Coalition *for* Compassionate Care *of* California

October 18, 2010

Steve Tharratt
Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95811

Dear Dr. Tharratt:

On behalf of the California POLST Task Force, the Coalition for Compassionate Care of California (CCCC) is pleased to submit the attached revised POLST form to EMSA for approval, with a requested effective date of April 1, 2011.

Attached, please find the following:

1) **Proposed revised POLST form** for approval, as recommended by the California POLST Task Force (both with and without changes highlighted);
2) **Summary of the proposed changes** to the POLST form; and
3) **A compilation of the 200+ suggestions** received and considered by the POLST Task Force in developing the proposed revisions.

Effective Date

POLST has recently been incorporated into the standardized assessment instrument used in nursing homes in California, known as MDS (minimum data set). Consequently, every time a nursing home conducts a patient assessment, the nursing home must report on MDS whether the patient has a POLST form and what the POLST form says. As a result, California is developing a rich database of information about the use of POLST throughout the state.

Some of the proposed changes to the POLST form will impact the wording of the POLST questions on MDS. Changes to MDS must be approved by the federal Centers for Medicare and Medicaid Services (CMS). CMS will only approve state-requested changes to MDS effective April 1 or October 1 of any given year.

In order to coordinate changes to the POLST form with changes to MDS, we are requesting that the revised California POLST form have an effective date of April 1, 2011.

Proposed Changes

The current California POLST form went into effect January 1, 2009. At the recommendation of the National POLST Task Force, the California POLST Task Force reviews the California POLST

www.CoalitionCCC.org

1215 K Street, Suite 1917 · Sacramento, CA 95814 · Phone: (916) 489-2222 · Fax: (916) 552-2615

form every two years and recommends changes, in response to feedback based on actual usage of the form in the field.

The POLST Task Force created a Documentation Committee to process and make recommendations on the more than 200 suggested changes received from healthcare providers, consumer advocates, and others. In reviewing the suggested changes, the Committee held to the principle that any recommended change needed to make a significant or substantial improvement to the POLST form. The Committee's recommendations were reviewed and approved by the full POLST Task Force.

We have been pleased to have Sean Trask, Adam Morrill, Jay Goldman, MD, Bruce Lee, Anne Marcotte and Bill Koenig, MD serve on the POLST Task Force.

Review Period Timeline

The following outlines the review process and timeline for receiving and considering suggestions and comments about the POLST form:

January 1, 2009	Current POLST form went into effect. The Task Force began keeping track of suggested changes to the form.
March - May, 2010	The POLST Task Force formally solicited suggested changes to the form. Solicitation was sent to more than 1500 organizations and individuals interested in POLST. All 75 members of the Task Force were asked to submit suggestions from their respective constituencies. More than 20 local POLST coalitions solicited suggestions from organizations and individuals in their local communities.
May – June, 2010	The POLST Documentation Committee reviewed suggestions and drafted a revised form.
June, 2010	The revised form was presented to the POLST Task Force for feedback. Additional feedback was solicited from more than 20 local POLST coalitions.
July, 2010	The POLST Documentation Committee reviewed the feedback received, drafted a second version of proposed changes, and approved the revised version.
August, 2010	The POLST Task Force approved the revised version, which is included with this letter.

Thank you for your consideration of the proposed revised POLST form. Please contact me, or the chair of the POLST Documentation Committee, Jim Mittelberger, MD at (925) 602-1658 or james_a_mittelberger@uhc.com, if you have any questions. We look forward to hearing the outcome of the December EMSA meeting and approval of the revised POLST form for 2011.

Sincerely,

Judy Citko, JD
Executive Director
(916) 552-7573
jcitko@coalitionccc.org

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

EMSA #111 B
(Effective 4/1/2011)

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: *(optional)*

A — Cardiopulmonary Resuscitation (CPR): *If person has no pulse and is not breathing. When NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

☐ **Do Not Attempt Resuscitation/DNR** (**A**llow **N**atural **D**eath)

B — Medical Interventions: *If person has pulse and/or is breathing.*

Check One

☐ **Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*

☐ **Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*

☐ **Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. ***Transfer to hospital*** *if indicated. Includes intensive care.*

Additional Orders: _____

_____

C — Artificially Administered Nutrition: *Offer food by mouth if feasible and desired.*

Check One

☐ No artificial means of nutrition, including feeding tubes.

☐ Trial period of artificial nutrition, including feeding tubes.

☐ Long-term artificial nutrition, including feeding tubes.

Additional Orders: _____

D — Information and Signatures:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

☐ Advance Directive dated _____ available and reviewed →

☐ Advance Directive not available

☐ No Advance Directive

Health Care Agent if named in Advance Directive:

Name: _____

Phone: _____

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name:	Physician Phone Number:	Physician License Number:
Physician Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:		Relationship: *(write self if patient)*
Signature: *(required)*		Date:
Address:	Daytime Phone Number:	Evening Phone Number:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F

Health Care Provider Assisting with Form Preparation

Name:	Title:	Phone Number:

Additional Contact

Name:	Relationship to Patient:	Phone Number:

Directions for Health Care Provider

Completing POLST

- Completing a POLST form is voluntary. California law requires that the orders in a POLST form be followed by health care providers, and provides immunity to those who comply in good faith with a patient's POLST wishes.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort Measures."
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Interventions" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit **www.caPOLST.org**.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

EMSA #111 B
(Effective 4/1/2011)

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: *(optional)*

A — Cardiopulmonary Resuscitation (CPR): *If person has no pulse and is not breathing.*

When NOT in cardiopulmonary arrest, follow orders in Sections B and C.

Check One

- ☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)
- ☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B — Medical Interventions: *If person has pulse and/or is breathing.*

Check One

- ☐ **Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*
- ☐ **Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
  - ☐ ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*
- ☐ **Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. ***Transfer to hospital*** *if indicated. Includes intensive care.*

Additional Orders: _____

C — Artificially Administered Nutrition: *Offer food by mouth if feasible and desired.*

Check One

- ☐ No artificial means of nutrition, including feeding tubes.
- ☐ Trial period of artificial nutrition, including feeding tubes.
- ☐ Long-term artificial nutrition, including feeding tubes.

Additional Orders: _____

D — Information and Signatures:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

- ☐ Advance Directive dated _____ available and reviewed →
- ☐ Advance Directive not available
- ☐ No Advance Directive

Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

Signature of Physician

My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name:	Physician Phone Number:	Physician License Number:
Physician Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker

By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:		Relationship: *(write self if patient)*
Signature: *(required)*		Date:
Address:	Daytime Phone Number:	Evening Phone Number:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F

Health Care Provider Assisting with Form Preparation

Name:	Title:	Phone Number:

Additional Contact

Name:	Relationship to Patient:	Phone Number:

Directions for Health Care Provider

Completing POLST

- Completing a POLST form is voluntary. California law requires that the orders in a POLST form be followed by health care providers, and provides immunity to those who comply in good faith with a patient's POLST wishes.
- POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort Measures."
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Interventions" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit **www.caPOLST.org**.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Summary of Proposed Changes to 2011 POLST Form

Guiding Principle: Changes made must provide substantial and significant improvement or clarification to the form.

General Changes

Change/Addition/Deletion:	Reason:
Changed the standard color of the form from Pulsar Pink to Ultra Pink	Most copiers and faxes process Pulsar Pink like white, but not all. Ultra Pink was recommended by Oregon and tested by CCCC to confirm a better result when copying/faxing.
Changed health care "professional" to health care "provider" throughout the form	This change makes the form consistent with the language used in California's POLST law.

