

<b>Policy Title:</b> ILLINOIS POLST forms and Advance Directive Guidelines			<b>No.</b> D - 5
<b>Board approval:</b> 11/10/16	<b>Effective:</b> 12/1/16	<b>Supersedes:</b> 1/30/15	<b>Page:</b> 1 of 9

**References:** Public Act 094-0865 that amends the EMS Act and others with respect to DNR orders; EMS Rules; Section 515.380 (Sept 18, 2008); Public Act 096-0765 The Health Care Surrogate Act (1/1/10); Illinois POLST form updated May 2016; Public Act 099-0328 The Illinois Power of Attorney Act (1/1/16).

Disclaimer: If Federal or State laws that impact Advance Directives and/or ILLINOIS POLST orders change prior to this policy being amended or they appear to be inconsistent or in conflict with any provisions of this policy, the statutory language or State Directives shall prevail.

## I. POLICY

- A. **Resuscitation shall be attempted on all patients in cardiac and/or respiratory arrest, except in those situation described in this policy.**
- B. "Emergency medical services should be available to all persons in need, including terminally ill patients who (may or may not) need to be transported to the hospital for palliative care. Prehospital care providers require a means to honor patient directives to limit intubation and avoid application of cardiopulmonary resuscitation (CPR). Requests to limit resuscitation will confront the provider in many forms. Written Do-not-resuscitate (DNR) orders, living wills, clear and unequivocal family requests, and a relative's impulsively expressed reservations about life support will be encountered. Acceptable directives must guarantee that withholding resuscitation would reflect the informed wishes of competent patients" (NAEMSP, 1993).
- C. **Decisional adults have the right to make decisions regarding their healthcare.** Illinois courts have ruled that this right should not be lost when a person becomes unable to make their own decisions. Decisional adults may accept or refuse medical care after they have been informed about treatment alternatives and the risks and benefits of each alternative. The law requires that they be informed of the availability of advance directives to help assure that their wishes are carried out even if they are no longer capable of making or communicating their decisions.
- D. The decision to accept and/or withhold resuscitative and/or life-sustaining interventions is the result of a responsible medical, legal, and ethical process with respect for the patient's right to privacy and self-determination. **It is acceptable to withhold or withdraw resuscitative and/or life sustaining interventions in the event a patient is terminally ill, when death will occur in a reasonably short period of time, or for whom treatment would be virtually futile or prolong the act of dying and the patient has a valid IDPH POLST form.** These patients are in the process of dying and **DO NOT** meet the criteria listed in the Triple Zero Policy.
- E. A valid ILLINOIS POLST Form should be honored unless compelling circumstances arise and an on-line medical control (OLMC) physician directs EMS personnel to resuscitate.
- F. An ILLINOIS POLST Form does not mean the abandonment of appropriate care that the patient perceives as desirable. All patients are to receive medical care as indicated on the form, and required by their condition per SOP and/or OLMC.
- G. If at any time it is unclear if this policy applies, begin BLS treatment and contact OLMC for orders. If communication with OLMC is impossible, begin treatment per SOPs and transport as soon as possible.

## II. Circumstances under which resuscitation may be **WITHHELD** and/or **WITHDRAWN**

- A. The patient has been declared dead by a coroner, medical examiner, or a physician.
- B. **There are explicit signs of long-term biological death (Triple zero).**
  1. These signs include decapitation, thoracic/abdominal transection, rigor mortis without profound hypothermia, profound dependent lividity, decomposition, frozen state, or other signs that establish long-term biological death.

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2. For such patients, follow the Triple Zero policy and thoroughly document the surrounding circumstances and the signs of biological death on the EMS patient care report.
3. If required, notify the coroner or Medical Examiner's office according to System Policy M-4: Medical Examiner/Coroner Guidelines.
4. If there is any question regarding the appropriateness of withholding or withdrawing medical care in such circumstances, **begin treatment and contact OLMC immediately for orders.**

C. **When instructed by an OLMC physician to withhold or withdraw medical care.**

1. In certain circumstances, a medical control physician can order further treatment to be withdrawn or withheld from a patient. This may occur, for example, when the patient remains in persistent monitored asystole after resuscitation per SOP or a question arises as to whether the patient's care is governed by an Illinois POLST form or other valid DNR order. Medical control should be notified and, depending on the circumstances, may order further treatment withheld or withdrawn.
2. In these situations, thoroughly document the circumstances surrounding the call, describe the treatment withheld or withdrawn, along with the name of the medical control physician, and the time resuscitation was discontinued.

