

Policy Title: ILLINOIS POLST form and Advance Directive Guidelines

No. D - 5

Board approval: 11/10/16

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References: PA 102-0140 (2022) modified the POLST process and form to align it with standards in many other states. The form is now titled, "IDPH Uniform Practitioner Orders for Life Sustaining Treatment (POLST) Form (2022)". For more info see:

<https://www.polstil.org/#:~:text=POLST%20is%20a%20state%20approved,want%20in%20a%20medical%20emergency.>

[2022-IDPH-POLST_FAQs_FINAL.pdf \(polstil.org\)](#)

[POLST_220926-2.pdf \(polstil.org\)](#)

[2022-Revised-IDPH-POLST_Quick-Facts_FINAL.pdf \(polstil.org\)](#)

EMS Rules; Section 515.380; Public Act 096-0765 The Health Care Surrogate Act; Public Act 099-0328 The Illinois Power of Attorney Act.

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. **EMS 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. **Adults with legal and decisional capacity 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. Persons with legal and decisional capacity 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. **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 if a patient has a valid Illinois POLST form.** These patients **DO NOT** meet the criteria listed in the Triple Zero Policy.
- E. **The completed form is legally binding and an actionable medical order:** Healthcare provider are required by law to honor treatment choices shown on the Illinois POLST form, a POLST form that is formally authorized by a state or territory within the United States, as well as the National POLST form unless compelling circumstances arise and an on-line medical control (OLMC) physician directs EMS personnel to resuscitate.
Without these orders, EMS personnel are required to do everything they can to attempt to save a person's life.
- 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.

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II. **Circumstances when resuscitation may be WITHHELD or WITHDRAWN without a POLST form**

- 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.
 - 2. For such patients, follow the Triple Zero policy and thoroughly document the 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, **begin treatment and contact OLMC immediately for orders.**
- C. **When instructed by an OLMC physician to withhold or withdraw medical care.**
 - 1. **An OLMC physician can order further treatment to be withdrawn or withheld.** This may occur 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. Contact OLMC and, depending on circumstances, further treatment may be 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 OLMC physician, and the time resuscitation was discontinued.

III. **2022 ILLINOIS POLST Form- Sections, Changes, Instructions for Use**

- 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; PHRN; PHAPRN, PHPA, ECRN; and ED physicians.
- C. The 2022 POLST form is the 7th edition in a series of IDPH DNR / POLST forms:
 - 1. 2000: 1st 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 added **POLST** since it used the POLST "paradigm"; 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. 2017 Illinois POLST: Removed "DNR" from the title and from around the form border; redefined care options; and aligned with national POLST standards. Since the POLST form allows patients to indicate if they accept or refuse CPR, it was no longer possible to equate the mere existence of the form with a DNR choice.
 - 7. **The 2022 form revision goals** were to clarify and simplify the language on the form so patients and HCPs can understand, discuss, and complete it more consistently to reflect the patient's preferences for treatment and for HCPs to easily recognize and correctly follow POLST form orders.

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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:** Completion of this form is purely voluntary and cannot be required of any patient.
- F. **Intended population:** Persons of any age who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. An Illinois POLST form is NOT intended for persons with a 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. The process promotes patient autonomy and honoring of their preferences 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 (HCP) 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 Form should travel with the 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.
- J. **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.
- K. **COMPONENTS OF A VALID ILLINOIS POLST FORM (2022)**
1. **Instructions:** The revised form instructions provide reminders about the POLST process and intended population. Language was included to educate anyone looking at the form that:
 - a. The form should be completed by a HCP and patient/patient representative together, and not a HCP or patient/patient representative alone and requires a conversation between the HCP and patient or patient's representative.
 - b. Completing a POLST form is **voluntary**, and a patient may benefit from having a trusted person present for conversations about their goals of care/POLST if they wish.
 - c. Information about leaving a section of the form blank has moved to the relevant section on the 2022 form

2. **Patient information**

2022 IDPH POLST Form

<i>PATIENT INFORMATION. For patients: Use of this form is completely voluntary.</i>		
Patient Last Name	Patient First Name	MI
Date of Birth (mm/dd/yyyy)	Address (street/city/state/ZIP code)	

What changed? The field for "Gender" was removed from the form to avoid excluding gender nonconforming, nonbinary, and transgender patients

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3. **Section “A”: Orders for Patients in Cardiac Arrest:** Must select one

A <i>Required to Select One</i>	ORDERS FOR PATIENT IN CARDIAC ARREST. Follow if patient has NO pulse.	
	<input type="checkbox"/> YES CPR: Attempt cardiopulmonary resuscitation (CPR). Utilize all indicated modalities per standard medical protocol. (Requires choosing Full Treatment in Section B.)	<input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation (DNAR).