Top/Front of Form

Change/Addition/Deletion:	Reason:
Changed effective date (under EMSA logo) from 1/1/2009 to 4/1/2011	This designates the version and effective date of the form.
Added sentence to introductory paragraph – "A copy of the original POLST form is legal and valid."	This emphasizes to providers who are acting on the form that a copy of the POLST form is valid. There are additional instructions about copies and faxes on the back of the form, but adding this sentence here gives more prominence to the validity of copies.
Added sentence to introductory paragraph – "POLST complements an Advance Directive and is not intended to replace that document."	There is confusion among providers about whether POLST replaces the Advance Directive. Adding this sentence conveys a relationship between POLST and the Advance Directive. Additional instructions were also added to the back of the form regarding reviewing Advance Directives and POLST to ensure agreement between the two forms.
Added the word "patient" to the demographic information on the top right of the form.	This clarifies that it is the patient's name and date of birth that are to be filled in.
Added "Medical Record # *(optional)*" to the top right of the form. This replaces the previous "Office Use Only" box that was on the bottom right corner of the previous POLST form.	An informal survey of health care providers using POLST forms identified that the Office Use Only box was not being used often, and when it was, the patient's medical record number was the information entered into the box. Further feedback was that the medical record number generally appears in the upper right corner of medical forms. For consistency with other medical forms, Medical Record # was added to the upper right corner along with the other patient demographic information. Though helpful in determining the identity of the patient, it is also noted that Medical Record # is "optional" as a patient's number will vary by setting (eg, physician office, hospital, nursing home).

Summary of Proposed Changes to 2011 POLST Form

Section A

Change/Addition/Deletion:	Reason:
Added formatting and the word "If" to the phrase, "Person has no pulse and is not breathing." Also moved "When NOT in cardiopulmonary arrest, follow orders in Sections B and C" to be in the heading.	Helps clarify when Section A is to be followed.
Changed the statement following Attempt Resuscitation/CPR from "Section B: Full Treatment required" to "Selecting CPR in Section A requires selecting Full Treatment in Section B."	Helps clarify the requirement that Full Treatment be selected with CPR.
Changed formatting of the options from a horizontal orientation to a vertical orientation.	Makes Section A consistent with formatting of Section B and easier to follow.

Section B

Change/Addition/Deletion:	Reason:
Added formatting and the word "If" to the phrase, "Person has pulse and/or is breathing."	Helps clarify when Section B is to be followed.
Comfort Measures Only	
Changed the description of Comfort Measures Only from "Use medications by any route, positioning, wound care and other measures to relieve pain and suffering." to "Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures.	Emphasizes the goal of Comfort Measures Only – to relieve pain and suffering.
Deleted statement in description of Comfort Measures Only "Antibiotics only to promote comfort."	There has been confusion about the subjectivity of this statement. Additional instructions were added to the back of the form to better address antibiotics and Comfort Measures Only.
Changed transfer language in Comfort Measures Only to "Transfer to hospital only if comfort needs cannot be met in current location."	Helps clarify when to transfer a patient who has selected Comfort Measures Only.

Section B, Continued

Change/Addition/Deletion:	Reason:
Limited Additional Interventions	
Changed description of Limited Additional Interventions from "Includes care described above." to "In addition to care described in Comfort Measures Only, use…"	Clarifies the term "care described above."
Changed transfer language in Limited Additional Interventions to "Transfer to hospital only if comfort needs cannot be met in current location."	Helps clarify when to transfer a patient who has selected Limited Additional Interventions.
Full Treatment	
Changed description of Full Treatment from "Includes care described above" to "In addition to care described in Comfort Measures Only and Limited Additional Interventions, use…"	Clarifies term "care described above."

Section C

Change/Addition/Deletion:	Reason:
Changed the phrase, used in all options, "by tube" to "including feeding tubes."	Clarifies that total parenteral nutrition (TPN) is included.
Deleted "Defined" from "Trial period"	Needed space on the form and the word did not add significant clarity.
Changed formatting of the options from a horizontal orientation to a vertical orientation.	Makes Section C consistent with formatting of Sections A and B and easier to follow.

Section D

Change/Addition/Deletion:	Reason:
Changed heading from "Signatures and Summary of Medical Condition" to "Information and Signatures."	Accurately reflects revised information in Section D.
Changed check-box options for "Discussed with" (from "Patient," "Health Care Decisionmaker," "Parent of Minor," "Court Appointed Conservator" or "Other") to "Patient (Patient Has Capacity)" or "Legally Recognized Decisionmaker."	Many suggestions indicated that the original terms used were confusing. Using "Patient" or "Legally Recognized Decisionmaker" is consistent with the language used in California's POLST law. There were several suggestions to include an indication that the patient had decisionmaking capacity.
Added check boxes for "Advance Directive dated _____ available and reviewed," "Advance Directive not available," and "No Advance Directive."	Highlights the importance of asking for and reviewing a patient's Advance Directive.
Added a section to document the name and contact information of the Health Care Agent appointed in an Advance Directive.	This information is very valuable reference information for providers.

Section D, Continued

Change/Addition/Deletion:	Reason:
Changed heading of Patient/Decisionmaker signature from "Signature of Patient, Decisionmaker, Parent of Minor or Conservator" to "Signature of Patient or Legally Recognized Decisionmaker."	Makes language consistent with other changes in Section D and with California's POLST law.
Added "Date" to Patient or Legally Recognized Decisionmaker signature.	Clarifies when the patient or decisionmaker signed the form.
Moved address for Patient or Legally Recognized Decisionmaker signatory from the back to the front of the form. Added "Daytime Phone Number" and "Evening Phone Number" for patient or decisionmaker signatory.	Makes important contact information more easily referenced for health care providers.
Deleted "Summary of Medical Condition"	Needed space, and this information is not as significant as new information added to Section D.

Top/Back of Form

Change/Addition/Deletion:	Reason:
Added heading, "Patient Information."	Makes consistent with the rest of the formatting.
Changed heading to "Health Care Provider Assisting with Form Preparation."	Provides clarification on the health care provider's role.
Added section for "Additional Contact" including "Name," "Relationship to Patient," and "Phone Number."	If the decisionmaker is not the signor of the form, then decisionmaker's contact can be captured here. If decisionmaker is the signor, then another contact person can be listed here.

Directions for Health Care Providers

Change/Addition/Deletion:	Reason:
Completing POLST	
Added bullet, "Completing a POLST form is voluntary. California law requires that the orders in a POLST form be followed by health care providers, and provides immunity to those who comply in good faith with a patient's POLST wishes."	Includes important information consistent with California's POLST law.
Added bullet, "POLST does not replace the Advance Directive. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts."	Clarifies that POLST complements an Advance Directive. Highlights the importance of comparing a patient's forms (POLST and Advance Directive) for consistency.

