

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

Maine POLST Coalition Contact:

Kandyce Powell
Executive Director
Maine Hospice Council and
Center for End-of-Life Care
PO Box 2239
Augusta, ME 04338-2239
(207) 626-0651
kpowell@mainehospicecouncil.org

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

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POLST

MAINE

Physician Orders for Life-Sustaining Treatment



Information for Patients & Families

Developed by
The Maine POLST Coalition



Maine Hospice Council
and Center for End of Life Care
PO Box 2239 • Augusta, ME 04338-2239
(207) 626-0651
www.mainehospicecouncil.org
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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.

The image shows a sample of a POLST form, which is a bright lime green document. The title at the top is "Physician Orders for Life-Sustaining Treatment (POLST)". The form is divided into several sections, including "I. RESUSCITATION", "II. MEDICAL INTERVENTIONS", "III. ADDITIONAL INFORMATION", and "IV. SIGNATURES". It contains various checkboxes and lines for medical orders, such as "Do Not Attempt Resuscitation (DNR)", "Do Not Attempt Resuscitation (DNI)", and "Do Not Attempt Resuscitation (DNI/DNR)". It also includes fields for patient information, such as "Last Name / First / Middle Initial", "Address", "City / State / Zip", and "Date of Birth". The form is designed to be filled out by a healthcare professional and signed by the patient or their representative.

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.