D. **When presented with a valid Illinois POLST form.**


### III. ILLINOIS POLST Form and Orders

- A. The Illinois POLST form can be used to create a practitioner generated order that reflects an individual's wishes about receiving *cardiopulmonary resuscitation (CPR) and other treatments such as medical interventions and artificial administered nutrition*. It allows an individual, in consultation with his or her health care practitioner, to make advance decisions about CPR and other care wishes.
- B. The following EMS System members are authorized to honor a valid ILLINOIS POLST order: EMT; Paramedic; Prehospital RN; ECRN; ED physicians.
- C. The 2016 POLST form is the 6<sup>th</sup> edition in a series of IDPH DNR / POLST forms:
  1. 2000: 1<sup>st</sup> Illinois out of hospital DNR "orange form." Only for EMS, the DNR order had to be rewritten at each new facility.
  2. 2005: IDPH Uniform **DNR Order form** - applied to all facilities and a patient only needed one form.
  3. 2006: Some facilities confused if form had to be used for every in-hospital DNR order (it did not), so it was renamed the IDPH Uniform **DNR Advance Directive**.
  4. 2013: Still called the IDPH DNR Advance Directive, but used the **shorthand POLST** since it used the POLST "paradigm" for life-threatening emergencies but required a physician's signature.
  5. 2015 IDPH DNR/POLST form. POLST redefined to stand for "**Practitioner Orders for Life-Sustaining Treatment**" and expanded the types of practitioners that could authorize an order.
  6. **2016 Illinois POLST:** Updated by IDPH in May to remove "DNR" from the title of the form and from around the form border; care options redefined; modified to align with national POLST standards used in other states. Since the POLST form allows patients to indicate whether they accept or refuse CPR, it is no longer possible to equate the mere existence of the form with a DNR choice.

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- D. **Validity of form editions:** Some persons may still have older versions of the form. **A valid, completed form does not expire.** When a new form is created, it voids past forms. Follow instructions on the form with the most recent date. EMS is not responsible for investigating the presence of other forms or validating the accuracy of the form presented - assume the form presented is truthful.
- E. **FORM IS VOLUNTARY:** This form cannot be required of any patient, and is completely voluntary.
- F. **Intended population:** Persons of any age for whom death within the next year would not be unexpected. This includes those with advanced illness or frailty. An ILLINOIS POLST form is NOT intended for persons with chronic, stable disability. Such individuals should not be mistaken for having an end-of-life illness. An ILLINOIS POLST form would only be appropriate if their health deteriorates such that death within a year would not be unexpected.
- G. **PURPOSE:** Designed to honor the freedom of persons with advanced illness or frailty to have or to limit treatment across settings of care. It allows them to choose all possible life-sustaining treatment, limited life sustaining interventions, or comfort care only. Comfort measures are always provided no matter what other choices patients make.
- H. **When to complete:** ILLINOIS POLST forms are completed after patients discuss their preferences with health care practitioner who can explain to them what may happen if different treatments are tried. The form serves as a guide for these discussions related to each person's unique medical condition and goals.
- I. **The completed form is an actionable medical order:** Health care providers and professionals are required by law to honor treatment choices shown on a ILLINOIS POLST form. It provides an immediate guide for EMS and hospital staff about whether to even begin resuscitative and/or life-supporting care.
- J. **The Form should travel with patient at all times:** The form is intended to be honored across various settings, including hospitals, nursing homes, licensed long-term care facilities, with hospice and home-care patients, and by EMS personnel.
- K. **Original or copy:** The person does NOT need the original form – all copies of a valid form are also valid. It may be printed on any color paper.
- L. **COMPONENTS OF A VALID ILLINOIS POLST FORM**