Directions for Health Care Providers, Continued

Change/Addition/Deletion:	Reason:
Completing POLST, Continued	
Added bullet, "A Legally Recognized Decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known."	Because "Legally Recognized Decisionmaker" is not defined in statue, provides a description in a manner consistent with California law and practices.
Changed phrase in bullet regarding RCFEs from "medical conditions or medical treatments" to "medical conditions or treatments."	Needed the space on the form and deleting repetitive adjective did not change the meaning of the sentence.
Added bullet, "If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form."	Several translations of the POLST form are currently available. These instructions clarify what to do with the translated form and reinforces to providers that the English version of the form is to be signed.
Added statement to last bullet, "A copy should be retained in patient's medical record, on Ultra Pink paper when possible."	Provides direction for providers about keeping a copy of the POLST form, and encourages use of Ultra Pink paper for those copies.
Using POLST	
Changed bullet with instructions regarding Section A from "No defibrillator (including automated external defirillators) should be used on a person who has chosen 'Do Not Attempt Resuscitation'" to "If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a person who has chosen 'Do Not Attempt Resuscitation.'"	These additional instructions attempt to address concerns expressed about patients who select DNR and Full Treatment.
Changed bullet with instructions regarding Section B from "IV medication to enhance comfort may be appropriate for a person who has chosen 'Comfort Measures Only'" to "IV antibiotics and hydration generally are not 'Comfort Measures.'"	There has been confusion about the subjectivity of when antibiotics are used for someone who has chosen Comfort Measures Only. These revised instructions attempt to provide more clarity that antibiotics generally are not appropriate for patients choosing Comfort Measures Only.

Directions for Health Care Providers, Continued

Change/Addition/Deletion:	Reason:
Using POLST, Continued	
Changed bullet with instructions regarding Section B from "A person who desires IV fluids should indicate 'Limited Interventions' or 'Full Treatment'" to "If person desires IV fluids, indicate 'Limited Interventions' or 'Full Treatment.'"	Needed space on the form and revising this statement to shorten it did not change its meaning.
Added bullet "Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel."	There has been some concern that EMS may not be able to review and act upon Additional Orders written in Section B.
Modifying and Voiding POLST	
Changed bullet from "A person with capacity can, at any time, void the POLST form or change his/her mind about his/her treatment preferences by executing a verbal or written advance directive or a new POLST form" to "A patient with capacity can, at any time, request alternative treatment."	Separates patient's right to request for alternative treatment from patient's right to revoke form. Makes language consistent with California's POLST law.
Changed bullet from "To void POLST, draw a line through Section A through D and write 'VOID' in large letters. Sign and date this line" to "A patient with capacity can, at any time, revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing 'VOID' in large letters, and signing and dating this line."	Separates patient's right to request for alternative treatment from patient's right to revoke form. Makes language consistent with California's POLST law.
Changed bullet from "a health care decisionmaker may request to modify the orders based on the known desires of the individual or, if unknown, the individual's best interests." to "A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests."	Clarifies that the surrogate cannot unilaterally change a POLST form. Uses language consistent with California's POLST law.

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
2	**GENERAL/FRONT SIDE**				
3	Guiding principle	Steve Tharratt, EMS Director	Do not change the form unless significant, substantial improvement is needed.	There is interest in limiting the need for re-education to the form, and complications of dealing with multiple versions of the form. EMSA is satisfied with the current form. EMDAC had no significant comments.	Used as guiding principle when evaluating suggested changes
4	Global change	Frank Mueller, MD	Change color of POLST form; consider a red/pink border	When copied/faxed, pink paper becomes difficult to read.	Staff researched, tested, and recommended Ultra Pink - Approved
5	Global change	Judy Citko, JD	Change "professional" to "provider"	Makes consistent with language used in CA legislation	Approved
6	Title	Ron Miller, MD	Change title to "Physician Orders About Life-Sustaining Treatments"		Not at this time
7	Title	John Riedel, MD	Change P in POLST to Patient.	This is more than a physician order as it is signed by the patient also.	No
8	Front side	Vicki Nelson	Indicate more prominently that the form is for California	The only indication is the EMSA state logo.	Not possible at this time
9	Front side	Judy Citko, JD	Change effective date to 4/1/2011	To coincide with MDS 3.0 Section S changes	Approved
10	Front side	D.W. "Donovan"	Change "Effective" to "Revised"	Given that we talk about a document such as a POLST or Advance Medical Directive as becoming "effective" when certain conditions are met (signatures, clinical indicators, etc.), talking about a revision here seems less confusing, more accurate, and more c	No
11	Front side	Jay Goldman, MD	To the name boxes, add 'patient'	To avoid confusion about which name goes there	Approved
12	Front side	Francine Serafin-Dickson	Delete medical record number	It is meaningless and could get confusing if patients have been in many facilities.	No - added MR # in place of Office Use Only box; MR # is how that box has been used by providers; added "optional" after MR #
13	Front side	John Riedel, MD	Keep all fill-ins on first page, with all the instructions on the back.		Attempted, but not possible at this time; currently all legally required information is on the front of form
14	Front side	Deb Patricio, RN	Move the information from the top of back side to the front of form.	So only one side needs to be copied/faxed	Some information was moved to front of form
15	Front side	Jim Mittelberger, MD	Move HC Decisionmaker and HC Provider Preparing Form to front of form (Section D)		Some information was moved to front of form
16	Front side	Scott Vahradian, EMS Battalion Chief	Include a statement that copies are legally valid.	This information is buried on the back of the form. When my crews are trying to determine the validity of the document, it would be helpful to have this information readily displayed when presented with the document.	Approved - added to Introductory Paragraph
17	Introductory paragraph	Ron Miller, MD	Change statement "First follow these orders, then contact attending physician"	To clarify which physician	No
18	Introductory paragraph	Ron Miller, MD	Change 'POLST complements an Advance Directive' to 'POLST supplements an Advance Directive'	per Webster's Collegiate dictionary definition, 'supplements' is more appropriate.	Changed to "POLST complements an Advance Directive and is not intended to replace that document" - Approved
19	Introductory paragraph	Ron Miller, MD	Add, "POLST should reflect the preferences expressed in an advance directive."		Changed to "POLST complements an Advance Directive and is not intended to replace that document" - Approved
20	Introductory paragraph	Joe Rodrigues	Change 'POLST complements an Advance Directive' to 'POLST does not replace an Advance Directive'		Changed to "POLST complements an Advance Directive and is not intended to replace that document" - Approved

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
21	Introductory paragraph	Kathee McFarland	Bold the instructions, "A copy of the original POLST form is legal and valid. POLST complements an Advance Directive."	To bring more attention to these statements.	No
22	Sections A-D	Scott Vahradian, EMS Battalion Chief	Group Sections A-C apart from Section D.	The document contains five sections; patient identifier/DOB box, three sectiosn about treatment, and then a signature and date section. Section D should not look like Sections A-C...so it doesn't look like a section to read through to get treatment guidance.	Approved, but formatting not feasible
23					
24	**SECTION A**				
25	Section A	Sandy Chen Stokes	Change statement under CPR re: "Section B: Full Treatment required" to "CPR in Section A requires Full Treatment in Section B"		Changed to "Selecting CPR in Section A requires selecting Full Treatment in Section B" - Approved
26	Section A	Ron Miller, MD	Add "if order is for CPR" after "Full Treatment required"		Changed to "Selecting CPR in Section A requires selecting Full Treatment in Section B" - Approved
27	Section A	Thomas Badin, MD	Add "go to section B: Full Treatment required" immediately after Attempt Resuscitation/CPR and on the same line.	Having Section B: Full Treatment Required on a separate line may lead to confusion.	Changed to "Selecting CPR in Section A requires selecting Full Treatment in Section B" - Approved
28	Section A & B	Marcia Penido, LCSW, MPH	Clarify the distinction between when orders in Section A and B are followed.	There is confusion about someone choosing DNR and Full Treatment.	Added clarifying language (see below)
29	Section A	Ron Miller, MD	Change statement to "If a person has no pulse and is not breathing"		Approved
30	Section A & B	Marcia Penido, LCSW, MPH	Need to address chemical code status - i.e., adding as an option.		No - more than transient use of vasopressers almost always means care in ICU and is therefore covered in existing language
31	Sections A-C	Deb Patricio, RN	Have space for patient/surrogate to initial each section to indicate their agreement with what is indicated		No
32	Sections A-C	Frances Wilson	Move Section A re: CPR to where Box C is located	In starting a rich conversation, it's difficult to pull the "big gun" out first, as a person's decision on Section A is often impacted with the necessary discussion for Sections B and C. Having the code status down near the physician's signature also makes more sense.	No - Section A is priority for EMS
33	Section A	Ron Miller, MD	Remove "DNR;" leave Do Not Attempt Resuscitation (DNAR)		No - DNR is still recognized
34	Section A	Ron Miller, MD	Change "Allow Natural Death" to "Permit Natural Death"		No
35	Section A	Susan Keller, Gary Johanson, MD	Move "Allow Natural Death" to Section B	To allow more clarity and not make people feel like "we're giving up on them" when it is in the first section coupled with DNAR; mplies that DNAR means no treatment. We do not want to equate DNAR with comfort care as we do with the current form.	No
36					
37	**SECTION B**				
38	Section B	Ron Miller, MD	Change statement to "If a person has pulse and/or is breathing"	Is the reason that the form states, "Person has pulse and/or is breathing" that the person may have a pacemaker and/or be on a ventilator? I believe that justifies the and/or.	Approved