What changed?

Section Heading Title: The revision makes it clear that completing this section is required for the form to be valid and that one of the two options should be selected.

Section Banner: The revision reinforces that this is a medical order that should be followed when the patient is in cardiac arrest.

Treatment Order Terminology: The term “CPR” is used both with “YES” and “NO” options to clarify to the patient/patient representative that they are making a binary decision about CPR. The term “attempt” is included in both the “YES” and “NO” options to manage expectations, since CPR is often ineffective

4. **Section B:**

B <i>Section may be Left Blank</i>	ORDERS FOR PATIENT NOT IN CARDIAC ARREST. Follow if patient has a pulse. Maximizing comfort is a goal regardless of which treatment option is selected. (When no option selected, follow Full Treatment.)	
	<input type="checkbox"/> Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Utilize intubation, mechanical ventilation, cardioversion, and all other treatments as indicated. <input type="checkbox"/> Selective Treatment: Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, vasopressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated. <input type="checkbox"/> Comfort-Focused Treatment: Primary goal is maximizing comfort through symptom management. Allow natural death. Use medication by any route as needed. Use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.	

What changed?

- a. **Section Heading Title:** The revision makes it clear that this section may be left blank, and the form will still be valid.
- b. **Section Banner:** The revision reinforces that this is a medical order that should be followed when the patient is NOT in cardiac arrest.
 - (1) Instructions communicate clearly that maximizing the patient's comfort is an important and universal goal of treatment regardless of what option the patient selects.
 - (2) Instructions inform the patient and HCP that Full Treatment is the default when Section B is left blank
- c. The goal statement for each option is changed to be medically accurate and clarify the intent of the patient's objective in selecting that option. The intent remains the same; to provide information to assist HCPs in aligning treatment choices to the patient's overall goal of care
- d. **Full Treatment Option** The phrase, “In addition to treatment described in Selective Treatment and Comfort-Focused Treatment,” is removed because: use of the phrase “...and all other treatments as indicated” to describe Full Treatment is inclusive of these and the instructions for Section B explain that comfort-focused treatment is always provided.
 - (1) “Utilize intubation” is emphasized first because utilizing intubation differentiates Full Treatment.
 - (2) The sentence, “Transfer to hospital and/or intensive care unit if indicated.” is removed to avoid any confusion by patients, who should understand that transfer to the hospital reflects standard of care when Full Treatment is selected.

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- (1) "In addition to treatment described in Comfort-Focused Treatment," is removed because the instructions for Section B explain that comfort-focused treatment is always provided
- (2) "Do not intubate" is emphasized first because prohibiting intubation is what differentiates Selective Treatment.
- (3) "...as medically appropriate and consistent with patient preference." is removed because it is unnecessary. Medically appropriate treatment is always the standard and the POLST order itself expresses the patient's preferences during a medical emergency.
- (4) "Generally, avoid the intensive care unit." is removed to avoid confusion by patients and HCPs. Patients are admitted to the intensive care unit in accordance with hospital protocol which is beyond the scope of POLST orders.

f. Comfort-Focused Treatment Option

- (1) "Allow natural death" is emphasized first to reflect what differentiates Comfort-Focused Treatment.
- (2) Optional Additional Orders: is moved to become Section C.

5. Section C: Medically Administered Nutrition: N/A for EMS**2022 IDPH POLST Form**

C Section may be Left Blank	Additional Orders or Instructions. These orders are in addition to those above (e.g., withhold blood products; no dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]
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What changed?

- a. Section C is different from the 2017 form and now provides a place for the Qualified Health Care Practitioner to clarify Additional Orders or Instructions reflecting patient preferences.
- b. Heading title on left: The revision makes it clear that this section may be left blank, and the form is still valid.
- c. Instructions in the top banner: The instructions clarify that these orders (e.g., withhold blood products; no dialysis) are in addition to the orders in Section B. **"EMS protocols may limit emergency responder ability to act on orders in this section"** is included to temper expectations from patients and HCPs. EMS protocol may dictate whether EMS providers can follow the orders in Section C.
- d. **What else do HCPs need to know?** Orders in Section C should be limited to a treatment/s that might be considered during a medical emergency outside the hospital or before a HCP can consult with the patient's substitute decision maker.
- e. Unless the person receiving care voices a preference to avoid a specific emergency treatment, this section should be left blank.
- f. EMS providers should review protocols to understand how these may limit emergency responder ability to act on orders in this section

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6. Section D (formerly C): Orders for Medically Administered Nutrition

D Section may be Left Blank	ORDERS FOR MEDICALLY ADMINISTERED NUTRITION. Offer food by mouth if tolerated. (When no selection made, provide standard of care.) <input type="checkbox"/> Provide artificial nutrition and hydration by any means, including new or existing surgically-placed tubes. <input type="checkbox"/> Trial period for artificial nutrition and hydration but NO surgically-placed tubes. <input type="checkbox"/> No artificial nutrition or hydration desired.
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What changed?

