

## National POLST: Long-Term Care Facility Guidance for POLST & COVID-19

COVID-19 is a threat to our society, with the frail and elder nursing home population at the most risk. National POLST is encouraging all facilities that currently or may want to use POLST to develop an approach that is easily operational, is broadly communicated so as to reduce stress and confusion, and identifies resident goals of care and prevents providing treatment that is inconsistent with those wishes.

For residents without POLST, National POLST recommends offering to discuss a POLST with residents who are appropriate. Facility policy must include that all appropriate staff are given some guidance about having and documenting effective POLST conversations, how to complete a POLST form and communicate with provider for verbal orders or signatures.

For residents who have POLST forms with (terminology varies by state) “comfort measures” or “comfort-focused” treatment, or with “limited” or “select” treatment chosen who face serious illness from COVID-19, facilities should consider the following:

1. Review goals of care documented on current POLST form with residents and/or their surrogates, specifically discussing the potential risks and benefits of treatments in light of COVID-19, and revise the POLST form if desired by resident.
2. Determine if the facility is able to effectively manage symptoms for residents with COVID-19 who would prefer to avoid hospitalization. Review and possibly have separate policies to support allowing residents to stay in place or, if impossible, how the facility’s need to transfer resident to hospital will be communicated to residents and their family. Check with the hospital before transferring a resident.
3. Determine how the medical director and facility would apply any POLST orders for a resident who contracts COVID-19 and wants either comfort measures or limited interventions in Section B.
4. Review and confirm facility policy for verbal/telephone orders (should be signed by appropriate provider ASAP).
5. If the judgment is that these POLST orders would mean that residents would not be sent to the hospital in the event of respiratory failure from COVID-19, it would be helpful to convey this understanding to residents with decisional capacity and/or to the legal decision-maker of incapable residents.
6. How facilities who may not be able to allow families to be present for residents at the end of life due to visitor restrictions will manage this communication or provide accommodation for this situation.
7. The facility and medical staff should be prepared for the education and discussion that might follow.

### Reminders about POLST:

- **WHAT:** POLST a set of portable medical orders documenting a person’s wishes for advanced medical care (or not), arrived at through a shared-decision making discussion with a provider. There are 16 names for POLST (MOLST, MOST, POST, etc.) so your state may use call it something else (see [www.polst.org/map](http://www.polst.org/map), bottom of the page). Read more: Overview of POLST.
- **WHO:** POLST is appropriate for patients who 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](#). **NOTE:** Even if the resident falls within this definition, their medical condition or treatment preferences may be too complex for POLST. POLST forms are intended to help the majority of patients in this population.
- **HOW:** The patient and his/her health care professional discuss the patient’s goals of care considering the current diagnosis, prognosis, and treatment options (including risks and benefits) and then make decisions about the patient’s goal of treatment and what treatments he/she would want to receive right now if something happened.
- **OTHER IMPORTANT NOTES:**
  - POLST is always voluntary. Mandating completion violates patient self-determination, informed consent and principles of person and family-centered care.
  - In almost all states physicians, nurse practitioners, and physician assistants may sign a POLST form. [See what applies in your state](#).