Comments and Suggested Revisions to the POLST Form

Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
39	Section B	Ron Miller, MD	Add "Preferred location for treatment:_____"		No
40	Section B	Ron Miller, MD	Reverse the sequence of the medical interventions (Full Tx, Limited, Comfort)	As some in the disability community have recommended.	Not At This Time
41	Section B	Joe Barger, MD (EMS)	Move "Full Treatment" to be the first option	If "Full Treatment" is checked, the rest of the options become immaterial and would not require review. Also questioned why the explanation of "Full Treatment" is even needed.	Not At This Time
42	Section B - Comfort Measures Only	Bonnie Darwin	Change description from "Use medication by any route, positioning, wound care and other measures to relieve pain and suffering" to "Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures."	Empasizes intent of comfort care (to relieve pain and suffering).	Approved
43	Section B - Comfort Measures Only	Marcia Penido, LCSW, MPH	Clarify what "manual treatment of airway obstruction" is in "Comfort Measures Only"		Not necessary
44	Section B - Comfort Measures Only	Andrew Fenton, MD	Clarify "Antibiotics only to provide comfort" under Comfort Measures Only.	There is confusion and subjectivity in deciding if antibiotics provide comfort. By saying "antibiotics only to provide comfort" we have basically made antibiotics mandatory on all comfort care patients in the ER. The docs I have spoken to would all give antibiotics in this case if they felt the patient was infected. They are then also given IV fluids and admitted. Maybe this is OK as they can always be stopped. Not sure this was the patient's intent however.	Approved - see below
45	Section B - Comfort Measures Only	Documentation Committee	Delete "Antibiotics only to provide comfort" under Comfort Measures Only and add instructions to back: "IV antibiotics and hydration generally are not comfort measures."	Addresses issue above	Approved
46	Section B - Comfort Measures Only	Ron Miller, MD	Under "Comfort Measures Only" add a separate order: "Minimize intravenous fluids."		No
47	Section B - Comfort Measures Only and Limited Additional Interventions	Joe Barger, MD (EMS)	Combine Comfort Measures Only and Limited Interventions into one category with the following check boxes: (1) comfort care - relieve pain and suffering by use of medication by any route, positioning, wound care, or other measures. Oxygen, suction, and manual treatment of airway obstruction as needed for comfort. (2) IV fluids - yes/no. (3) Intubation or other invasive airway - yes/no. (4) Non-invasive positive airway pressure (CPAP, BiPAP, BVM) - yes/no. (5) Avoid intensive care - yes/no. (6) Other medical treatment as indicated - yes/no. (7) Antibiotics - check one: To provide comfort only; or All indications.	Currently EMS are instructed that the check box for either comfort meaures or limited interventions changes treatment only with regard to intubation.	No
48	Section B - Limited Additional Interventions	Mark Apfel, MD	Change "Limited Additional Interventions" to "Patient Directed Interventions"	To avoid using the term "Limited" which has a negative political connotation, especially with the new data regarding the economic effects of POLST and to emphasize that these are choices made by the patient rather than limited by the providers.	Not at this time

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
49	Section B - Limited Additional Interventions	Scott Vahradian, EMS Battalion Chief	Under "Limited Additional Interventions" add a requirement to actually stipulate the limited, additional interventions requested in the section.	This is a broad category and presents a large, grey area of treatment options. It runs all the way from just a bit more than comfort measures to nearly full resuscitation. This category also includes use of CPAP, BIPAP, and even bag valve mast ventilation, an intervention that really crosses the line into a substantial resuscitation intervention. There is a line for "Additional Orders," but this lies just below the "Full Treatment" section and there appears to be no requirement to use it at all, let alone to clarify the interventions in "Limited Additional Interventions." The "Comfort Measures" and "Full Treatment" categories are much more delineated; this middle-category is not. Often we show up to scenes that are very confusing and emotionally charged, and it would help to have as much clarity in this document as possible. While it may not be possible to list all limited interventions, this section should have much more delineated side boards on it.	No
50	Section B - Limited Additional Interventions	Mark Apfel, MD	Leave "Limited Additional Interventions" as open-ended as possible	There are many choices which will vary depending on the patient's condition for this section and it is too complicated to try to list them, but we should make this a strong point in the educational program	Not at this time
51	Section B - Limited Additional Interventions	Mark Apfel, MD	Delete the line "May Use non-invasive positive airway pressure"	Unecessary since "may use" really requires a discussion at the time.	Not at this time
52	Section B - Limited Additional Interventions and Full Treatment	Thomas Badin, MD	Clarify "Care described above" in both Limited Addtl Interventions and Full Treatment	The phrase "includes care described above" is potentially confusing. What does the word "above" refer to: part or all of Section A, part or all of Section B, both sections A and B, or the Do Not Transfer sentence immediately above Full Treatment?	Changed language to "In addition to care described in Comfort Measures Only (and Limited Additional Interventions)" - Approved
53	Section B - Limited Additional Interventions and Full Treatment	Mark Apfel, MD	Make "Care described above" the same font size and bolded as the titles.	Since part of our message is that Comfort Measures are included in all interventions and this is often misunderstood.	Not at this time
54	Section B - Full Treatment	Kaiser No CA physician (per Judy Citko)	Change "Full Treatment" to "All Medically Indicated Treatments"		No
55	Section B - Full Treatment	Kaiser No CA physician	Change "Full Treatment" to "Life Prolonging Treatment" or "Greatest Intensity of Treatment"	The term "Full Treatment" seems biased. These suggestions are not recommended by Susan Tolle.	No
56	Section B - Full Treatment	Jeff Yee, MD	Delete "defibrillation" from "Full Treatment" description.	This is in conflict with DNR being checked in Section A and Full Treatment in Section B.	No - much discussion but no consensus among Documentation Committee or Task Force; revisit later

