

# QUICK REFERENCE GUIDE ON POLST IN CALIFORNIA ASSISTED LIVING COMMUNITIES

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## **What does the POLST form do?**

POLST offers a way to communicate an individual's choices during serious illness or at the end-of-life on an easily recognizable form that can travel between care settings and is immediately actionable by healthcare providers.

## **How is it different from a DNR?**

POLST addresses a range of life-sustaining measures and allows a person to choose treatment, as well as forego treatment. A DNR only addresses resuscitation and only allows for foregoing treatment.

## **How is it different from an Advance Health Care Directive?**

An Advance Directive allows people to name who they want to speak for them should they be unable to speak for themselves. POLST is a medical order that operationalizes the treatment wishes set forth in the Advance Directive.

## **Can POLST be required?**

Completing a POLST is always voluntary for the patient. (AFL 09-27, 10-25, 10-42, and 11-26.) Facilities cannot require that a resident have a POLST form. This means that facilities cannot require completion of a POLST form as a condition of admission.

## **How will POLST work in Assisted Living Communities/Residential Care Facilities for the Elderly (RCFE)?**

It will be similar to the way DNR orders work. In most cases, the facility staff will call 9-1-1 and make sure the POLST form is transferred with the resident. The POLST does not expand or alter the type of care that can be provided in an RCFE. POLST guides medical treatment in accordance with a resident's wishes. It does not alter statute or regulation governing admission and retention in an RCFE. For example, regulations governing oxygen use and wound care in an RCFE remain in place regardless of what is indicated on a POLST form. If a resident's wishes and medical orders as indicated on a POLST form go beyond what can be provided in an RCFE, the resident must be transferred so their wishes can be honored in the appropriate setting.

## **Who can honor/implement POLST?**

Only licensed medical professionals may interpret or implement a POLST. These professionals have the scope of practice to evaluate specific situations and implement a POLST or Advance Directive. Assisted Living caregivers cannot make these determinations and must call 9-1-1 and present the POLST to the emergency responders or otherwise transfer the resident to an appropriate setting.

## **How will POLST work in Assisted Living Communities that have nurses on staff during the week?**

Nurses will treat POLST the same as they do a DNR. Governed by facility policies, the nurse can work within his/her scope of practice and interpret and implement the POLST as appropriate and within the scope of care that can be delivered in an RCFE.

## **How will POLST work in Assisted Living Communities that do not have nurses on staff?**

The POLST form should be used the same way that a DNR form is used. Emergency responders should be called for emergencies and provided with the resident's POLST form.

## **What if the POLST form orders something that the Assisted Living Community cannot do (feeding tube for example)?**

The POLST does not change the scope of services allowed in Assisted Living. If the resident's needs cannot be managed in this setting or exceed licensed authority, licensing regulations require the resident to be transferred to an appropriate setting. Feeding tubes are prohibited in Assisted Living. If the resident reaches a point where their condition calls for a feeding tube, the resident will need to be transferred to an appropriate setting.

## **Assisted Living caregivers cannot administer medications, only assist with self-administration. What should we do if a resident who cannot assist with his/her own pain medication desires comfort care only and requests not to be transferred?**

If the resident requires medication administration and a licensed nurse is not available to administer the medication as needed, family members may administer the medication for hospice clients if appropriate arrangements can be made, regulations are followed, and the RCFE's policies allow. If a nurse or family member is not able to administer the medication, the resident will need to be transferred in order for comfort needs to be met.

## **What if a POLST form conflicts with an earlier POLST form or an earlier DNR?**

The most recent expression stands.

## **Are faxed copies and/or photocopies valid? Must pink paper be used?**

Faxed copies and photo copies are valid. Pink paper is preferred and used to distinguish the form from other forms in the resident's record. The form will be honored on any color paper.

## **Where should the Assisted Living Community keep the original POLST form?**

This is up to individual providers to decide. The form must be easily accessible to all caregivers so they can provide it to emergency responders. Many providers will keep the POLST where DNR orders are kept.

## **What do we do if the hospital doesn't return the POLST form when the resident is transferred back?**

It is recommended that Assisted Living Communities keep a duplicate copy in their records before transferring a resident to the hospital.

## **How does a resident revoke a POLST form? What should the Assisted Living Community do if the POLST is revoked?**

To revoke a POLST form, the resident should draw a line through Sections A to D and write "VOID" in large letters. Then sign and date the line. The Assisted Living Community should keep a copy of the revoked form in their records.

## **Should the resident take the POLST form every time they leave the building or only when going to the hospital?**

The POLST form should accompany the resident to the hospital or other care settings. Whether or not to carry one at other times will be up to the individual resident. MedicAlert bracelets/medallions may also be used.

***This reference guide was developed by the Coalition for Compassionate Care of California in collaboration with the California Assisted Living Association (CALA).***

