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The Physician Order for Life-Sustaining Treatment in Case of Emergency (POLST-E) as an integral part of the patient advance directive

International Society of Advance Care Planning and
End of Life Care Conference 2011
London, 22-24 June 2011



German situation

- Low prevalence of ADs: 10-20% (elderly: up to 35%)
- No ACP systems in place (so far)
- (Multiple) AD-forms
 - treatment preferences depending on prognosis
 - no preferences for emergency treatment based on *current* health status
- Conventional DNAR-orders (⇒ no CPR)

Longitudinal controlled pilot study RESPEKT*

- *Intervention*: ACP-system (adaption of *Respecting Choices*) in one town's 4 nursing homes (n/h)
 - *Control*: "care as usual" in 10 n/h in two other towns
- ⇒ Physician Order for Life-Sustaining Treatment in Case of Emergency (POLST-E) as part of Advance Directive (AD)

*in der Schmittgen et al. BMC Health Services Research 2011,11:14

Patientenverfügung

Name: _____

Vorname: _____

geb. am: _____

Modellprojekt in Grevenbroich:

- Seniorenzentrum Albert-Schweitzer-Haus
- Seniorenhaus Lindenhof
- Caritashaus St. Barbara
- Seniorenstift St. Josef Gustorf

»Dieses Schriftstück ist eine Vorausverfügung meines Willens in Fragen pflegerischer und ärztlicher Behandlung **für den Fall**, dass ich mich einmal wegen akuter oder chronischer Erkrankung selbst nicht mehr dazu äußern kann. Es soll meinen Angehörigen, Pflegenden und Ärzten in diesem Fall als Richtschnur dienen und ihnen erleichtern, Entscheidungen in meinem Sinne zu treffen.«

Übersicht

- A** Allgemeine Einstellung zum Leben und Sterben
- B** Bevollmächtigung eines Vertreters / einer Vertreterin
- C** Plötzliche Unfähigkeit zu entscheiden / Notfallsituation
- D** Dauerhafte Unfähigkeit, selbst zu entscheiden
- E** Persönliche Hinweise für die Pflege
- F** Schmerz- und Palliativtherapie
- G** Zustandekommen und Verbindlichkeit dieser Patientenverfügung
- H** Besonderheiten
- I** Unterschriften
- J** Aktualisierung und Fortschreibung

A Allgemeine Einstellung zum Leben und Sterben

Wie stehen Sie zum Leben – und wie zum Sterben? Welche Bedeutung hat es für Sie, noch lange zu leben?

C Plötzliche Unfähigkeit zu entscheiden / Notfallsituation

Ein plötzliches Ereignis, z.B. Herzversagen, Schlaganfall oder auch ein schwerer Infekt mit Flüssigkeitsverlusten (Exsikkose) kann dazu führen, dass Menschen vorläufig nicht mehr selbst entscheiden können. Solche Ereignisse können lebensbedrohlich sein. In diesem Abschnitt legen Sie fest, wie Sie in einem solchen Fall behandelt werden wollen.

Beispiele für Notfall-Behandlungen, die lebensrettend sein können:

- Herz-Lungen-Wiederbelebung – wenn das Herz aufhört zu schlagen
- künstliche Beatmung – wenn die Atmung stillsteht
- Intensivtherapie – hochwirksame Medikamente, kontinuierliche Überwachung
- Anlage eines Herzschrittmachers, wenn der natürliche Schrittmacher erlahmt ist
- Stillung einer inneren Blutung durch eine Magenspiegelung oder Operation

Hausärztliche Anordnung für den Notfall (HANo)

Mein Behandlungswille hinsichtlich einer Notfallsituation aus aktuellem Befinden heraus ist in der von meinem Hausarzt und von mir unterschriebenen **Hausärztlichen Anordnung für den Notfall (HANo)** niedergelegt, die somit Teil dieser Patientenverfügung ist.