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
57	Section B - Full Treatment	Andrew Fenton, MD	Do NOT delete "defibrillation" from "Full Treatment" description.	Defibrillation would never be done on a patient with a pulse, only cardioversion. On the other hand, ER docs are uncomfortable flipping from Section B to Section A if a patient they are treating loses their pulse. They may be a DNR but also want Full Tx if they have a pulse. These patients may have already been intubated. Leave defibrillation in there so that if you have a patient who is DNR if pulseless but wants full tx if they have a pulse and they are in the ER and go into VFib from sinus rhythm (likely due to a large MI) but can still be defibrillated and sent right to the cath lab, docs will still have that option.	No - much discussion but no consensus among Documentation Committee or Task Force; revisit later
58	Section B - Full Treatment	Ron Miller, MD	Add "if indicated" after "includes intensive care"		No
59	Section B - Full Treatment	Tim Hamilton, Kaiser LA	Remove "Includes ICU" from "Full Treatment"	It is implied and raises the question about what parts of the hospital may be excluded, since ICU is part of the hospital.	No
60	Section B - Transfer Language	Lisa Rapallo, MSW	Clarify transfer language.	Under "Comfort Measures Only," it is not clear why this states "Transfer if comfort needs cannot be met in current location" wh'le in "Limited Additional Interventions" there is a separate checkbox.	See below
61	Section B - Transfer Language	Tim Hamilton, Kaiser LA	Add check box under each option for "Transfer to hospital."	Confusing to have the transfer language in all three options, but only a check box for Limited Interventions.	See below
62	Section B - Transfer Language	Patty Jellison	Move "Do Not Transfer" box to Additional Orders.	Do not transfer doesn't apply only to Limited Additional Interventions.	See below
63	Section B - Transfer Language	Ron Miller, MD	Change "Do Not Transfer…" statements to read "Do not transfer to hospital for medical interventions unless comfort needs cannot be met in present location."		See below
64	Section B - Transfer Language	Joe Barger, MD (EMS)	Move transfer language to separate section. Options would be: (1) Transfer only if comfort needs cannot be met in current location. (2) Transfer if indicated for medical interventions or if comfort needs cannot be met in current location.	Transfer/transport is not a medical intervention, and adds more complexity than necessary to Section B "Comfort Measures" and "Limited Interventions." It would be pretty clear that "Full Treatment" would mean transfer if indicated.	See below
65	Section B - Transfer Language	Leslie Adams	Change the transfer language from "Do not transfer to hospital for medical interventions. Transfer only if comfort needs cannot be met in current location." to "Transfer to hospital only if comfort needs cannot be met in current location."	Patients and families may interpret the original language to mean that no medical interventions are given to someone who has chosen Comfort Measures Only, when Comfort Care is indeed medical intervention.	Approved and changed transfer language in Limited Interventions to be consistent
66	Section B - Transfer Language	D.W. "Donovan"	Change transfer language to "Transfer to a higher level of care [only for comfort measures and] only if comfort needs cannot be met in current location." or "Do not transfer to a higher level of care unless comfort measures cannot be met in current locat	The goal is to avoid transfer to a higher level of care for medical interventions that are not focused on comfort care. This language would also cover patients already in a hospital.	No
67	Section B - Full Treatment	Jeff Yee, et al	Add check box, "Defined trial period. Do not keep me on prolonged life support."		Not at this time; may be written in
68	Section B - Full Treatment	David English, MD	Include a check box in Full Treatment for "Trial Period of Full Treatment"	This would parallel the idea conveyed in artificial nutrition, and convey that I would accept intensive treatment if it seemed to be working, but do not wish to leave a blank check for a long course of suffering in the ICU. It could also be used to assua	Not at this time; may be written in

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
69	Section B - Additional Orders	Ron Miller, MD	Add to Additional Orders, "especially prearrest interventions for hypotension, arrhythmia, or dyspnea"		No
70	Section B - Additional Orders	Dan Wilson, LCSW	Add an additional line in "Additional Orders"	I find that patients frequently want one last shot at CPR and signify that accordingly, but frequently don't want to die in an ICU at the end of a protracted stay concluded by a Code Blue event. Yet, too often, a "Full Code" POLST will lead to that concl	Not possible
71	Sections B & C	Barry Harrow, Attorney	Add two check boxes: "Follow directions given by my health care agent pursuant to my Advance Health Care Directive." And "My Advance Health Care Directive is attached hereto and hereby incorporated herein by this reference thereto."		No
72	Section B	Barry Harrow, Attorney	Add check box, "Follow the directions contained in my Advance Health Care Directive dated:_____"		No
73					
74	**SECTION C**				
75	Section C	Ron Miller, MD	Change "Artificially Administered Nutrition" to "Nutrition and Hydration". If insist on "Artificially Administered Nutrition," change to "Medically-Administered Nutrition and Hydration."		No
76	Section C	Physician Champions	Change language re: "Tube Feeding;" suggestions "Medically-Prescribed Formula"		No
77	Section C	Ron Miller, MD	Change "Offer food by mouth if feasible and desired" to "Offer food and fluid by mouth if medically appropriate and desired, and if not refused by patient or proxy."		No
78	Section C	Ron Miller, MD	Change "Offer food by mouth if feasible and desired" to "Offer food and fluid by mouth unless medically contraindicated (likely to cause aspiration or worsen congestive heart failure) or unless patient specifically and consistently requested food and flui		No
79	Section C	Sam Ousey, RD	Add box for IV feeding as well as enteral feeding.	We do use TPN which is IV as an alternative means of nutrition. I do not believe that is covered in the IV section.	No
80	Section C	Victoria Alwin, MSRD, CNSD	Add option "Artificial Nutrition regardless of route"	To include hyperalimentation.	No
81	Section C	Ron Miller, MD	Change "No artificial nutrition by tube" to "No medically-administered nutrition or hydration by tube or intravenously."		No
82	Section C	Ron Miller, MD	Change "No artificial nutrition by tube" to "No tube feeding"		No
83	Section C	Documentation Committee	Change "No artificial nutrition by tube" to "No artificial means of nutrition, including feeding tubes"		Approved and changed language in all options in Section C to be consistent
84	Section C	Ron Miller, MD	Change "No artificial means of nutrition, including feeding tubes." to "No forced feeding, feeding tube, or parenteral nutrition."		No
85	Section C	Ron Miller, MD	Change "Defined trial period..." to "Defined trial period of medically-administered nutrition and hydration."		No

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
86	Section C	Ron Miller, MD	Change "Trial period of artificial nutrition, including feeding tubes." to "Trial of _____ days/weeks of forced feeding, feeding tube, or parenteral nutrition."		No
87	Section C	Ron Miller, MD	Change "Long-term artificial nutrition by tube" to "Long-term medically-administered nutrition and hydration."		No
88	Section C	Ron Miller, MD	Add to Additional Orders "especially if patient has refused oral as well as medically-administered nutrition and hydration."		No
89	Section C	Barry Harrow, Attorney	Add check box "Follow the directions contained in my Advance Health Care Directive dated:_____"		No
90	Section C	Ron Miller, MD	Add another order option: "Patient prefers not to receive food or fluid as was requested in the patient's advance directive which anticipated the patient's current condition. Patient wishes to receive only measures to minimize discomfort from thirst and from dry mucous membranes."		No
91	Section C	Ron Miller, MD	Add another order option: "No parenteral nutrition"		No
92	Section C	Ron Miller, MD	Add another order option: "No parenteral fluid administration"		No
93					
94	**SECTION D**				
95	Section D	Barry Harrow, Attorney	Add check box to indicate the existence of an Advance Health Care Directive.		Approved
96	Section D	Danette Flippin	Remove the Office Use Only box		Approved - a survey of providers indicates the box was primarily (though not often) used for to list a MR#; added place for MR# at top of form
97	Section D - Summary of Medical Condition	Documentation Committee	Delete Summary of Medical Condition	Information not necessary and need space on form for more important information	Approved
98	Section D - Summary of Medical Condition	Ron Miller, MD	Add under "Summary of medical condition" place for "Diagnoses" and "Prognosis"		Deleted Summary - see above
99	Section D - Summary of Medical Condition	Danette Flippin	Move the Summary of Medical Condition box under the physician signature instead of patient/decisionmaker signature	Confusing for patients/decisionmakers thinking they need to complete it	Deleted Summary - see above
100	Section D - Summary of Medical Condition	Jim Mittelberger, MD	Move "Summary of medical condition" (and Diagnoses/Prognosis) to back of form		Deleted Summary - see above
101	Section D- Summary of Medical Condition	Doris Hawks	Delete 'Summary of Medical Condition/Diagnoses' and replace with Legally Recognized Decisionmaker contact information.	The Legally Recognized Decisionmaker's contact information would not appear on the form if the patient signs the form.	Deleted Summary - see agove; the LRD information could be written in Additional Contact section on back of form
102	Section D-Back Side	Linda Robinson	Change Section D to include only the "patient or legally authorized health care decisionmaker."	The form, as written, allows for an individual who is not legally authorized to make health care decisions for another person.	Approved; use terminology used in AB3000 ("Patient or Legally Recognized Decisionmaker")
103	Section D - Discussed With	Documentation Committee	Change check box options for "Discussed with" to "Patient (Patient Has Capacity)" and "Legally Recognized Decisionmaker"	Addresses issues outlined below	Approved

