Goals of Care Coalition of New Jersey

Founding Members

Strategic Members

Academic Collaborative
The Steps

Pit falls in end of life care
The Steps

Pit falls in end of life care

1. Diagnosis

2. Treatment
The Steps

Pit falls in end of life care

1. Diagnosis

1. Pneumonia

2. Treatment

2. Antibiotics
The Steps

Pit falls in end of life care

1. Diagnosis

2. Treatment
The Steps

Four-step Model

1. Diagnosis

2. Treatment

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The Steps

Four-step Model

1. Diagnosis

Diagnosis

2. Prognosis

Prognosis

3. Goals of Care

Goals of Care

4. Treatment

Treatment
The Steps

Four-step Model

1. Diagnosis
2. Prognosis
3. Goals of Care
4. Treatment
The Steps

Four-step Model

1. Diagnosis
2. Prognosis
3. Goals of Care
4. Treatment

www.goalsofcare.org

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The Steps

Four-step Model

1. Diagnosis
2. Prognosis
3. Goals of Care
4. Treatment
The Steps

Four-step Model

1. Diagnosis
2. Prognosis
3. Goals of Care
4. Treatment

POLST form
The Steps

Four-step Model

1. Diagnosis
2. Prognosis
3. Goals of Care
4. Treatment
The Steps

Four-step Model

GOALS OF CARE

MEDICAL INTERVENTIONS

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION

CARDIAC/PULMONARY RESUSCITATION (CPR)

AIRWAY MANAGEMENT

SUKETIMES

ATTACHMENT INFORMATION

GOAL OF CARE

PRENATAL CARE

PHYSICAL EXAMINATION

SURGERY

EMERGENCY PLANNING

SPECIMEN COLLECTION

END-OF-LIFE CARE
The Steps

Four-step Model

The Steps

GOALS OF CARE (two reasons for distinction: This section does not constitute a medical order)

A

MEDICAL INTERVENTIONS: Prior to ordering within the policy
1. Full Treatment: Use of appropriate medical and surgical interventions as indicated to support the patient’s life, including hospitalization, comfort, and nutrition.
2. Comfort: Use of interventions to aid in the health of the individual and to control pain and discomfort.
3. Nourishment: Use of appropriate medical nutrition, such as tube feeding and enteral nutrition.
4. Supportive: Use of interventions to aid in the health of the individual and to control pain and discomfort.

B

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: Design for treatment of dehydration, thirst, or thirst and thirst.

C

CARDIOPULMONARY RESUSCITATION (CPR): Design for treatment of dehydration, thirst, or thirst and thirst.

D

AIRWAY MANAGEMENT: Design for treatment of dehydration, thirst, or thirst and thirst.

E

SURGERY: Design for treatment of dehydration, thirst, or thirst and thirst.

F

SURGERY: Design for treatment of dehydration, thirst, or thirst and thirst.

SUBSTITUTE INFORMATION

The patient’s health care representative and/or designated representative is to be informed of the patient’s wishes and to be involved in decision-making processes.

GOALS OF CARE

The patient’s health care representative is to be informed of the patient’s wishes and to be involved in decision-making processes.

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National POLST Paradigm
www.polst.org

National POLST Program Designations
As of October 2019

As of October 2019
- Mature
- Endorsed
- Active
- Unaffiliated
POLST

www.njha/polst.com

NEW JERSEY PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

POLST (Patient-centered, patient-directed, patient-centered) is a medical treatment that prioritizes the patient's preferences and values regarding their care. It is designed to provide guidance for healthcare providers in situations where the patient is unable to communicate their wishes.

POLST forms are filled out by healthcare providers and signed by the patient or their legal representative. They are then electronically stored and can be accessed by healthcare providers at the patient's bedside. This ensures that the patient's wishes are followed even if they are unable to communicate.

The POLST form includes sections for selecting medical interventions, preferences for resuscitation, and goals of care. It also allows for the inclusion of advance directives and other legal documents.

The POLST form is designed to be user-friendly and can be completed in a matter of minutes. It is available in English and Spanish.

For more information, visit www.njha/polst.com

Goals of Care Coalition of New Jersey

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POLST

What is it?

actionable medical orders
POLST

What is it?

actionable medical orders represent end of life choices
actionable medical orders represent end of life choices complement to advance directives
POLST What is it?

Actionable medical orders represent end of life choices complement to advance directives brightly colored format
POLST

What is it?

actionable medical orders represent *end of life* choices complement to advance directives brightly colored format portable across settings
POLST is portable
POLST is portable

hospital

nursing home

© Goals of Care Coalition of New Jersey
POLST is portable

hospital → nursing home → home
POLST is portable
Who is POLST?
POLST

Who is POLST for?

