

Frequently Asked Questions for Nursing Professionals Physician's Order for Life Sustaining Treatment

These questions and answers are intended for nursing professionals governed by the Nursing Care Quality Assurance Commission. These frequently asked questions (FAQs) convey general information only and do not constitute legal advice. You should contact your attorney to obtain advice with respect to any particular issue or problem. Please read the front and back of the current POLST form carefully for full instructions. For more information on POLST, visit the Washington State Medical Association Website or contact the Nursing Commission at: NursingPracticeConsultation.NCQAC@doh.wa.gov.

Background Information on POLST

Question

What is a Physician's Order for Life Sustaining Treatment (POLST) form?

Answer

POLST is a set of medical orders, executed by an adult patient (or legal surrogate) and the patient's medical provider, to guide medical treatment based on the patient's current medical condition and goals. The POLST form is usually for persons with serious illness or frailty. The "rule of thumb" is to recommend POLST for patients if their provider would not be surprised if they die within a year.

The POLST concept was originally created to guide emergency medical services (EMS) personnel in emergency situations. EMS staff was not able to honor advance directives or family member instructions for no cardiopulmonary resuscitation (CPR), because EMS must follow medical orders. POLST was developed to allow EMS to honor patients' no-CPR decisions by turning them into medical orders.

POLST is intended to prevent unwanted or futile treatment, reduce patient and family suffering, and help ensure that individual's wishes regarding end-of-life care are honored. A POLST is valid in all care settings and is portable from one care setting to another. It does not replace advance directives or a durable power of attorney. It is valid with or without advance directives or durable power of attorney. In Washington, it is a bright green form (photocopies and faxes of signed POLST forms are also legal and valid) and should be located in a prominent, easily noticeable location in the home or bedside and in the medical record.

Question

What medical orders are included in a POLST?

Answer

The POLST order allows patients to specify whether they desire CPR or whether they prefer to allow a natural death to occur if they are in cardiopulmonary arrest. It contains additional instructions as well, indicating if they have a pulse and/or are breathing, whether they want comfort measures only, specific limited additional interventions, or full treatment.

The POLST form is separated into four sections:

- Section A identifies what action to take if the person is not breathing and does not have a pulse (CPR/Attempt Resuscitation or DNAR (Do Not Attempt Resuscitation) (Allow Natural Death).
- Section B identifies what action to take if the person has a pulse and/or is breathing, such use of oxygen, suction, intravenous fluids, airway support, and advanced interventions such as intubation, mechanical ventilation, and other intensive care-related procedures.
- Section C includes validation and signatures.
- Section D identifies non-emergency medical treatment preferences including whether the patient should receive antibiotics, medically assisted nutrition and hydration, and dialysis.

Question

How should the decisions in a POLST be made?

Answer

The patient (or surrogate decision-maker) and the health care provider should discuss information to assure the POLST reflects the patient's wishes, as expressed in an advance directive or through communications with family or others. The patient's most recent communications, made in the context of their current medical condition, are the most likely to reflect their current wishes. If the patient's wishes are not known, the POLST should direct care in the patient's best interest. [RCW 7.70.065\(1\)\(c\)](#).

Legal Questions about POLST

Question

Is POLST mandated by law?

Answer

No. Preparing and signing a POLST is always voluntary for patients. Care providers should follow a POLST as they would follow any other medical order. [Chapter 43.70.480 RCW Emergency Medical Personnel - Futile Treatment and Natural Death Directives - Guidelines](#) requires the Washington State Department of Health to adopt guidelines and protocols for how emergency medical personnel respond for the treatment of a person with a POLST.

Question

Does the law provide legal immunity for health care workers who follow POLST orders?

Answer

Currently, only emergency medical responders are protected from legal liability when following the POLST orders. However, if a POLST order reflects a patient's wishes stated in an advance directive, the caregiver honoring those wishes would have legal protection under the [Natural Death Act RCW 70.122](#). POLST is a medical order, and caregivers should follow it according to the standard of care. According to the Washington State POLST Task Force, no healthcare provider has reported being sued for following a POLST order since POLST was established in Washington State in 2000.

Questions related to Facility Policies on POLST

Question

May facilities require POLST as a part of the admission process?

Answer

No. Preparing and signing a POLST is always voluntary. The [Federal Patient Self-Determination Act \(PSDA\)](#) and the [Joint Commission](#) require that health care facilities take steps to educate all adult patients on their right to accept or refuse medical care. Facilities must ask on admission whether a patient has made an advance directive, maintain policies and procedures on advance directives, and provide information to patients. The PSDA prohibits providers from conditioning care on whether or not an individual has an advance directive. The PSDA definition of advance directive has been interpreted to include a variety of advance planning documents, including POLST.

Question

Should facilities write a new POLST for each patient or resident when they are admitted?

