National POLST: Completing POLST Forms in Crisis Standards of Care

COVID-19 is an emergency health crisis declared by public health officials worldwide, in the US and throughout the country at the State and national and local levels. Patients who have a POLST, who may be POLST appropriate but never engaged in advance care planning conversations, or who may be diagnosed with conditions that put them at high risk of dying from COVID-19, should be approached about their treatment wishes and POLST. For many, resource limitations (e.g., ventilator shortages) and the high mortality for older adults infected with COVID-19 may mean the treatment decisions these patients make may apply only to the current health crisis and may change once the crisis abates. In the face of a crisis, responsible health leaders may establish response measures for clinicians that fall outside their normal procedure or protocol. When surge demands exceed the ability of providers to respond normally, this may impact the types of treatments certain affected populations may receive.

POLST forms were created to be dynamic. As currently drafted, POLST forms easily meet the challenges of COVID-19 and treating patients during crisis standards of care. The patient can void their POLST forms at any time.

National POLST encourages facilities to consider the following guidance for completing POLST Forms during surge or crisis standards of care times:

1. Ensure all appropriate staff are educated about having and documenting effective POLST conversations about the patient’s goals of care considering the current diagnosis, prognosis, and treatment options (including risks and benefits), discussion of the crisis standards of care, any unique risks or challenges about transfers to hospitals, and how to complete a POLST form. Resources are available at www.polst.org/covid

2. Be proactive and approach patients who do not have a POLST form about POLST if they are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. See here for additional information and examples of appropriate people to approach about POLST. Make certain that the clinical indicators are used and that age is not a sole criterion.

3. Maintain a master list of all patients who completed a POLST (regardless of whether it was their first POLST or a modification from a previous POLST) during the COVID-19 crisis. After resolution of the crisis, review their POLST forms with these patients and determine if any change in the orders are needed.

4. If the form is completed because of a change from normal to surge or crisis standards, consider ways to document this fact on the form itself and/or to other providers using other medical or chart records. If the form was completed in the context of the COVID-19 threat or its imminent spread, and the orders do not necessarily reflect what the individual would choose under normal conditions, signatories should note it one the form. Two recommendations:

   Recommendation #1: Complete “Additional Orders” Section to Reflect POLST Form was informed by COVID-19

   Writing something similar to “Orders reflect patient’s instruction during crisis standards of care (COVID-19)” to alert future providers that the orders may not be accurate once the crisis standards of care are no longer in effect.

   Recommendation #2: Highlight for Patient Ability to Void Own POLST Form

   All POLST forms can be voided by patients and most clearly say this on the form. Highlight and remind patient they can void their own form by writing “VOID” or destroying the document. Remind patient they must contact any institution or physician who has the form, to let them know the form was voided.