medication by IV route for comfort.
- Treatment of dehydration is a measure which may prolong life. An individual who desires IV fluids should indicate "Selective" or "Full Treatment."

**Reviewing POLST**  
 This POLST should be reviewed whenever:  

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

*To void this form, draw a line across the page and write "VOID" in large letters. Notify all care facilities, clinical settings, and anyone who has a copy of the current POLST. Any changes require a new POLST.*

**Review of this POLST form: Use this section to update and confirm order and preferences.**  
 This meets the requirement of establishing code status and basic medical guidance for admission to nursing and other facilities.

REVIEW DATE	REVIEWER	LOCATION OF REVIEW	REVIEW OUTCOME <input type="checkbox"/> No Change <input type="checkbox"/> Form Voided <input type="checkbox"/> New Form Completed
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**SEND ORIGINAL FORM WITH INDIVIDUAL WHENEVER TRANSFERRED OR DISCHARGED**



All copies, digital images, faxes of signed POLST forms are valid. See page 2 for preferences regarding medically assisted nutrition. For more information on POLST, visit [www.wsma.org/POLST](http://www.wsma.org/POLST).

Copies, digital images, and faxes of signed POLST forms are legal and valid. May make copies for records. For more information on POLST, visit [www.wsma.org/POLST](http://www.wsma.org/POLST).

# Code Status : POLST Designations

Full:  
Yes CPR,  
Yes Ventilation

<b>A</b>	<b>Use of Cardiopulmonary Resuscitation (CPR):</b> <u>When the individual has NO pulse and is not breathing.</u>
CHECK ONE	<input checked="" type="checkbox"/> <b>YES – Attempt Resuscitation / CPR</b> (choose FULL TREATMENT in Section B) <span style="border: 1px solid black; padding: 2px; font-size: small;">When not in cardiopulmonary arrest, go to Section B.</span>
	<input type="checkbox"/> <b>NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death</b>
<b>B</b>	<b>Level of Medical Interventions:</b> <u>When the individual has a pulse and/or is breathing.</u>
CHECK ONE	Any of these treatment levels may be paired with DNAR / Allow Natural Death above.
	<input checked="" type="checkbox"/> <b>FULL TREATMENT – Primary goal is prolonging life by all medically effective means.</b> Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. <i>Transfer to hospital if indicated. Includes intensive care.</i>
	<input type="checkbox"/> <b>SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible.</b> Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. <b>Do not intubate.</b> May use less invasive airway support (e.g., CPAP, BIPAP, high-flow oxygen). Includes care described below. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i>
	<input type="checkbox"/> <b>COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort.</b> Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. <i>Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.</i>
	Additional orders (e.g., blood products, dialysis): _____

# Code Status : POLST Designations

DNR Full:  
No CPR,  
Yes Ventilation

<b>A</b>	<b>Use of Cardiopulmonary Resuscitation (CPR):</b> <i>When the individual has NO pulse and is not breathing.</i>
CHECK ONE	<input type="checkbox"/> YES – Attempt Resuscitation / CPR <i>(choose FULL TREATMENT in Section B)</i>
	<input checked="" type="checkbox"/> NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>When not in cardiopulmonary arrest, go to Section B.</i></div>
<b>B</b>	<b>Level of Medical Interventions:</b> <i>When the individual has a pulse and/or is breathing.</i>
CHECK ONE	<i>Any of these treatment levels may be paired with DNAR / Allow Natural Death above.</i>
	<input checked="" type="checkbox"/> <b>FULL TREATMENT</b> – Primary goal is prolonging life by all medically effective means. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. <i>Transfer to hospital if indicated. Includes intensive care.</i>
	<input type="checkbox"/> <b>SELECTIVE TREATMENT</b> – Primary goal is treating medical conditions while avoiding invasive measures whenever possible. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. <b>Do not intubate.</b> May use less invasive airway support (e.g., CPAP, BIPAP, high-flow oxygen). Includes care described below. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i>
	<input type="checkbox"/> <b>COMFORT-FOCUSED TREATMENT</b> – Primary goal is maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. <i>Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.</i>
	<b>Additional orders (e.g., blood products, dialysis):</b> _____

