



POLICY NO:	540
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EMERGENCY MEDICAL SERVICES

PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST) FORM

- I. PURPOSE: To permit Santa Barbara County Emergency Medical Services personnel to honor valid POLST forms and provide end-of-life care in accordance with a patient's wishes.
- II. AUTHORITY: California Health and Safety Code, Sections 1798 and 7186. California Probate Code, Division 4.7 (Health Care Decisions Law).
- III. DEFINITIONS:
 - A. "EMS Personnel": All EMT-1s, EMT-Ps and RNs caring for prehospital or interfacility transfer patients as part of the Santa Barbara County EMS system.
 - B. Valid Physician Orders for Life-Sustaining Treatment (POLST). A completed and signed physician order form, according to California Probate Code, Division 4.7 and approved by the California Emergency Medical Services Authority.
- IV. POLICY:
 - A. A POLST form must be signed by the patient or surrogate and physician to be valid.
 - B. Although an original POLST form is preferred, a copy or FAX is valid.
 - C. When a valid POLST form is presented, EMS personnel will follow the instructions according to the procedures below.
 - D. The POLST form is intended to supplement, not replace, an existing Advance Health Care Directive. If the POLST form conflicts with the Advance Health Care Directive, the most recent order or instruction of the patient's wishes governs.
- V. PROCEDURE:
 - A. Confirm that:
 - 1. The patient is the person named in the POLST.
 - 2. The POLST form, Section D, is signed by the patient and physician. The form is not valid if not signed by both.

APPROVED:

Handwritten signature of Nancy A. Lapolla in blue ink.

Nancy A. Lapolla, EMS Director

Handwritten signature of Angelo Salvucci in blue ink.

Angelo Salvucci, MD, EMS Medical Director

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- B. POLST form - Section A:
1. If the patient has no pulse and is not breathing AND “Do Not Attempt Resuscitation/DNR” is selected, refer to Santa Barbara EMS Policy 508 – Do Not Resuscitate (DNR).
 2. If the patient has no pulse and is not breathing AND EITHER “Attempt Resuscitation/CPR” is selected OR neither option is selected then begin resuscitation.
- C. POLST Form – Section B: This section applies if the patient has a pulse and/or is breathing.
1. If “**Comfort Measures Only**” is selected, the following treatments may be done as indicated to relieve pain and suffering:
 - a. Patient positioning
 - b. Oxygen
 - c. Airway suctioning
 - d. Relief of airway obstruction (including Magill Forceps)
 - e. Pain control
 2. If “**Limited Additional Interventions**” is selected, in addition to the above “Comfort Measures Only” items, the following treatments may be done as indicated:
 - a. IV fluids
 - b. bag-mask ventilation
 - c. CPAP
 - d. DO NOT INTUBATE

If the “Do Not Transfer to hospital for medical interventions” option is selected, contact the base hospital. Generally the patient will be transported.
 3. If “**Full Treatment**” is selected the patient will be treated with all medically indicated medications and/or procedures. If a patient has selected both “Do Not Attempt Resuscitation/DNR” in Section A and “Full Treatment” in Section B, if the patient is witnessed to go into a shockable rhythm and still has agonal respirations, defibrillate once and begin bag-mask ventilations, but do not begin chest compressions.
- D. If there is any conflict between the written POLST orders and on-scene individuals, contact the base hospital.
- E. Take the POLST form with the patient.
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VI. DOCUMENTATION:

For all cases in which a patient has been treated according to a POLST form, the following documentation is required.

- A. A statement that the orders on a POLST form were followed.
- B. The section of the POLST form that was applicable.