People entering the final years of life
Who is POLST for?

People entering the final years of life

Elders in Nursing Facilities or Assisted Living Facilities
Who is POLST for?

People entering the final years of life

Elders in Nursing Facilities or Assisted Living Facilities

Not For: Healthy Adults

POLST
Who completes it?

Physician, Nurse Practitioner or Physician’s Assistant
Consent for the POLST: patient
Consent for the POLST:
patient (or) surrogate decision maker
Consent for the POLST:
patient (or)
surrogate decision maker

verbal consent by phone is allowed
# Completing POLST

## POLST Form

**MEDICAL INTERVENTIONS:**

- **Resuscitation:** Use of mechanical means to support circulation and respiration by compressing the chest or other means to support the circulation of blood.
- **Intravenous Fluids:** Use of fluids through a vein to support circulation and maintain blood pressure.
- **Arterial Catheter:** Use of a catheter inserted into an artery to monitor blood pressure and other vital signs.
- **Sedation:** Use of medication to reduce consciousness or prevent the need for painful procedures.
- **Nutrition:** Administration of food or fluids through a feeding tube or other method to support nutrition.

**PAIN MANAGEMENT:**

- **Opioids:** Use of opioid medication to control pain.
- **Non-opioid Pain Medication:** Use of non-opioid medication to control pain.
- **Analgesics:** Use of medication to reduce pain without sedation.

**CONSUMER INFORMATION:**

- **Advance Directive:** A document that specifies your wishes regarding medical care and treatment in the event of incapacity or a terminal illness.
- **Power of Attorney:** A legal document that appoints a person to make decisions on your behalf if you are unable to do so.
- **Living Will:** A legal document that specifies your wishes regarding medical treatment if you are unable to communicate your preferences.

**SIGNATURES:**

- **Patient:** A person who signs a document to indicate agreement with its contents.
- **Healthcare Proxy:** A person appointed by the patient to make medical decisions on their behalf.
- **Witness:** A person who verifies the signatures and contents of a document.

**IMPORTANT INFORMATION:**

- **Date:** The date on which the form was completed.
- **Signature:** The signature of the person completing the form.
- **Witness Signature:** The signature of the person witnessing the completion of the form.

**GOALS OF CARE:**

- **Palliative Care:** Care that focuses on relieving symptoms and improving quality of life for people with a serious illness.
- **Comfort Care:** Care that provides comfort and relief from pain and other distressing symptoms.
- **Do Not Resuscitate (DNR):** A directive that instructs healthcare providers not to perform CPR or other life-sustaining interventions.

**CONSIDERATIONS:**

- **Patient’s Preferences:** The patient’s wishes regarding medical care and treatment.
- **Family and Friends:** The opinions and preferences of the patient’s family and friends.
- **Cultural and Religious Beliefs:** The patient’s cultural and religious beliefs that may influence their care.

**RECORDS:**

- **Healthcare Providers:** Healthcare providers who have been involved in the patient’s care.
- **Facilities:** Facilities where the patient receives care.

**TRANSMISSION:**

- **Electronic:** Transmission of the form electronically.
- **Hard Copy:** Transmission of the form in a paper format.

**FOLLOW-UP:**

- **Review:** Regular review of the form to ensure it remains up-to-date and reflects the patient’s current wishes.
- **Update:** Updating the form as necessary to reflect changes in the patient’s condition or preferences.
Completing polst
Completing polst

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

NEW JERSEY PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

Follow these orders, then contact physician/APN/PA. This Medical Order Sheet is based on the current medical condition of the person referenced below and their wishes stated verbally or in a written advance directive. Any section not completed implies full treatment for that section. Everyone will be treated with dignity and respect.

Person’s Name (last, first, middle)  Date of Birth

Print Person’s Address
Completing polst

To remain independent
Completing polst

To have a peaceful death
POLST

MEDICAL INTERVENTIONS  Person is breathing and/or has a pulse

☐ Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated. See section D for resuscitation status.

☐ Limited Treatment. Use appropriate medical treatment such as antibiotics and IV fluids as indicated. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ Transfer to hospital for medical interventions.  ☐ Transfer to hospital only if comfort needs cannot be met in current location.

☐ Symptom Treatment Only. Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, wound care and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location.

