What Are Some of the Terms Used When Talking About Serious Illness?

Cardiopulmonary Resuscitation (CPR)

Attempts to restart breathing and the heartbeat of a person who has no heartbeat or has stopped breathing. It typically involves artificial breathing and forceful pressure on the chest to restart the heart.

CPR may also involve electric shock (defibrillation) or a plastic tube down the throat into the windpipe to assist breathing (intubation).

Mechanical Ventilation/Respiration

A plastic tube is put down the throat to help breathing. A machine pumps air in and out of the lungs through the tube when a person is no longer able to breathe on his/her own.

Comfort Measures

Care undertaken with the primary goal of maximizing quality of life and treating suffering (rather than prolonging life). Comfort measures are used to relieve pain and other symptoms. A person who requests "comfort measures only" would be transferred to the hospital only if needed for his or her comfort.

Artificial Nutrition and Hydration by Tube Feeding

When a person can no longer eat or drink by mouth, liquid food or fluids can be given to them by a tube.

Nasogastric (or NG) tube is placed through the nose and into the stomach. Gastric (or G) tube is surgically placed directly into the stomach.

Intravenous (IV) Fluids

A small plastic tube (catheter) is inserted directly into the vein and fluids are given through the tube.



What If I Have More Questions or Concerns about POLST?

Speak to your doctor, nurse practitioner or physician assistant or visit www.polst.org

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For more information about Advance Directives: http://www.caringinfo.org/PlanningAhead http://www.mainehospicecouncil.org/ resources/advdirectives.html



Physician Orders for Life-Sustaining Treatment



Information for Patients & Families

Developed by The Maine POLST Coalition



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What is the POLST Form?

The POLST form is a clear and specific set of medical orders that express a patient's wishes for care near the end of life. The form is printed on bright lime green paper and signed by both a health care professional and the patient.

	follow these orders, then contact physician,	Last Name / Fit	st / Middle Initial	
otic	or PA. These medical orders are based on the ord's current medical condition and	Address:		
	rences. Any section not completed does not			
	fidate the form and implies full treatment for acction.	City/State/Zi	p1	
		Date of Birth:	Gender: M F	
ock loc	CARDIOPREMOVARY RESOURTATION OFFIC: Patient has no pulse and is not breathing. Attempt Resuscitation/CFR Do Not Attempt Resuscitation/DNR (Allow Natural Death) When next in carifornian range, fellow orders in B.C. and I.			
	MEDICAL INTERVENTIONS: Patient has pulse	MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing		
Anck Ane	Comfort Measures Only: Use medication by any route, positioning, wound care and other measures to			
	relieve pain and suffering. Use oxygen, section and manual treatment of airway obstruction as needed for secretical. The Next Transfer in Heading for the recursive treatment.			
	confort. Do Not Transfer to Heapital for life scattering treasment. Transfer if confort needs cannot be not in current series.			
	Limited Additional Interventions: Includes all care described above. Use medical treatment and			
	monitoring as indicated. Do netwo introducing advanced airway interventions, or medianical ventilation.			
	May consider less irrenire airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care.			
	Full Treatment: Includes all care described above. Use intubation, advanced airway interventions,			
	mechanical ventilation, and cardioversion as indicated. Transfer to hospital if Indicated. Includes			
	Interstity care.			
	Arthornes Antinomes			
	_No antibiotics. Use other measures to relieve symptoms.			
	Determine use or limitation of antibiotics when infection occurs.			
	Use antibiotics if medically indicated.			
	Additional Orders:			
		RTIFICIALLY ADMINISTERED NUTRITION / HYDRATION: Offer food / liquids by mouth if feasible.		
erck er	Part I – Nutrition: No artificial nutrition by tube	Part 2 - Hydration:		
		No artificial nutrition by tube		
2				
	Long-term artificial nutrition by tube. Full treatment with artificially administered		ment with artificially administered fluids.	
	Additional Orders:			
	BASIS FOR ORDERS			
	My signature below indicates to the best of my knowledge that these orders are consistent with the patient's			
	extrest medical condition and preferences as inc			
	Basis for determining patient's preferences (ch		Discussion with: (check all that apply)	
	Basis for determining patient's preferences (at _Advance Directive (on file)	eck all that apply)	Patient	
	Basis for determining patient's preferences (at Advance Directive (on file) Patient's current statement to Physician /NP/ P	eck still that apply)	Patient Parent of a minor	
	Basis for determining patient's preferences (at Advance Directive (on file) Patient's current statement to Physician (NP/P Patient's statement to authorized representative	eck all that apply) A	Partiest Parent of a minor Guardian	
	Basis for determining patient's preferences (at Advance Directive (on file) Patient's current statement to Physician /NP/ P	eck all that apply) A	Patient Parent of a minor	
	Basis for determining patient's preferences (at Advance Directive (on file) Patient's current statement to Physician /NP/ Patient's statement to authorized representative Best interest determined by authorized represent	eck all that apply) A	Patient _Farent of a minor Guardian _Health Care Agent _Other	

Who Should Have a POLST Form?

A POLST form is most appropriate for persons with advanced illness or frailty who wish to have their end-of-life treatment wishes known.

What does the POLST Form Do?

Too often, patients near the end of their lives may get treatment they do not want.

POLST:

- makes your treatment wishes known to doctors and other members of your health care team.
- makes clear your wishes for medical care even if you are unable to speak for yourself.
- provides medical orders to be followed in any health care setting.
- helps your health care team honor your wishes.

Is POLST Different from an Advance Directive? YES!

An Advance Directive:

- tells your doctor what kind of care you would like to have if you become unable to make medical decisions
- is sometimes called a living will
- allows you to identify someone to speak for you if you become unable to speak for yourself (called a health care agent)
- is **not** the same as a medical order

All adults should complete and share their Advance Directives with their family members and their health care providers.

POLST:

- is not for all adults, but for patients with an advanced illness or frailty which may shorten life
- tells your exact wishes about certain medical treatments
- is a signed medical order that your health care team can act upon
- goes with you to your home, your hospital, or your long-term care facility. It goes where you go.

It is a good idea that people with advanced illness and/or advanced frailty have **both** an Advance Directive and a POLST form.



Who Completes and Signs the POLST?

The first step in completing a POLST form is to have a conversation with a member of your health care team about your wishes for care near the end of life. This conversation may be with a physician, nurse practitioner, physician assistant, nurse, social worker, or chaplain. The form is then filled out. It must be signed by the patient and the health care provider (physician, nurse practitioner, or physician assistant) for it to be followed by other health care professionals.

Where is the POLST Used?

The POLST remains with you if you are transferred between care settings regardless of whether you are in the hospital, at home, or in a long-term care facility. If you live at home, keep the original lime green POLST form on the side (or front) of the refrigerator where emergency responders can find it. If you live in a long-term care facility, the POLST form will be kept in your chart.

What If My Loved One Can No Longer Communicate His or Her Wishes for Care?

Family members may be able to speak on behalf of their loved one. A physician, nurse practitioner, or physician assistant can complete the POLST form based on family members' understanding of their loved one's wishes.