1. Patient name; DOB; gender; and address

HIPAA PERMITS DISCLOSURE OF DNR/POLST TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT				
IDPH DNR/POLST	 <b>State of Illinois</b> Illinois Department of Public Health		<b>DO-NOT-RESUSCITATE (DNR)/PRACTITIONER ORDERS          FOR LIFE-SUSTAINING TREATMENT (POLST) FORM</b>	IDPH DNR/POLST
	For patients, use of this form is completely voluntary. Follow these orders until changed. These medical orders are based on the patient's medical condition and preferences. Any section not completed does not invalidate the form and implies initiating all treatment for that section. With significant change of condition new orders may need to be written.		Patient Last Name   Patient First Name   MI	
	Date of Birth (mm/dd/yy)   Gender <input type="checkbox"/> M <input type="checkbox"/> F			
	Address (street/city/state/ZIPcode)			

2. **Section "A": Cardiopulmonary Resuscitation:** Must have one of the boxes selected for EMS purposes.

IDPH	<b>A</b> Check One	<b>CARDIOPULMONARY RESUSCITATION (CPR)</b> If patient has no pulse and is not breathing.	
		<input type="checkbox"/> Attempt Resuscitation/CPR (Selecting CPR means Full Treatment in Section B is selected)	<input type="checkbox"/> Do Not Attempt Resuscitation/DNR
		<b>When not in cardiopulmonary arrest, follow orders B and C.</b>	



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b. Provides clear direction to avoid contested care as happened in Terri Schiavo case in Florida

c. For patients with TPN/tube feedings needing transport, contact OLMC.

5. **Section D: Documentation of Discussion: Consent** from Patient or Legal Representative. Evidence of consent by one of the following:

IDPH POLST	<b>D</b>	<b>DOCUMENTATION OF DISCUSSION</b> (Check all appropriate boxes below)		IDPH POLST
		<input type="checkbox"/> Patient <span style="margin-left: 100px;"><input type="checkbox"/> Agent under health care power of attorney</span> <input type="checkbox"/> Parent of minor <span style="margin-left: 100px;"><input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list)</span>		
		<b>Signature of Patient or Legal Representative</b>		
		Signature (required)	Name (print)      Date	
IDPH POLST	<b>D</b>	<b>Signature of Witness to Consent</b> (Witness required for a valid form)		IDPH POLST
		I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.		
		<b>Signature of Witness to Consent</b>		
		Signature (required)	Name (print)      Date	

a. Signature of the patient

b. Signature of person legally authorized to act on that person's behalf such the individual's legal guardian, agent under a power of attorney for health care or a surrogate decision maker. *Priority order under Surrogate Act*

- (1) Patient's guardian of person
- (2) Patient's spouse or partner of a registered civil union
- (3) Adult child
- (4) Parent
- (5) Adult sibling
- (6) Adult grandchild
- (7) A close friend of the patient
- (8) Patient's guardian of the estate

c. A parent or legal guardian typically may consent to a DNR order for a minor. Emancipated minors may consent to a DNR order.

d. Signature of **ONE witness** 18 years of age or older, who attests that the individual, other person, guardian, agent, or surrogate (1) has had an opportunity to read the form; and (2) has signed the form or acknowledged his or her signature or mark on the form in the witness's presence. The only restriction is that the witness cannot be the "Primary Care Giver". The primary care giver is the practitioner that is directing the patient's care. All other medical personnel are carrying out the practitioners orders so can witness the form if needed. Witnesses may be a family member, friend, health-care worker or other competent adult.

6. **Section E: Signature of Practitioner:** Name and signature of the authorized practitioner. Practitioners authorized to sign form: Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), medical residents (≥ 2nd year). Temporary verbal orders signed by an RN are acceptable.