Sie wird bei Bedarf aktualisiert:

- **von mir**, wenn sich mein Wille hinsichtlich künftiger Behandlung verändert hat,
- gemäß meinen Festlegungen in Abschnitt D **von meinem Vertreter**, sollte ich dauerhaft entscheidungsunfähig geworden sein.

Wenn sich nach einer Notfallbehandlung **im weiteren Verlauf** herausstellt, dass die Chance auf Wiederherstellung meines bisherigen Zustands sinkt und das Risiko für bleibende körperliche oder geistige Beeinträchtigungen ansteigt, dann

(nur eine Antwort ①②③ ankreuzen!)

- ① soll die lebensverlängernde Behandlung so lange wie ärztlich vertretbar fortgesetzt werden, gleichgültig welche Risiken für künftige Beeinträchtigungen damit verbunden sind.
- ② soll die Chance einer Wiederherstellung mit dem Risiko künftiger Beeinträchtigungen abgewogen werden, wobei mein Bevollmächtigter / Betreuer nach bestem Wissen und Gewissen in meinem Sinne entscheiden soll.
- ③ soll die lebensverlängernde Behandlung frühzeitig und unter Inkaufnahme des dann eintretenden Todes abgebrochen werden, auch wenn dadurch Chancen der Wiederherstellung meines bisherigen Zustands ungenutzt bleiben.

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Sections

C *Sudden* loss of decision making capacity / emergency situation

D *Permanent* loss of decision making capacity

- H **besonderen**
- I **Unterschriften**
- J **Aktualisierung und Fortschreibung**

A Allgemeine Einstellung zum Leben und Sterben

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Physician's Order for Life-Sustaining Therapy in Case of Emergency (POLST-E)

Last Name: _____
 First Name: _____
 Date of Birth: _____


Model project in G ...


- residential home ASH
- residential home LH
- residential home SB
- residential home SJG


In case of a life-threatening crisis or illness in the above patient, rendering him / her unable to make a decision, the following order applies: *Check only one answer box (A, B0, B1, B2, B3 or C) – otherwise invalid!*


A  Unlimited emergency and intensive care with the goal of prolonging life, including CPR


Limited life-prolonging therapy (B0 – B3):

B0  no cardio-pulmonary resuscitation (no CPR)

B1  no CPR
no invasive ventilation (no endotracheal intubation)

B2  no CPR
no invasive ventilation (no endotracheal intubation)
no intensive care / no transfer to ICU

B3  no CPR
no invasive ventilation (no endotracheal intubation)
no intensive care / no transfer to ICU
no transfer to hospital (but life-prolonging therapy at home)

C  no life-prolonging therapy, neither at (residential) home nor in hospital
palliative treatment (comfort measures) only

Town, Date

✘
 Sign and stamp of *be caring betimes*® -
 qualified (family) physician

„This POLST-E reflects my treatment preferences“

✘
 Town, Date, signature of resident

„I acknowledge and confirm this POLST-E.“

✘
 Town, Date, signature of proxy

„I have facilitated the advance care planning process“


✘
 Town, Date, signature of *be caring betimes*® – qualified facilitator

This POLST-E is the emergency-relevant part of the patient / proxy advance directive of ____ . ____ . 20__ which is based on a qualified facilitation process.


This POLST-E reflects the treatment preferences of the resident / the proxy's substituted judgement and is – if complete and unambiguous – ethically and legally binding for everyone, as long as the patient is incapable to decide for him- or herself. For other treatment questions refer to the advance directive, and consult the designated proxy. For further explanations see overleaf.


**Physician's Order for
Life-Sustaining Therapy in Case
of Emergency (POLST-E)**


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no intensive care / no transfer to ICU

B3  no CPR
no invasive ventilation (no endotracheal intubation)
no intensive care / no transfer to ICU
no transfer to hospital (but life-prolonging therapy at home)

C  **no** life-prolonging therapy, neither at (residential) home nor in hospital
palliative treatment (comfort measures) only

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician, NP, or PA. These medical orders are based on the person's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section.

Last Name/ First/ Middle Initial		
Address		
City / State / Zip		
Date of Birth (mm/dd/yyyy)	Last 4 SSN	Gender
____/____/____	□□□□	□ M □ F

A CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.

Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNR (Allow Natural Death)

When not in cardiopulmonary arrest, follow orders in **B, C** and **D**.

B MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.

Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. *Patient prefers no transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.*

Limited Additional Interventions Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). *Transfer to hospital if indicated. Avoid intensive care.*

Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. *Transfer to hospital if indicated. Includes intensive care.*

Additional Orders: _____

C ANTIBIOTICS

No antibiotics. Use other measures to relieve symptoms.

Determine use or limitation of antibiotics when infection occurs.

Use antibiotics if medically indicated.

Additional Orders: _____

D ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food by mouth if feasible.

No artificial nutrition by tube.

Defined trial period of artificial nutrition by tube.

Long-term artificial nutrition by tube.

Additional Orders: _____

E REASON FOR ORDERS AND SIGNATURES

My signature below indicates to the best of my knowledge that these orders are consistent with the person's current medical condition and preferences as indicated by **discussion with**:

Patient Health Care Representative Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion. See reverse side.)

Parent of Minor Court-Appointed Guardian

Other _____

Print Primary Care Professional Name	Office Use Only
Print Signing Physician / NP / PA Name and Phone Number ()	
Physician / NP / PA Signature (mandatory) Date	

ORIGINAL TO ACCOMPANY PERSON IF TRANSFERRED OR DISCHARGED, SUBMIT COPY TO REGISTRY

Physician's Order for Life-Sustaining Therapy in Case of Emergency (POLST-E)



Last Name: _____

First Name: _____

Date of Birth: _____

Model project in G ...

residential home ASH

residential home LH

residential home SB

residential home SJG

In case of a life-threatening crisis or illness in the above patient, rendering him / her unable to make a decision, the following order applies: *Check only one answer box (A, B0, B1, B2, B3 or C) – otherwise invalid!*

- A** **Unlimited emergency and intensive care with the goal of prolonging life, including CPR**
- B0** **Limited life-prolonging therapy (B0 – B3): no cardio-pulmonary resuscitation (no CPR)**
- B1** **no CPR no invasive ventilation (no endotracheal intubation)**
- B2** **no CPR no invasive ventilation (no endotracheal intubation) no intensive care / no transfer to ICU**
- B3** **no CPR no invasive ventilation (no endotracheal intubation) no intensive care / no transfer to ICU no transfer to hospital (but life-prolonging therapy at home)**
- C** **no life-prolonging therapy, neither at (residential) home nor in hospital palliative treatment (comfort measures) only**

Town, Date

„This POLST-E reflects my treatment preferences“

x
Town, Date, signature of resident

„I acknowledge and confirm this POLST-E.“

x
Town, Date, signature of proxy

x
Sign and stamp of *be caring betimes*® - qualified (family) physician

„I have facilitated the advance care planning process“

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Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician, NP, or PA. These medical orders are based on the person's current medical condition and preferences. Any section not completed does not invalidate the form and implies full treatment for that section.

Last Name/ First/ Middle Initial _____
 Address _____
 City / State / Zip _____
 Date of Birth (mm/dd/yyyy) _____ Last 4 SSN _____ Gender M F

A CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
 Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNR (Allow Natural Death)
 When not in cardiopulmonary arrest, follow orders in B, C and D.

B MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.
 Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. *Patient prefers no transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.*
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 Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. *Transfer to hospital if indicated. Includes intensive care.*
 Additional Orders: _____

C ANTIBIOTICS
 No antibiotics. Use other measures to relieve symptoms.
 Determine use or limitation of antibiotics when infection occurs.
 Use antibiotics if medically indicated.
 Additional Orders: _____

D ARTIFICIALLY ADMINISTERED NUTRITION: Always offer food by mouth if feasible.
 No artificial nutrition by tube
 Additional Orders: _____

E READINGS
 My symptoms are _____
 I am _____
 I am _____
 I am _____
 Print Name _____
 Print Signature _____
 Physician _____
 ORIGINAL _____