- Section D is different from the 2017 form and is now the place for the Qualified Health Care Practitioner to indicate ORDERS FOR MEDICALLY ADMINISTERED NUTRITION.
- Section Heading Title: The revision makes it clear that this section may be left blank, and the form is still valid.
- Section Banner: The sentence about offering food by mouth is rephrased from "if feasible and as desired" to "if tolerated." This better explains to patients that HCPs will not withhold food by mouth so long as the patient can and wants to eat.
- Treatment Order Terminology: The options presented in the 2022 IDPH POLST form better capture high level decisions about the patient's desire for a surgical (typically long term) vs. non-surgical (typically short term) option to better align with the way patients tend to express their preferences.

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

7. Section E (formerly D): Signature of Patient or Legal Representative

E Required	Signature of Patient or Legal Representative. (eSigned documents are valid.)		
	<input checked="" type="checkbox"/> Printed Name (required)	Date	
	Signature (required) I have discussed treatment options and goals for care with a health care professional. If signing as legal representative, to the best of my knowledge and belief, the treatments selected are consistent with the patient's preferences.		
	<input checked="" type="checkbox"/>		
	Relationship of Signee to Patient:	<input type="checkbox"/> Agent under Power of Attorney for Health Care	<input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list)
	<input type="checkbox"/> Patient <input type="checkbox"/> Parent of minor		

What changed?

- Section Heading Title: The revision makes it clear that completing this section is required for the form to be valid.
- Section Banner: The revision makes it clear that electronically signed documents are valid.
- Other: The signer attests that, "I have discussed treatment options and goals for care with a health care professional. If signing as legal representative, to the best of my knowledge and belief, the treatments selected are consistent with the patient's preferences."

This helps protect patients from signing forms without first discussing their health conditions, prognosis, treatment goals, and treatment options with a health care professional
- Signature of person legally authorized to act on that person's behalf such as the individual's legal guardian, agent under a power of attorney for health care or a surrogate decision maker. **Priority order under Surrogate Act**
 - Patient's guardian of person
 - Patient's spouse or partner of a registered civil union
 - Adult child
 - Parent
 - Adult sibling
 - Adult grandchild
 - A close friend of the patient
 - Patient's guardian of the estate

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- e. A parent or legal guardian typically may consent to a POLST order for a minor. Emancipated minors may consent to a POLST order.

f. **What else do HCPs need to know?**

- (1) The "Signature of Witness to Consent" is removed from the form in compliance with the revised Illinois Health Care Surrogate Act.
- (2) An electronic signature from the patient or their legal representative is acceptable in place of a written signature.

8. **Section F (formerly E): Signature of Qualified Health Care Practitioner**

F <i>Required</i>	Qualified Health Care Practitioner. Physician, licensed resident (second year or higher), advanced practice nurse, or physician assistant. (eSigned documents are valid.)	
	<input checked="" type="checkbox"/> Printed Authorized Practitioner Name <i>(required)</i>	Phone
	Signature of Authorized Practitioner <i>(required)</i> To the best of my knowledge and belief, these orders are consistent with the patient's medical condition and preferences.	
	<input checked="" type="checkbox"/>	Date <i>(required)</i>

What changed? A "Section F" is added to the form.

- a. Section Heading Title: The revision makes it clear that completing this section is required for the form to be valid.
 - b. Banner Instructions: The term "Authorized Practitioner" is changed to "Qualified Health Care Practitioner" to reflect the definition used in the Illinois Health Care Surrogate Act. "
 - c. "Qualified Health Care Practitioner" is defined as an individual who: Personally, examined the patient and is licensed in Illinois or in the state where the patient is being treated and is a:
 - (1) Physician licensed to practice medicine in all its branches, OR
 - (2) Advanced practice registered nurse, OR
 - (3) Physician assistant, OR
 - (4) Resident with at least one year of graduate or specialty training
 - d. The revision makes it clear that an electronic signature from a qualified health care practitioner is acceptable in place of a written signature.
9. **Effective date:** The order becomes valid upon inclusion of required elements and will not expire unless modified or revoked at any time by the maker.
10. **OTHER IMPORTANT CHANGES:**
- a. Patients are encouraged to have a trusted person with them when discussing a POLST form with a health care professional if they wish.
 - b. Health care professionals are reminded that the IDPH POLST form should be completed only after a conversation with the patient or patient's representative.
 - c. The form notes that the POLST decision-making process and form are appropriate for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.
 - d. Verbal/phone consent by the patient or legal representative are acceptable.
 - e. Verbal/phone POLST orders are acceptable at the hospital with follow-up signature by a qualified HCP in accordance with facility/community policy.
 - f. Digital copies and photocopies, including faxes, on ANY COLOR paper are legal and valid.

