

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure # P-I-04

SUBJECT: END-OF-LIFE DECISION MAKING

POLICY: The Health Services Section recognizes the importance of individuals having the opportunity to outline medical treatment options they would exercise in end-of-life situations and/or to specify individuals who can make end-of-life care decisions on their behalf. An opportunity to execute advance directives, inclusive of education, will be provided to inmates approaching the end of life.

REFERENCE: NCCHC Standard P-I-04
OAR 291-124
ORS 127
Health Services P&P P-G-12, Care for the Terminally Ill/Hospice

PROCEDURE:

- A. Inmates will be encouraged by health care staff during clinic encounters to consider advance directive while they are still capable of making decisions and before the effects of illness or disease have reduced their capacity to consider the benefits, burdens, and risks of alternative treatments.
- B. As part of the process discussed in A, inmates are informed about the diagnosis, prognosis, and care options, the consequences of choosing an advance directive, and the availability of palliative care and hospice services.
- C. Any language and/or cultural barrier will be addressed before discussion and execution of advance directives occurs.
- D. The booklet *Making Health Care Decisions: A Summary of Oregon's Advance Directive Law* follows the Oregon Law on advance directives and will be utilized by inmates executing an advance directive. Provisions of OAR 291-124 will be followed relating to designation of health care proxies.
- E. Inmates who are diagnosed with a terminal illness or are approaching the end of life, will receive assistance through religious services to execute the actual advance directive.
- F. As part of the treatment plan for inmates with serious health conditions, physicians will utilize the *Physician Orders for Life-Sustaining Treatment (POLST)* form to specify what types of life-sustaining treatments will be utilized.

End-of-Life Decision Making

- G. POLST forms are reviewed on a regular basis by the physician and patient and updated if the inmate is transferred from one care setting or care level to another; there is a substantial change in health status; and/or as patient treatment preferences change.
- H. A current completed copy of *Making Health Care Decisions: A Summary of Oregon's Advance Directive Law* and the original *Physician Orders for Life-Sustaining Treatment (POLST)* will be filed in the inmate's health care record.
- I. Terminal inmates may be transferred to facilities with infirmaries and/or end-of-life care programs.
- J. Health care staff will receive regular in-service presentations on end-of-life issues and care.

Effective Date: _____

Revision date: November 2006

Supersedes P&P dated: April 2005

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED		
<p style="text-align: center;">Physician Orders for Life-Sustaining Treatment (POLST)</p> <p>This is a Physician Order Sheet. It is based on patient/resident medical condition and wishes. It summarizes any Advance Directive. Any section not completed indicates full treatment for that section. When the need occurs, <u>first</u> follow these orders, <u>then</u> contact physician.</p>	Last Name of Patient/Resident <hr/> First Name/Middle Initial of Patient/Resident <hr/> Patient/Resident Date of Birth <hr/>	
Section A	RESUSCITATION. Patient/resident has no pulse <u>and</u> is not breathing.	
<small>Check One Box Only</small>	<input type="checkbox"/> Resuscitate <input type="checkbox"/> Do Not Resuscitate (DNR)	When not in cardiopulmonary arrest, follow orders in Sections B, C and D.
Section B	MEDICAL INTERVENTIONS. Patient/resident has pulse <u>and/or</u> is breathing.	
<small>Check One Box Only</small>	<input type="checkbox"/> Comfort Measures Only. The patient/resident is treated with dignity, respect and kept clean, warm and dry. Reasonable measures are made to offer food and fluids by mouth, and attention is paid to hygiene. Medication, positioning, wound care and other measures are used to relieve pain and suffering. Oxygen, suction and manual treatment of airway obstruction may be used as needed for comfort. These measures are to be used where the patient/resident lives. The patient/resident is not to be hospitalized unless comfort measures fail.	
	<input type="checkbox"/> Limited Additional Interventions. Includes care above. May include cardiac monitor and oral/IV medications. Transfer to hospital if indicated, but no endotracheal intubation or long term life support measures. Usually no intensive care.	
	<input type="checkbox"/> Full Treatment. Includes care above plus endotracheal intubation and cardioversion.	Other Instructions: _____
Section C	ANTIBIOTICS. Comfort measures are always provided.	
<small>Check One Box Only</small>	<input type="checkbox"/> No antibiotics <input type="checkbox"/> Antibiotics	Other Instructions: _____
Section D	ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION. Comfort measures are always provided.	
<small>Check One Box Only</small>	<input type="checkbox"/> No feeding tube/IV fluids <input type="checkbox"/> Defined trial period of feeding tube/IV fluids <input type="checkbox"/> Long term feeding tube/IV fluids	Other Instructions: _____
Section E	Discussed with: <input type="checkbox"/> Patient/Resident <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Other:	Summarize Medical Condition
	Physician/ Nurse Practitioner Name (print)	Physician/ NP Phone Number DAY: EVE:
	Physician/ NP Signature (mandatory)	Date
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THIS IS A BRIGHT PINK FORM – THIS IS THE BACK SIDE

SEND FORM WITH PATIENT/RESIDENT WHENEVER TRANSFERRED OR DISCHARGED

When This Form Should Be Reviewed

This form (POLST) should be reviewed periodically and if:

- ◆ The patient/resident is transferred from one care setting or care level to another, or
- ◆ There is a substantial change in patient/resident health status, or
- ◆ The patient/resident treatment preferences change.

How to Complete the Form Review

1. Review **Sections A through F**.
2. Complete **Section G**.

If this form is to be voided, write "VOID" in large letters on the front of the form.

After voiding form, a new form may be completed.

If no new form is completed, full treatment and resuscitation may be provided.

Section F	Patient/Resident (Parent of Minor Child) Preferences as a Guide for this POLST Form									
	<p>I have given significant thought to life-sustaining treatment. I expressed my preferences to my physician and/or health care provider(s). This document reflects my treatment preferences. The following have further information regarding my preferences:</p> <p style="text-align: center;"> Advance Directive <input type="checkbox"/> NO <input type="checkbox"/> YES Court-Appointed Guardian <input type="checkbox"/> NO <input type="checkbox"/> YES </p> <p>Please review these orders if there is substantial change in my health status such as:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Close to death</td> <td style="width: 33%;">Improved condition</td> <td style="width: 33%;">Advanced progressive illness</td> </tr> <tr> <td>Extraordinary suffering</td> <td></td> <td>Permanent unconsciousness</td> </tr> </table>				Close to death	Improved condition	Advanced progressive illness	Extraordinary suffering		Permanent unconsciousness
	Close to death	Improved condition	Advanced progressive illness							
	Extraordinary suffering		Permanent unconsciousness							
Signature of Patient/Resident, Parent of Minor, or Guardian/Health Care Representative (optional)										
Signature of Person Preparing Form		Preparer Name (print)		Date Prepared						
Section G	Review of this POLST Form									
	Date	Reviewer	Location of Review	Outcome of Review						
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, <i>no</i> new form						
				<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, <i>no</i> new form						
			<input type="checkbox"/> No change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, <i>no</i> new form							

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