Physician's Order for Life-Sustaining Therapy in Case of Emergency (POLST-E)



Last Name: _____
 First Name: _____
 Date of Birth: _____

Model project in G ...
 residential home ASH
 residential home LH
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In case of a life-threatening crisis or illness in the above patient, rendering him / her unable to make a decision, the following order applies: *Check only one answer box (A, B0, B1, B2, B3 or C) – otherwise invalid!*

A **Unlimited emergency and intensive care with the goal of prolonging life, including CPR**

B0 **Limited life-prolonging therapy (B0 – B3): no cardio-pulmonary resuscitation (no CPR)**

B1 **no CPR no invasive ventilation (no endotracheal intubation)**

B2 **no CPR no invasive ventilation (no endotracheal intubation) no intensive care / no transfer to ICU**

B3 **no CPR no invasive ventilation (no endotracheal intubation) no intensive care / no transfer to ICU no transfer to hospital (but life-prolonging therapy at home)**

C **no life-prolonging therapy, neither at (residential) home nor in hospital palliative treatment (comfort measures) only**

How the POLST-E differs:

- Covers only *emergency* treatment ⇒ easier to apply
- 6 clearly defined levels of LST ⇒ clear mapping of preferences
- Only *one* option to select ⇒ reduces likelihood of inconsistent orders
- No section for antibiotics ⇒ depends on treatment goal
- No section for artificial nutrition/hydration ⇒ decision based on AD
- Available exclusively within complete ACP-process ⇒ ensures *validity* of documented preferences

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 g process"
 qualified facilitator
 which is based on
 is – if complete and
 or him- or herself.
 er explanations see
 itten, Düsseldorf (2010)

Intervention: training of 2-3 facilitators in each n/h early 2009, recruitment of subjects 01.02.09 (t0) - 30.06.10, observation until 30.06.2010 (t1)

	Intervention n=169	Control n=439	p-value
# of ADs at t0	27%	20%	0.06
# of ADs at t1	45%	27%	<0.001
New ADs after t0	28%	10%	<0.001
new AD	11%	5%	0.025
new <i>proxy</i> AD	17%	5%	<0.001
Emergency plans at t1	31%	3%	<0.001
of these			
POLST-E	80%	0%	-
other plan	20%	100%	-

Some preliminary data (2): preferences in POLST-E



n=37

In case of a life-threatening crisis or illness in the above patient, rendering him / her unable to make a decision, the following order applies: *Check only one answer box (A, B0, B1, B2, B3 or C) – otherwise invalid!*

1 2.7%



A



Unlimited emergency and intensive care with the goal of prolonging life, including CPR

1 2.7%



B0



Limited life-prolonging therapy (B0 – B3):

no cardio-pulmonary resuscitation (no CPR)

5 13.5%



B1



no CPR

no invasive ventilation (no endotracheal intubation)

10 27.0%



B2



no CPR

no invasive ventilation (no endotracheal intubation)
no intensive care / no transfer to ICU

8 21.6%



B3



no CPR

no invasive ventilation (no endotracheal intubation)
no intensive care / no transfer to ICU
no transfer to hospital (but life-prolonging therapy at home)

12 32.4%



C



no life-prolonging therapy, neither at (residential) home nor in hospital
palliative treatment (comfort measures) only

Comments welcome: marckmann@lmu.de

Thanks to my colleagues:

Jürgen in der Schmitten (coordinator of RESPEKT)

Christine Mellert, Karl Wegscheider

Bud Hammes, Linda Briggs (Respecting Choices)

in der Schmitten *et al.* *BMC Health Services Research* 2011, **11**:14
<http://www.biomedcentral.com/1472-6963/11/14>



STUDY PROTOCOL

Open Access

A complex regional intervention to implement advance care planning in one town's nursing homes: Protocol of a controlled inter-regional study

Jürgen in der Schmitten^{1*}, Sonja Rothärmel², Christine Mellert¹, Stephan Rixen³, Bernard J Hammes⁴, Linda Briggs⁴, Karl Wegscheider⁵, Georg Marckmann⁶