IDPH POLST	<b>E</b>	<b>Signature of Authorized Practitioner</b> (physician, licensed resident (second year or higher), advanced practice nurse or physician assistant)		IDPH POLST
		My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient's medical condition and preferences.		
		<b>Print Authorized Practitioner Name (required)</b>		
		Authorized Practitioner Signature (required)	Phone ( ) _____ - _____ Date (required)	
Form Revision Date - April 2016		(Prior form versions are also valid.)		Page 1
SEND A COPY OF FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED • COPY ON ANY COLOR OF PAPER IS ACCEPTABLE • 2016				

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**Effective date:** The validity of an order will not expire unless modified or revoked at any time by the maker.

7. All other information is optional.
8. **If any of the required elements are missing or not completed in compliance with the Act, the order IS NOT VALID for EMS use. Call OLMC for direction.** The order IS valid if the back or second page of the form has not been completed.
9. **Elements present in another format:** If presented with a document that contains all the mandatory elements, but it is written on something other than the IDPH ILLINOIS POLST Form, contact OLMC for orders.
10. **No verbal DNR orders will be honored** by EMS personnel unless the patient's personal practitioner or coroner/medical examiner is present and has declared the patient dead. Document this information in the comments section on the patient care report.

#### M. IMPLEMENTING an ILLINOIS POLST ORDER

1. Assess the patient to determine their medical condition and need to have the Order invoked. If the patient has an intervening condition causing death that is not related to the terminal illness or condition, e.g., choking or trauma, begin care per SOP.
2. Make a reasonable attempt to **verify the identity of the patient** named in the ILLINOIS POLST form, e.g., identification by another person or I.D.
3. **Determine if the ILLINOIS POLST order contains all of the required elements.** If not, begin resuscitation. "A health care provider may presume, in the absence of knowledge to the contrary, that a completed Illinois POLST form or a copy of that form indicating Do NOT attempt resuscitation is a valid DNR Order". If there is any doubt as to the validity of a DNR order, begin BLS treatment and contact OLMC as soon as possible.
4. Document the circumstances surrounding the use of the form and attach a copy to the EMS patient care report left at the receiving facility if possible. If impossible, record the following information from the ILLINOIS POLST form in the comments section of the PCR: practitioner's name; the effective date of the order; the name of the one giving consent and their relationship to the patient, if known; and the name of the witness. Include the nature of the terminal illness and the person who presented the order to EMS responders.
5. **If resuscitation is already in process** when a ILLINOIS POLST order is produced that indicates Do Not Resuscitate, temporarily continue resuscitation, confirm that all required elements are present, and contact OLMC for instructions. Medical control should authorize cessation of all resuscitation.
6. If death occurs during transport and a valid ILLINOIS POLST order was produced that indicates Do Not Resuscitate, honor the Order and contact OLMC for further instructions.
7. **If a person on the scene disputes an ILLINOIS POLST order:** Determine if they have durable power of attorney for healthcare for the individual and if they had provided consent to the ILLINOIS POLST order as the designated surrogate.
  - a. **If yes**, this person has a duty to base decisions on the patient's values and wishes and they may revoke the order.
  - b. **If no**, contact OLMC immediately and inform them of the dispute. Family members or significant others who do not have the designation of agent or



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surrogate have no standing to overrule the ILLINOIS POLST Order. Follow the direction of OLMC in situations of dispute.

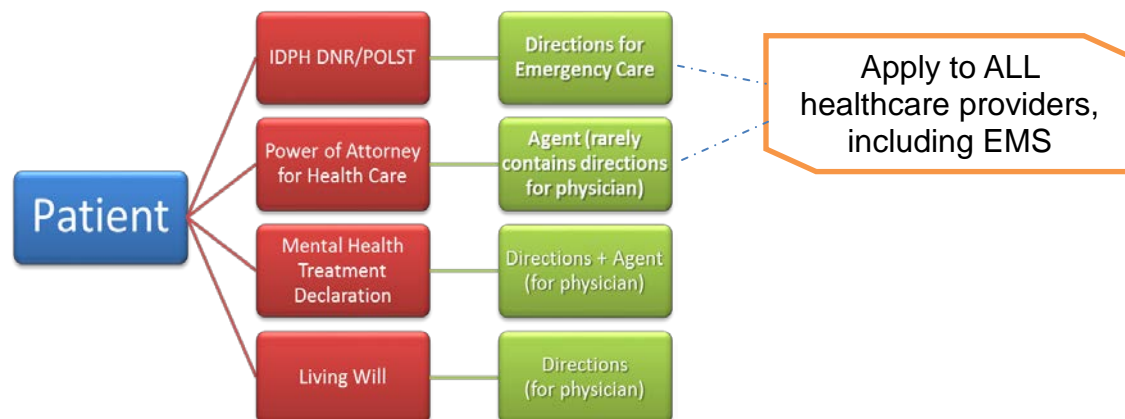
8. If appropriate, notify the coroner/medical examiner according to System Policy M-5.