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
104	Section D - Discussed With	Susan Keller, Tim Gieseke, MD, Gary Johanson, MD	Change "Health Care Decisionmaker" to "Surrogate"	Health care decisionmaker may be interpreted as the patient.	See above
105	Section D - Discussed With	Linda Robinson, Ombudsman	Change the wording of "Healthcare Decisionmaker" to "Legally Authorized Healthcare Decisionmaker"	This will ensure that individuals not legally authorized to make healthcare decisions are not able to do so.	See above
106	Section D - Discussed With	Ron Miller, MD	Add checkbox for "Agent appointed in the person's advance directive" under "Discussed with"		See above
107	Section D - Discussed With	Ron Miller, MD	After "Court Appointed Conservator" add "or Public Guardian"		See above
108	Section D - Discussed With	Barry Harrow, Attorney	Rather than check boxes for who the physician spoke with, have a place for a number (1 through 7) which would refer to a small chart of the 7 persons who can consent to treatment as shown on the California Hospital Association's Consent Requirements for Medical Treatment of Adults. The same number could be placed in the Relationship box to the right of the Signature block.	This would make the form clearer and would assist the physician and others involved in utilizing the form because of the additional clarity and simplicity of having to simply enter a number.	See above
109	Section D - Discussed With	Linda Robinson, Ombudsman	Eliminate the "Other" category	This will ensure that the only person other than the individual who can complete a POLST is legally authorized to make healthcare decisions for that individual.	See above
110	Section D - Discussed With	Toni Vargas	Remove checkbox "Other:"		See above
111	Section D - Capacity	Diane Sanchez, SSD	Include checkbox for "(decisionmaking) capacity" like the PIT form has		Attempted to address by adding language "Discussed with Patient (Patient Has Capacity)" - see above
112	Section D - Capacity	Helen Grimes	Include checkbox for "(decisionmaking) capacity"		Attempted to address by adding language "Discussed with Patient (Patient Has Capacity)" - see above
113	Section D - Capacity	Rebecca Ferrini, MD	Add a check box that states "In my clinical opinion, the individual signing this form has the capacity to make this decision and is making this decision in good faith as the best expression of what the patient wants or would have wanted."	There is no place on the POLST to indicate that the provider has done an assessment and concluded that the individual signing the form has the capacity to make the decision (understanding, appreciation, reasoning, appreciation and consistently expressing	Not at this time - attempted to address by adding language "Discussed with Patient (Patient Has Capacity)"
114	Section D - Capacity	D.W. "Donovan"	Add under the signatures section, "The following section should be signed by the patient unless there is a documented loss of decisionmaking capacity."	I appreciate the section differentiating between a patient and a legally recognized decisionmaker. I am concerned there is not enough guidance in the form to remind those filling it out that the legally recognized decisionmaker does not come into play un	No
115	Section D	Frank Mueller, MD	Include date and time of physician signature		Approved - include date; do not include time
116	Section D	Thomas Badin, MD	Include a date box for patient's signature		Approved
117	Section D	Ron Miller, MD	Add contact information for non-patient signator		Approved - added place for Additional Contact on back of form
118	Section D	Andrew Fenton, MD	Include a contact phone number (or 2) for the medical decisionmaker/next of kin.		See above - one Additional Contact is sufficient
119	Section D	Linda Robinson, Ombudsman	Specify that Court Appointed Conservator requires the authority to make healthcare decisions, since LPS conservators often do not have that authority.	This will eliminate the possibility that unauthorized individuals are completing POLST forms.	No

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
120	Section D	Deb Patricio, RN	Have a checkbox to indicate discussion has occurred with the patient's famliy about the POLST and content indicated		No
121	Section D	Linda Robinson, Ombudsman	Require that the physician sign POLST declaring that s/he had a conversation with the individual and received informed consent.	This will ensure that a physician has a conversation with the individual about their healthcare wishes.	No
122	Section D	Ron Miller, MD	Delete "to the best of my knowledge..." under physician signature	Could be interpreted to allow a physiican to sign the orders without discussion with the patient and/or his/her legal representative.	No
123	Section D	Kellie Morcantini, CANHR	Require signature of person who is alleging the POLST was discussed with the signing party.	Concern that the person who allegedly has discussed the POLST decisions with the patient is not required to sign the form. In LTC settings, the patient's physician is NOT the person having the discussion with the resident. In most cases, the discussion, if one is held at all, is with a facility nursing staff member or social worker.	No
124	Section D	Kate Scannell, MD , Kaiser	Include a space to name a durable power of attorney for health care.	In the logistic flurry of near end-of-life care, getting a POLST completed is a great deal easier than a full advanced directive, but often leaves the patient's spokesperson unclear. I have been writing an order naming the spokesperson on the front, but doubt that this practice would hold up if questioned	Not at this time - added a place to list the name and contact information for the "Health Care Agent if named in Advance Directive"
125	Section D	Ron Miller, MD	In patient/decisionmaker signature statement, add "regarding provision or limitation of life-sustaining treatments" after "regarding resuscitative measures"		No
126	Section D	Ron Miller, MD	Delete "and with the best interest of the individual..." under patient/decisionmaker signature	Signator might not believe the orders are consistent with the best interests of the patient yet might believe the patient's preferences are ethically and/or legally acceptable.	No
127	Section D	Jackie Kimball	Add signature line for two (2) RNs when nurses are taking a phone order		No
128	Section D	Linda Poniktera	Donation at Death (Optional); Upon my death (mark applicable box): I gift my whole body; I gift any needed organs, tissues, or parts, I gift the following organs, tissues, or parts only; I do not wish to donate organs, tissues, or parts. My gift is for the following purposes only (check only those that you want): transplant; therapy; research; education.		No- does not meet national paradigm standards since a physician order is not needed for organ donation.
129	Section D-Back Side	Vicki Nelson	Add a box for surrogate decisionmaker - with an option for "none" and a place to collect the information if there is one.		No
130	Section D-Back Side	Ron Miller, MD	Add "but requested" to "Advance directive not available"		No
131	Section D-Back Side	Tony Chicotel	Add two check boxes to the physician signature - "I had a conversation with the patient about end-of-life options" or "I did not have a conversation with the patient about the end-of-life options."	By openly having to acknowledge not having a conversation, some doctors may be more inclined to have them. They key is to secure the information of a non-doctor completing the form without implicitly encouraging doctors to delegate the conversations with	No