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11. **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.**
12. **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.
13. **No verbal DNR orders will be honored** by EMS personnel unless the patient's PCP or a coroner/medical examiner is present and has declared the patient dead. Document this information in the comments section on the patient care report.

L. **Procedure for 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 illness or condition that prompted the POLST order (they are choking or experienced acute trauma), begin care per SOP and contact OLMC.
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, 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 PCR left at the receiving facility if possible. If impossible, record the following information from the Illinois POLST form in the narrative section of the PCR: HCP's name; the effective date of the order; name of the person giving consent and their relationship to the patient, if known. Include the nature of the illness/condition and the person who presented the order to EMS responders.
5. **If resuscitation is already in process** when an Illinois POLST order is produced that indicates DNR, 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 DNR, honor the Order and contact OLMC for further instructions.

M. **Contested orders:** POLST orders are sometimes contested by surrogate decision-makers in a way that differs from the patient's wishes. Under the POLST law we have legal PLUS ethical duties and the decision path may not be totally clear.

1. Consider and discuss within the context of the law, ethical decision-making, and SOPs. If unclear as to the best EMS course of action, contact OLMC.
2. If an on-scene person disputes an Illinois POLST order: Determine if they have POA for healthcare for the individual and if they had provided consent to the order as the designated surrogate. The law asks surrogate decision makers to use **two approaches to deciding care decisions:**
 - a. **Substituted Judgment Standard:** What would the pt choose in this situation if known? This may differ from what the surrogate wants. If not known, surrogates are asked to use the following:
 - b. **Best Interest Standard:** What would bring the most net benefit to the pt by weighing benefits and risks of treatment options? Ask the surrogate, "Knowing your loved one, what do you think would be the most important for them right now?"

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3. Contact OLMC immediately and inform them of the dispute. Family members or significant others who do not have the designation of agent or surrogate have no legal standing to overrule the Illinois POLST Order. Follow OLMC direction.

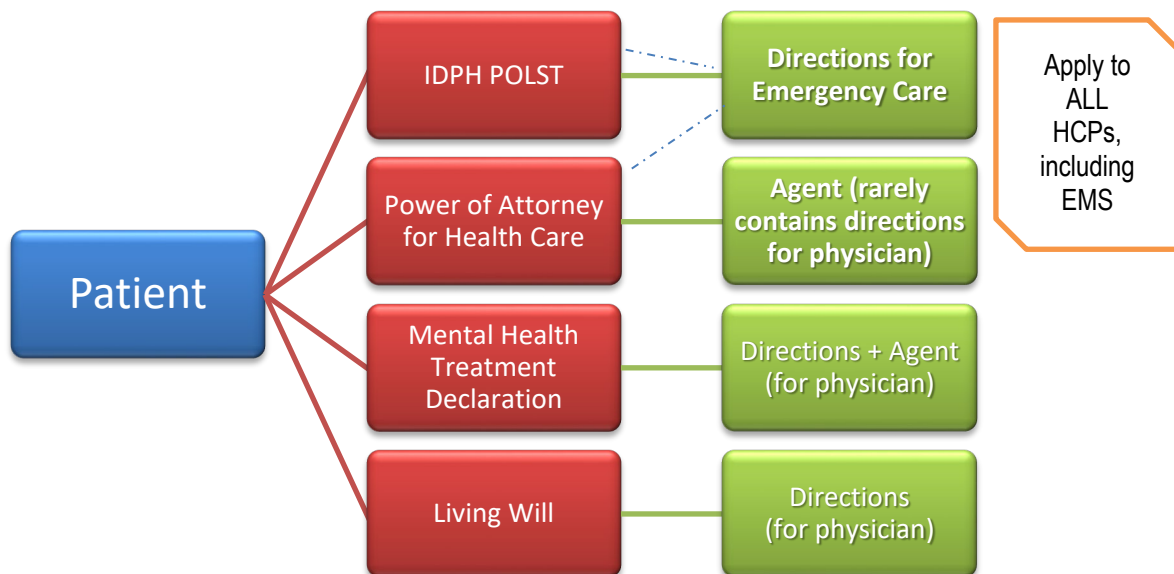
N. **Voiding or revoking a Illinois POLST form**

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 EMR, 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 DNR 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. 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. **EMS 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 an 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	Adult Protected Services Act

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