Answer

Not necessarily. The patient or resident's POLST is portable, and facilities should incorporate the patient's existing POLST into their records. Facilities may adopt policies requiring a provider with privileges to counter-sign the POLST.

A POLST should be reviewed upon admission. If a POLST has a recent date (within a year generally) and no major changes to the patient's condition have happened since the signing, it is acceptable to consider a confirmation of the POLST as meeting the requirement for inquiry of advance directives on admission. There is a section on the POLST providers may initial to indicate that a review has been conducted and no changes are required.

Question

What should facility policies do if a patient or resident has no POLST at the time of admission?

Answer

If a patient or resident has no POLST at the time of admission, suggest a care planning conference to evaluate whether POLST would be appropriate. These planning conferences should include the patient's medical provider, the patient and surrogate decision-maker, and key family members. These discussions should include a review of the patient's medical history and recommendations from treating providers. A POLST should generally not be written as part of routine admission paperwork without medical professional involvement and extensive discussion.

Question

May facilities refuse to honor a POLST?

Answer

Yes. The [Natural Death Act RCW 70.122](#) allows health care facilities or personnel to refuse to participate in withholding or withdrawing life-sustaining treatment due to moral or ethical objections. Residents or patients must be informed of this policy or practice when the provider or facility becomes aware of the existence of a directive or POLST order they do not intend to honor. If an individual provider objects, the facility should try to make a willing staff member available to provide care according to the patient's POLST order. If the facility objects, it should cooperate with the patient or resident and family in finding and transferring the patient to another facility willing to honor the POLST order.

Question

When should a POLST be changed?

Answer

The POLST should be reviewed if the patient is transferred from one care setting or care level to another; if there is substantial change in the patient's health status; or if the patient's or decision-maker's treatment preferences change. There is a section on the POLST providers may initial to indicate that a review has been conducted and no changes are required. RNs and LPNs may explain or review the POLST form or existing POLST with the patient or surrogate.

Discussions about the appropriateness of the POLST or making significant changes to a POLST should include the patient's medical provider, the patient and surrogate decision-maker, and key family members. These discussions should include a review of the patient's medical history and recommendations from treating providers.

Discussions should consider whether the patient has advanced dementia, osteoporosis, bleeding disorder or other conditions and situations in which chest compressions or other CPR interventions may cause more harm than benefit to the patient. If the patient or surrogate and provider conclude this patient should not receive CPR even in case of choking or other accident, note "DNAR-No Exceptions" in Section A of the POLST. This note should be initialed by the provider authorized to sign the POLST.

Question

What if a family member tells the caregiver to do CPR when the POLST says DNAR?

Answer

A competent adult patient or the legal surrogate may always change their medical decisions and request alternative treatment. However, in an emergency situation, it may be difficult to determine whether or not the family member is the legal surrogate. Facilities should establish policies to manage legal risk in these situations.

Questions about the Nursing Commission Advisory Opinion and Nursing Scope of Practice

Question

What is the purpose of the NCQAC POLST advisory opinion?

Answer

The purpose of this advisory opinion is to provide guidance about POLST for advanced registered nurse practitioners (ARNPs), registered nurses (RNs), licensed practical nurses, LPNs), and nursing assistants (NAs). Advisory opinions do not have the force of law.

Question

Is it within the scope of practice for an ARNP to sign POLST orders?

Answer

Yes. A licensed ARNP, physician or physician assistant may sign a POLST. The health care practitioner signing the form assumes full responsibility for obtaining informed consent from the patient or surrogate decision-maker. The form must also be signed by the patient or surrogate to be valid. Verbal orders are acceptable with a follow-up signature following facility policy.

The ARNP should periodically review the POLST instructions with the individual or family for any treatment preference changes and consistency with any advance directive, especially if there are substantial changes in the person's health status. The Washington State Medical Association provides many resources and references in helping individuals receive the end-of-life care they specify.

Question

May an ARNP, LPN or registered nurse (RN) follow POLST orders?

Answer

Yes. ARNPs, LPNs and RNs may follow valid POLST orders as they would follow any other medical orders, in any setting, based on their regulatory and individual scope of practice.

Question

May a nursing assistant follow a POLST order stating "DNAR"?

Answer

Yes. Nursing Assistants may follow the CPR/DNAR order in Section A of the POLST. Nursing assistants and other non-credentialed UAP may use nursing judgment in emergency situations. A patient without a heartbeat, even if death is expected, is in an emergency situation. A nursing assistant with appropriate training may assess the patient's vital signs and decide if a heartbeat is present. If there is no heartbeat, a nursing assistant may follow a patient's POLST order Section A to start CPR or to provide comfort measures and allow a natural death, depending on the patient's POLST.

Question

May a nursing assistant follow orders in Sections B and D of POLST?