N. **Voiding or revoking a ILLINOIS POLST form**

1. An ILLINOIS POLST form can be revoked or changed by a patient with decisional capacity or the agent that consented to the order at any time.
2. Changing, modifying or revising an ILLINOIS POLST form requires completion of a new form.
3. Draw a line through sections A and B and write "VOID" in large letters if any ILLINOIS POLST form is replaced or becomes invalid.
4. Beneath the written "VOID" write in the date of change and re-sign.
5. If included in an electronic medical record, follow all voiding procedures of the facility.

O. **Professional immunity for implementing a DNR order:**

Subsection (d) of Section 65 of the Health Care Surrogate Act, 755 ILCS 40/65, provides: "A health care professional or health care provider may presume, in the absence of knowledge to the contrary, that a completed Department of Public Health Uniform DNR Order or a copy of that form is a valid DNR Order. A health care professional or health care provider, or an employee of a health care professional or health care provider, who in good faith complies with a do-not-resuscitate order made in accordance with this Act is not, as a result of that compliance, subject to any criminal or civil liability, except for willful and wanton misconduct, and may not be found to have committed an act of unprofessional conduct."



IV. **DURABLE POWER of ATTORNEY (POA) for HEALTH CARE Designation**

- A. Since 1987, Illinois law has allowed persons to appoint an "agent" or "attorney in fact" to act on their behalf in making medical care decisions for them (principal) in the event that they are unable to make their own medical decisions.
- B. An agent can be anyone other than the patient's physician and is appointed by the patient via a document called a "**Durable Power of Attorney for Health Care**". One does not need an attorney to execute this form, nor does it have to be notarized. The Illinois Durable Power of Attorney Act recognizes the right of individuals to control all aspect of their personal care and medical treatment including the right to decline medical treatment or to direct that it be withdrawn, even if refusal of care will result in death.

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- C. The Act states that the **right of an individual to decide about their personal care overrides the obligation of the physician and other health care providers to render care or to preserve life** and health. The power given to the agent may be as broad or narrow as the patient wishes. The standard form grants the agent medical decision-making power that the patient may limit. The law does not require use of this particular form.
- D. Other than withholding resuscitation, a POA may make choices re: refusal of treatment or hospital preference.
- E. The POA's ability to make decisions can be designated to begin at any time the patient chooses. They do not have to be in a terminal condition, unlike a Living Will.
- F. If both documents are executed, a Durable Power of Attorney supersedes a Living Will.
- G. **Generally, a POA has no authority if the patient is alert and is able to communicate their wishes:** If the patient is alert and consents to treatment, continue to treat them, even if thereafter they are unable to communicate with you. In such situations, the health care agent has no authority over the treatment of the patient.
- H. **If someone claims to hold a POA for healthcare decisions, follow these guidelines:**
  - 1. Begin treatment of the patient per SOPs. Immediately inform OLMC that a health care agent for the patient is present. Follow all orders of the OLMC physician, even if such orders contradict the instructions being given by the "agent".
  - 2. As soon as is practical, ask the agent for the Illinois Statutory POA for Health Care form (2016). The form should be complete, including:
    - a. Patient's (principal's) name and address;
    - b. Agent's name and address;
    - c. Date of execution;
    - d. Effective date of Power of Attorney (may not be mandated by Ill. law);
    - e. Powers granted to the agent;
    - f. Date Power of Attorney terminates (may not be mandated);
    - g. Signature of the patient (principal);
    - h. Signature of a witness; and
    - i. Specimen signatures of the agent (not mandated by Illinois Law).
  - 3. Examine the form to see if it is complete. Ask the agent to verify his/her signature. Review the form to **see what medical authority has been given to the agent**. Ask the agent to point out the language that confirms that the Power is in effect and that it covers the situation at hand.
    - a. If form is incomplete, agent's authority to make decisions is not recognized.
    - b. If the form is complete, notify OLMC about the presence of a health care agent on scene and **follow the instructions of the agent unless instructed otherwise by medical control**.
    - c. **EXCEPTION: EMS cannot honor a verbal or written DNR request or order made directly by a surrogate decision maker or POA for healthcare agent.** Agents can provide consent to a DNR order, but the order, itself, must be authorized by a qualified practitioner. The practitioner is responsible for determining if a POA agent, surrogate decision maker or other person has proper authority to give consent to the ILLINOIS POLST order.
  - 4. Document the names of the patient and agent and powers given to the agent on the patient care report. Bring the POA form to the hospital if the patient is transported.
  - 5. If there is any doubt as to the identity of the agent, the validity of the document, the extent of the authority of the agent, or if communications with OLMC cannot be established, **continue treatment per SOP and/or OLMC and transport ASAP**.