# Code Status : POLST Designations

**DNR Intermediate:  
No CPR,  
No Intubation, BiPAP ok**

<b>A</b>	<b>Use of Cardiopulmonary Resuscitation (CPR): <u>When the individual has NO pulse and is not breathing.</u></b>
CHECK ONE	<input type="checkbox"/> YES – Attempt Resuscitation / CPR <i>(choose FULL TREATMENT in Section B)</i>
	<input checked="" type="checkbox"/> NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">When not in cardiopulmonary arrest, go to Section B.</div>
<b>B</b>	<b>Level of Medical Interventions: <u>When the individual has a pulse and/or is breathing.</u></b>
CHECK ONE	Any of these treatment levels may be paired with DNAR / Allow Natural Death above.
	<input type="checkbox"/> FULL TREATMENT – Primary goal is prolonging life by all medically effective means. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. <i>Transfer to hospital if indicated. Includes intensive care.</i>
	<input checked="" type="checkbox"/> SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. <b>Do not intubate.</b> May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i>
	<input type="checkbox"/> COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. <i>Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.</i>
	Additional orders (e.g., blood products, dialysis): _____



# Code Status : POLST Designations

**DNR Limited:  
No CPR,  
No Intubation, no BiPAP**

<b>A</b>	<b>Use of Cardiopulmonary Resuscitation (CPR):</b> <u>When the individual has NO pulse and is not breathing.</u>
CHECK ONE	<input type="checkbox"/> YES – Attempt Resuscitation / CPR (choose FULL TREATMENT in Section B)
	<input checked="" type="checkbox"/> NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">When not in cardiopulmonary arrest, go to Section B.</div>
<b>B</b>	<b>Level of Medical Interventions:</b> <u>When the individual has a pulse and/or is breathing.</u>
CHECK ONE	Any of these treatment levels may be paired with DNAR / Allow Natural Death above.
	<input type="checkbox"/> FULL TREATMENT – Primary goal is prolonging life by all medically effective means. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. <i>Transfer to hospital if indicated. Includes intensive care.</i>
	<input checked="" type="checkbox"/> SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. <b>Do not intubate.</b> May use less invasive airway support (e.g., CPAP, <del>or</del> high-flow oxygen). Includes care described below. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i>
	<input type="checkbox"/> COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.
	Additional orders (e.g., blood products, dialysis): _____

# Code Status : POLST Designations

**DNR Comfort:  
No CPR,  
No Ventilation  
Maximize comfort**

<b>A</b>	<b>Use of Cardiopulmonary Resuscitation (CPR): <u>When the individual has NO pulse and is not breathing.</u></b>
CHECK ONE	<input type="checkbox"/> YES – Attempt Resuscitation / CPR <i>(choose FULL TREATMENT in Section B)</i> <input checked="" type="checkbox"/> NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">When not in cardiopulmonary arrest, go to Section B.</div>
<b>B</b>	<b>Level of Medical Interventions: <u>When the individual has a pulse and/or is breathing.</u></b>
CHECK ONE	Any of these treatment levels may be paired with DNAR / Allow Natural Death above. <input type="checkbox"/> FULL TREATMENT – Primary goal is prolonging life by all medically effective means. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below. <i>Transfer to hospital if indicated. Includes intensive care.</i> <input type="checkbox"/> SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible. Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. <b>Do not intubate.</b> May use less invasive airway support (e.g., CPAP, BIPAP, high-flow oxygen). Includes care described below. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i> <input checked="" type="checkbox"/> COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort. <i>Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.</i>
	Additional orders (e.g., blood products, dialysis): _____



# Why are code status and POLST important?

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Helps caregivers understand and honor patient wishes

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Allow patients preferences to be honored outside of the health care setting

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Avoids unwanted care in a time when patients often cannot speak for themselves



# Key Takeaways

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POLSTs should be discussed whenever there is a change in the patient's health status

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If patient's wishes are anything besides Full Code, complete a POLST & update Code Status