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
132	Section D-Back Side	Bill Dorsey, LCSW and Margaret Marquez, MD	Remove duplicate 'Patient Address'	It is on both the front and the back of the form; duplication of effort and potential room for typo error. Phone numbers on front of form should be enough information.	Approved
133	Section D-Back Side	Bill Dorsey, LCSW and Margaret Marquez, MD	Remove duplicate 'Patient Date of Birth'	It is on both the front and the back of the form; duplication of effort and potential room for typo error.	Approved
134	Section D-Back Side	Andrew Fenton, MD	Add to Patient Information title "(if signed by Legally Recognized Decisionmaker)"	Addresses possible duplication of patient information if patient is the signatory.	No
135	Section D-Back Side	Doris Hawks	Delete Additional Contact information	Who is this intended to represent? Naming a patient plus the Legally Recognized Decisionmaker is sufficient. There is potential conflict if there is a third person who has no official role.	No
136	Section D-Back Side	D.W. "Donovan"	Delete Additional Contact information	It is not relevant to this document and introduces the very strong possibility of confusion. Imagine the "additional contact" suggesting that the order be changed. The benefit of having this information does not outweigh the complications.	No
137					
138	**GENERAL/BACK SIDE**				
139	Top of Back Side	Susan Keller, Gary Johanson, MD	Remove M/F designation from Gender; possibly change to "Gender" and leave blank to write in.	Anne Tamar-Mattis referred Susan to Jenna Rapues at SFDPH, (415) 554-9131	Not at this time
140	Back side	Ron Miller, MD	To patient's address add phone number, cell phone number and e-mail address		Not possible at this time
141	Back side	Linda Robinson, Ombudsman	Eliminate information about "Health Care Professional Preparing Form"	This will ensure that a physician has a conversation with the individual about their healthcare wishes.	No
142	Back side	Tony Chicotel	Change "Health Care Provider Preparing Form" to "Licensed Health Care Provider Preparing Form"	I have misgivings about business office people filling out POLSTs with patients or family members as part of the admissions package in long-term care facilities.	No
143					
144	**DIRECTIONS**				
145	Directions for HC Professionals	Susan Ziblatt	Remove the directions to allow for larger font to be used.		No
146	Directions for HC Professionals	Kellie Morgantini, CANHR	Change the POLST form so that it is consistent with Probate Code Section 4780(d).	POLST form explains that a patient (assuming capacity) may modify or revoke a POLST at any time by "executing a verbal or written advance directive or a new POLST form," or by writing VOID across the document. These instructions are inconsistent with AB 3000. Probate Section 4780(d) states than an individual may revoke a POLST at any time and in any manner the communicates an intent to revoke. The law provides a must more liberal methodology for revoking POLSTs than the form itself. In addition, the POLST form purports to allow a surrogate to modify a POLST based on known desires of the patient. Those known desires should be in the original POLST. If those desires have changed, the patietns shoudl modify the POLST herself. If she lacks capacity, she must also then lack the capacity to direct a surrogate to do so.	Approved - reviewed all wording of Directions

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
147	Directions for HC Professionals - Completing POLST	Linda Robinson, Ombudsman	Under Reviewing POLST, add "Review POLST to ensure it does not conflict with Advance Health Care Directive"		Amended and added to Completing POLST - see below
148	Directions for HC Professionals - Completing POLST	Documentation Committee	Under Completing POLST, add "When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts."	Addresses issue above	Approved
149	Directions for HC Professionals - Completing POLST	Documentation Committee	Add definition "A Legally Recognized Decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of minor, closest available relative, or person whom the patient's physician believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known."		Approved
150	Directions for HC Professionals - Completing POLST	Tony Chicotel	Delete the reference to persons "believed to have authority" in the definition of a legally recognized decisionmaker. Change the definition to "a court-appointed conservator or guardian, agent designated in an Advance Health Care Directive, oral designee	The summary of proposed changes states this language was lifted from Probate Code Section 4717. We find this language unsuitable to a proper definition of a "legally recognized decision maker." Probate Code Section 4717 expressly applies to emergency situations	Discuss - suggest deleting bolded language
151	Directions for HC Professionals - Completing POLST	Linda Robinson	Delete the definition of legally recognized decisionmaker.	The definition, "may include a family member or another person reasonably believed to have the authority to make health care decisions on behalf of the patient," allows for persons NOT legally authorized to make health care decisions for another. Did thi	No
152	Directions for HC Professionals - Completing POLST	Ron Miller, MD	Add "Whenever possible, make photocopies on Pulsar Pink paper"		Amended - see below
153	Directions for HC Professionals - Completing POLST	Documentation Committee	Add sentence "A copy should be retained in patient's medical record, on Ultra Pink paper when possible."		Approved
154	Directions for HC Professionals - Completing POLST	Sandy Worley	Suggest original POLST be completed on white paper and then photocopied onto Pulsar Pink paper.	When copied/faxed, pink paper becomes difficult to read; Pulsar Pink paper is not widely available in office supply stores.	No
155	Directions for HC Professionals - Completing POLST	Linda Robinson, Ombudsman	Under Completing POLST, add line stating that POLST is not intended to be completed on admission to a SNF.		No
156	Directions for HC Professionals	Ron Miller, MD	Under "Completing POLST" add "Must be signed by physician and patient or decisionmaker"		No - language is fine as is
157	Directions for HC Professionals	Ron Miller, MD	Under "Completing POLST" add "Must be completed by a health care professional based on the patient's preferences and the physician's assessment of medical indications."		No - language is fine as is
158	Directions for HC Professionals	Ron Miller, MD	Under "Completing POLST" add "or" between "patient" and "decisionmaker"		No
159	Directions for HC Professionals	Ron Miller, MD	Under "Completing POLST" change last bullet to read "Use of form of identifiable color is strongly encouraged."		No