Additional Orders:
MEDICAL INTERVENTIONS  Person is breathing and/or has a pulse

- Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated. See section D for resuscitation status.
- Limited Treatment. Use appropriate medical treatment such as antibiotics and IV fluids as indicated. May use non-invasive positive airway pressure. Generally avoid intensive care.
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Additional Orders:
POLST

Completing polst

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Completing polst

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Additional Orders:
### ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>No artificial nutrition</td>
</tr>
<tr>
<td>Long-term artificial nutrition</td>
</tr>
<tr>
<td>Defined trial period of artificial nutrition</td>
</tr>
</tbody>
</table>

**Always offer food/fluids by mouth, if feasible and desired.**

### MEDICAL INTERVENTIONS

- **A.** Patient is breathing and/or has a pulse
- **B.** patient is not breathing and/or has no pulse
- **C.** Patient is breathing and/or has a pulse (whether intubated or not)
- **D.** Patient is not breathing and/or has no pulse (whether intubated or not)

**A.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**B.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**C.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**D.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**E.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**F.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**G.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**H.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**I.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**J.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**K.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**L.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**M.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**N.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**O.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**P.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**Q.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**R.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**S.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**T.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**U.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**V.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**W.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**X.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**Y.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse

**Z.**

- **C.**
  - **MEDICAL INTERVENTIONS:** Patient is breathing and/or has a pulse
  - **B.** Patient is normally awake and able to communicate
  - **A.** Patient is not breathing and/or has no pulse
## POLST

**Completing polst**

<table>
<thead>
<tr>
<th><strong>CARDIOPULMONARY RESUSCITATION (CPR)</strong></th>
<th><strong>AIRWAY MANAGEMENT</strong> Person is in respiratory distress with a pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person has no pulse and/or is not breathing</td>
<td>Intubate/use artificial ventilation as needed</td>
</tr>
<tr>
<td>Attempt resuscitation/CPR</td>
<td>Do not intubate - Use O₂, manual treatment to relieve airway obstruction, medications for comfort</td>
</tr>
<tr>
<td>Do not attempt resuscitation/DNAR</td>
<td>Additional Order (for example defined trial period of mechanical ventilation)</td>
</tr>
<tr>
<td>Allow Natural Death</td>
<td>Additional Order (for example defined trial period of mechanical ventilation)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PERSONAL INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: John Doe</td>
</tr>
<tr>
<td>Address: 123 Main St</td>
</tr>
<tr>
<td>City: New York</td>
</tr>
<tr>
<td>State: NY</td>
</tr>
<tr>
<td>Zip: 10001</td>
</tr>
<tr>
<td>Date of Birth: 01/01/1980</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>AUTHORIZED PROFESSIONAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Jane Smith</td>
</tr>
<tr>
<td>Signature: John Doe</td>
</tr>
<tr>
<td>Date: 01/01/2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>GRIEVANCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Mike Brown</td>
</tr>
<tr>
<td>Address: 111 Main St</td>
</tr>
<tr>
<td>City: Chicago</td>
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</tbody>
</table>

<table>
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<tr>
<th><strong>CORRELATIVE INFORMATION</strong></th>
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</thead>
<tbody>
<tr>
<td>Diagnosis: COPD</td>
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<tr>
<td>Treatment: Oxygen Therapy</td>
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<table>
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<tr>
<th><strong>HIPAA PRIVACY DISCLOSURE</strong></th>
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</thead>
<tbody>
<tr>
<td>Name: John Doe</td>
</tr>
<tr>
<td>Address: 123 Main St</td>
</tr>
<tr>
<td>City: New York</td>
</tr>
<tr>
<td>State: NY</td>
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<tr>
<td>Zip: 10001</td>
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48
E If I lose my decision-making capacity, I authorize my surrogate decision-maker, listed below, to modify or revoke the NJ POLST orders in consultation with my treating physician/APN/PA in keeping with my goals: ☐ Yes ☐ No

SIGNATURES: 

[Signature]

Date: [Date]

[Institution’s Name]

[Institution’s Address]

[Institution’s City, State, Zip]

[Institution’s Website]

[Institution’s Phone Number]

[Institution’s Email Address]

[Institution’s Fax Number]

[Institution’s Department]

[Institution’s Contact Person]

[Institution’s Signature]

[Institution’s Position]

[Institution’s Relationship to Patient]

[Institution’s Contact Information]

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SIGNATURES
I have discussed this information with my physician/APN/PA

Has the person named above made an anatomical gift:
- Yes
- No
- Unknown

These orders are consistent with the person’s medical condition, known preferences and best known information.

Print Name

Signature

☐ Person Named Above  ☐ Spouse/Civil Union Partner
☐ Health Care Representative/ ☐ Parent of Minor
Legal Guardian ☐ Other Surrogate

PRINT - Physician/APN/PA Name

Physician/APN/PA Signature (Mandatory)

Professional License Number
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SEND ORIGINAL FORM WITH PERSON, WHenever transferred
What should you do next?
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go.yourcareplan.com
Must be signed by two parties to be valid

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Must be signed by two parties to be valid
Thank You