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V. **LIVING WILLS AND PATIENT SURROGATES**

- A. Illinois law has allowed terminally ill patients to instruct their physician, either directly with a Living Will (since 1983), or indirectly through a patient surrogate (since 1991), on their treatment in near-death situations.
- B. A **Living Will** is a declaration to a physician and does not go into effect until the person who makes it is in a terminal condition. A terminal condition is defined as "an incurable and irreversible condition which is such that death is imminent and the application of death delaying procedures serves only to prolong the dying process." In order to create a Living Will, the author must be a competent adult and the document must be witnessed.
- C. **The Health Care Surrogate Act** is enacted when an adult or minor: (1) lacks decisional capacity; (2) has a qualifying condition; and (3) has no Living Will or POA for Health Care.
  - 1. Implementation of this act falls on the physician who must declare that the patient lacks decision-making capacity. The attending physician needs at least one physician consult who agrees that the patient has a qualifying condition. The surrogate is then nominated by the primary physician in the order of priority set by the law.
  - 2. **Prehospital providers shall not follow the instructions contained in a Living Will or given by any person purporting to be a surrogate** for the patient unless affirmed by a medical control physician.

VI. **MINORS:** Minors (unless emancipated) cannot execute advance directives. The parent or guardian "stands in place" at all times and can provide consent to written ILLINOIS POLST orders executed by a qualified practitioner. **Unless there is a valid written ILLINOIS POLST Order, all minors should be resuscitated.**

VII. **QUALITY IMPROVEMENT:** The System will review patient care reports where medical care has been withheld or withdrawn pursuant to a ILLINOIS POLST order through the PBPI process.

VIII. **EDUCATION:** System personnel will receive continuing education concerning the provision of these policies as changes in the law or System policy require or in response to sentinel events which reveal learning opportunities. Information shall be disseminated on the System website or through the In-Station continuing education program and to ECRNs through EMS CE at their hospitals.

IX. **Other resources relative to the governing provisions of law:**

Nursing Home Care Act	Emergency Medical Services (EMS) Systems Act
Hospital Licensing Act	Illinois Living Will Act
Health Care Surrogate Act	Mental Health Treatment Preference Declaration Act
Illinois Power of Attorney Act	

For more information about the Illinois POLST form, or to download a Form, log onto <http://www.idph.state.il.us/public/books/advin.htm>

The POLST Illinois Task Force is a volunteer coalition of doctors, nurses, clergy, social workers, attorneys, paramedics, and administrators from hospitals, emergency medical systems, hospices, and long term care facilities. The Task Force supports every person in exercising his or her right to accept or decline medical treatment. For more information, go to: [www.polst.org](http://www.polst.org) or [www.cecc.info](http://www.cecc.info).