Comments and Suggested Revisions to the POLST Form

Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
160	Directions for HC Professionals - Using POLST	Ron Miller, MD	Under "Section A" add "An implanted defibrillator should be deactivated."		No
161	Directions for HC Professionals - Using POLST	Documentation Committee	Change bullet under Section A Directions to "No chest compressions should be used on a person who has chosen "Do Not Attempt Resuscitation"	Can give a shock but no compressions for someone who has selected DNR and Full Tx. We're not doing ACLS on those in Section A.	Approved
162	Directions for HC Professionals - Using POLST	Ron Miller, MD	Under "Section B" fourth bullet, change "assisted respirations" to "assisted ventilation"		No
163	Directions for HC Professionals - Using POLST	Ron Miller, MD	Under "Section B" after "Comfort Measures Only" add "unless the patient has decided to forgo orally or medically-administered nutrition and hydration."	Under "Section B" last bullet, note however that "Comfort Measures Only" (on the reverse side of the page) states "use medication by any route." This may provide unwanted fluid (and prolong dying).	No
164	Directions for HC Professionals - Using POLST	Vicki Nelson	Change "IV antibiotics and hydration generally are not Comfort Measures" to "Antibiotics and hydration would be considered Comfort Measures only if directed at relieving symptoms."		No
165	Directions for HC Professionals - Reviewing POLST	Ron Miller, MD	Under "Reviewing POLST" add "and rewritten" to "It is recommended that POLST be reviewed..."		No
166	Directions for HC Professionals - Reviewing POLST	Ron Miller, MD	Under "Reviewing POLST" last bullet, change to "The person's circumstances and/or health and treatment preferences change."		No
167	Directions for HC Professionals - Modifyng or Voiding POLST	Linda Robinson, Ombudsman	Under Modifying POLST, delete the wording that a person can execute a verbal advance directive. Add a line encouraging the individual to execute an AHCD.	This needs to be in writing and requires witnesses. This is in conflict with existing law.	No
168	Directions for HC Professionals - Modifyng or Voiding POLST	Ron Miller, MD	Under "Modifying and Voiding POLST" first bullet change to "...verbal or written advance directive or request a new POLST form."		No
169	Directions for HC Professionals - Modifyng or Voiding POLST	Ron Miller, MD	Change "A healthcare decisionmaker may request to modify..." to "A healthcare decisionmaker or the attending physician may request to modify..."		No
170	Directions for HC Professionals - Modifyng or Voiding POLST	Ron Miller, MD	Under "Modifying and Voiding POLST" last bullet, change "may request to modify the orders" to "may request the orders be modified."		No
171	Directions for HC Professionals - Modifyng or Voiding POLST	Ron Miller, MD	Under "Modifying and Voiding POLST" add "Even a patient no longer decisionally capacitated may request to change a POLST subject to the discretion of the attending physician"		No
172	Directions for HC Professionals - Modifyng or Voiding POLST	Tony Chicotel	Delete the instructions, "A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician, based on the known desires of the individual or, if unknown, the individual's best interests.	California law simply does not permit a surrogate to override decisions made previously by a patient when he had capacity.	No - inconsistent with the law
173	Directions for HC Professionals - Modifyng or Voiding POLST	Donna Doty Michalka	In the directions re: Modifying and Voiding POLST, change "A person with capacity can" to "A patient with capacity can"	Avoids any potential confusion that "a person with capacity" could include the decisionmaker, rather than the patient.	Approved

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
174	Directions for HC Professionals	Ron Miller, MD	Add "If there is conflict between the person's advance directive and the POLST, generally the form dated more recently takes precedence"		No
175					
176	**ADDITIONS**				
177	n/a	Susan Ziblatt	Include language that POLST is voluntary.		Approved - added to Directions
178	n/a	Georgia Otterson	Add check box for indicating if an interpreter and/or translated POLST form were used when completing the POLST.		No
179	n/a	George West	Add check box re: certified interpretation; such as, "Certified Translation By ____" with an "N/A" for those patients who do not need translation.	I am concerned that the Joint Commission will have a problem with a patient signing any document that is not in a language that they understand, even with a mirror image document in their own language.	No
180		Documentation Cttee	Add to directions, "Translated form affixed"	Addresses issues above	Approved
181	n/a	Ron Miller, MD	Add patient's social security number and place for medical record number		Discuss - is Office Use box getting used for MR#?
182	n/a	Linda Robinson, Ombudsman	Write in bold letters across the top of the form: This is not an Advance Health Care Directive and does not allow you to appoint a legally authorized decisionmaker. Please complete an Advance Health Care Directive and attach this form as an addendum.		No
183	n/a	Toni Vargas	Add statement, "POLST does not replace the Advance Health Care Directive"		Approved
184	n/a	Kellie Morgantini, CANHR	Add prominent statement that POLST does not replace an AHCD.	CA POLST education program could be promoting POLST as superior to AHCDs. Providers are telling patients that POLSTs are mandatory and have replaced AHCDs. Completion of POLST has been made a condition of admission to some SNFs. Healthy, non-terminal patients are using POLST as their sole advance planning document.	Approved
185	n/a	Linda Robinson, Ombudsman	On bottom of form, change wording to include AHCD: "Send form and AHCD with Person Whenever Transferred or Discharged"		No
186	n/a	Ron Miller, MD	Add statement, "Always attach advance health care directive if there is one, and state how it might be obtained if not presently available."		No
187	n/a	Joanne Hatchett, FNP	"Send form with person whenever transferred or discharged. Copy form to medical record." or in Directions on back side, add final bullet "File a copy of the POLST form in medical record."		Approved (copy in MR) - added to directions
188	n/a	Mark Apfel, et al	Add space for patient to write in a value statement.		No
189	n/a	Ron Miller, MD	Add spaces for "Preferred site of treatment," "Preferred physician," "Preferred nursing home," "Goals of treatment," "Religious or Personal Values and Concerns"		No
190	n/a	Linda Robinson, Ombudsman	Include statement, "Intended for use in the last year of life only"		No

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
191	n/a		Send communication that "These forms are readily available from vendors; plain Pulsar Pink paper should be used to photocopy the POLST form to keep a copy on file when a patient is transferred from one facility to another so that the original will remain with the patient; the POLST form should be treated like it is part of the patient's personal property, so that it remains with the patient, and; a photocopy of the POLST form should be made on Pulsar Pink paper at any facility where the patient is transferred so that it can be included in the patient's chart and be easily identified."	When copied/faxed, pink paper becomes difficult to read; Pulsar Pink paper is not widely available in office supply stores.	No
192		Linda Robinson	Add "POLST is intended for use in the last year of life only."	Some SNFs are completing POLST forms for every resident upon admission. Given the original intent of POLST and hearing about misuse occurring in the SNF, I believe these changes are warranted to protect individual residents' rights.	No - inconsistent with POLST Paradigm
193		Linda Robinson	Add "POLST is not a mandatory document."	Some SNFs are completing POLST forms for every resident upon admission. Given the original intent of POLST and hearing about misuse occurring in the SNF, I believe these changes are warranted to protect individual residents' rights.	No - attempted to address in first bullet of Directions for Health Care Providers
194		Linda Robinson	Add "POLST is not a requirement for admission to a Skilled Nursing Facility."	Some SNFs are completing POLST forms for every resident upon admission. Given the original intent of POLST and hearing about misuse occurring in the SNF, I believe these changes are warranted to protect individual residents' rights.	No; best addressed through education
195					
196	**OTHER**				
197	n/a	Toni Vargas	Suggest the signature be required of the person who has the POLST Conversation, and not just the person completing the form		Discuss - revisit contact info
198	n/a	Linda D'Agati	Add authority of Advance Practice Clinicians as signors		Not at this time - requires change to legislation
199	n/a	Linda Robinson, Ombudsman	Require the POLST be attached to AHCD if one exists	This will ensure that individuals are guaranteed their human rights to execute an AHCD and to express their wishes for health care.	No
200	n/a	Linda Robinson, Ombudsman	Require proof that the individual completing the POLST is legally authorized to do so, by attaching conservatorship papers or AHCD to POLST.	This will eliminate the possibility that unauthorized individuals are completing POLST forms.	No
201	n/a	Linda Robinson, Ombudsman	Unless specifically requested by a resident, prohibit the initiation or use of POLST in LTC facilities.		No
202	n/a	Linda Robinson, Ombudsman	Require facility staff to notify Ombudsman of any completed POLST form.	This will ensure residents' right to participation and self-determination.	No

Comments and Suggested Revisions to the POLST Form
Comment Period: January 1, 2009 through August 9, 2010

	A	B	C	D	E
1	Section of POLST Form	Agency/Individual	Comment/Suggestion	Rationale	POLST Task Force Response
203	n/a	Kellie Morgantini, CANHR	The Probate Code be clarified to state clearly that an AHCD, regardless of the time of its execution, supercedes any conflicting POLST instructions when the POLST is not executed by the patient.	POLST law creates conflict between POLSTs and AHCDs by stating that the most recently completed document prevails, purporting to allow nonpatients to override the previously expressed wishes of patients who may have lost decisionmaking capacity We are afraid that many patients' AHCDs are being replaced by POLSTs singed by third parties that do not accurately reflect the wishes of the patient.	No