Answer

Section B of a POLST include orders on medical interventions, including use of oxygen, suction, IV fluids, airway support and advanced interventions such as intubation, mechanical ventilation, and other intensive care-related procedures. Section D includes non-emergency treatment decisions including whether the patient should receive antibiotics, medically assisted nutrition and hydration, and dialysis. Some of these POLST orders may indicate medical interventions outside the scope of a nursing assistant. Specific activities may require delegation of certain medical interventions identified in the POLST sections B and D, depending on the task, equipment available, and competency of the nursing assistant.

Question

What training about POLST is available for nursing assistants and unlicensed assistive personnel?

Answer

The Washington State Department of Social and Health Services (DSHS) and POLST stakeholders have developed a short training video for home care aides and other bedside caregivers. The video includes instruction on how these staff should respond when they find a resident who is nonresponsive. This video will be part of a continuing education program which DSHS plans to approve in 2015.

Question

May a RN or LPN delegate POLST orders to nursing assistants or other unlicensed assistive personnel (UAP)?

Answer

Delegation is not required for a nursing assistant to follow the CPR/DNAR POLST orders in Section A. Sections B and D of the POLST may require delegation of some tasks using the delegation process.

Question

May nursing assistants perform nursing activities that require nursing judgment?

Answer

Yes. Nursing assistants and other UAP may perform activities that require nursing judgment only in emergency situations. When a patient has no heartbeat, it is an emergency situation in which a nursing assistant may use nursing judgment to follow a POLST order to either perform CPR or to provide comfort care while allowing natural death to occur.

Question

In many community-based settings (such as assisted living facilities) personal care may be given by nursing assistants without nurse direction or supervision. Can a nursing assistant follow POLST instructions if a nurse is not directing and supervising the care?

Answer

An individual is working under their nursing assistant credential only when being directed and supervised by a nurse. In situations where the nurse is not directing and supervising the care, the individual is not working under the nursing assistant credential. The employer or facility should have policies and procedures in place to address this situation.

Questions about when an Event Occurs

Question

What should nursing assistants do if they find a patient who is non-responsive or has no heartbeat?

Answer

- They should call the nursing supervisor, 911, or hospice for emergency help, and stay with the patient. This plan should be made in advance as part of the patient plan of care.
- If the POLST says DNAR, nursing assistants should not initiate CPR. They should provide comfort care and wait for assistance to arrive.
- If the POLST says CPR/Attempt Resuscitation, nursing assistants should begin CPR and continue until help arrives.

Question

What if a person stops breathing because of an accident, such as choking? Do I follow a POLST order to not give CPR?

Answer

In most circumstances, if a person's heartbeat stops during a witnessed choking incident or other accident, perform basic first aid measures per standard training. If the person has no pulse or becomes nonresponsive, begin CPR even if the POLST says "No CPR/allow natural death." Continue CPR until licensed staff or emergency medical responders arrive.

However, some patients may want to refuse CPR under all circumstances including choking or accidents. This may be the medically appropriate decision for patients with advanced dementia at risk for aspiration, patients with osteoporosis, or other conditions and situations in which chest compressions or other CPR interventions may cause more harm than benefit to the patient.

Each patient's care plan should include details specifying if the POLST DNAR order applies in all circumstances. The POLST should include a note in Section A stating "DNAR-No Exceptions" initialed by an authorized provider. Bedside caregivers and supervisors should be familiar with this detail in the patient care plan and POLST.

Question

What if someone starts CPR on a patient with a POLST indicating “Do Not Attempt Resuscitation”?

Answer

If a patient’s POLST order indicates no CPR, CPR should not be initiated. In the event that CPR is initiated for a person in violation of a POLST with a DNAR order, CPR should be discontinued if no pulse is detectable. This is an example of a situation where all health care providers caring for the patient must be aware of the medical orders for the patient. Facilities should establish policies to manage legal risk in such a situation.

Question

May a RN, LPN or NA pronounce death?

Answer

An ARNP, RN or LPN may pronounce death. ARNPs may file a death certification. It is not within the nursing assistant’s scope of practice to pronounce death.

References and Resources

[Chapter 7.70.065 RCW Informed Consent - Persons Authorized to Provide for Patients who are not Competent - Priority](#)

[Chapter 18.79 RCW Nursing Care](#)

[Chapter 246-840 WAC Practical and Registered Nursing](#)

[Chapter 43.70.480 RCW Emergency Medical Personnel - Futile Treatment and Natural Death Directives - Guidelines](#)

[Chapter 70.122 RCW Natural Death Act](#)

[Federal Patient Self-Determination Act \(PSDA\)](#)

[Federal Register Volume 60, Number 123 \(1995\) Medicare and Medicaid Programs - Advance Directives - Final Rule](#)

[Joint Commission](#)

[Washington State Department of Health Physician Orders for Life Sustaining Treatment \(POLST\) Information](#)

[Washington State Medical Association POLST Information](#)

[Washington State Hospital Association End of Life Care Information](#)