

# Using the Oregon POLST Registry

For Health Care Professionals



# What is the Oregon POLST Registry

- It is a secure electronic database of POLST orders.
- The Registry allows emergency medical professionals treating a patient access to POLST orders *if* the original POLST form cannot be immediately located.
- Non-urgent access is available for those involved in patient care.

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT			
Physician Orders for Life-Sustaining Treatment (POLST) <sup>™</sup>			
Follow these medical orders until orders change. Any section not completed implies full treatment for that section.			
Patient Last Name:		Patient First Name:	Patient Middle Name:
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	
Address: (street / city / state / zip):			Date of Birth: (mm/dd/yyyy)
_____ / _____ / _____			
<b>A</b>	<b>CARDIOPULMONARY RESUSCITATION (CPR):</b> <i>Unresponsive, pulseless, &amp; not breathing.</i>		
Check One	<input type="checkbox"/> <b>Attempt Resuscitation/CPR</b> <input type="checkbox"/> <b>Do Not Attempt Resuscitation/DNR</b>		
If patient is not in cardiopulmonary arrest, follow orders in B and C.			
<b>B</b>	<b>MEDICAL INTERVENTIONS:</b> <i>If patient has pulse and is breathing.</i>		
Check One	<input type="checkbox"/> <b>Comfort Measures Only.</b> Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.</i> <b>Treatment Plan:</b> Provide treatments for comfort through symptom management.		
	<input type="checkbox"/> <b>Limited Treatment.</b> In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital if indicated. Generally avoid the intensive care unit.</i> <b>Treatment Plan:</b> Provide basic medical treatments.		
	<input type="checkbox"/> <b>Full Treatment.</b> In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. <i>Transfer to hospital and/or intensive care unit if indicated.</i> <b>Treatment Plan:</b> All treatments including breathing machine.		
<b>Additional Orders:</b> _____			
<b>C</b>	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b> <i>Offer food by mouth if feasible.</i>		
Check One	<input type="checkbox"/> No artificial nutrition by tube. <b>Additional Orders (e.g., defining the length of a trial period):</b> _____		
	<input type="checkbox"/> Defined trial period of artificial nutrition by tube		
	<input type="checkbox"/> Long-term artificial nutrition by tube.		
<b>D</b>	<b>DOCUMENTATION OF DISCUSSION: (REQUIRED)</b> <i>See reverse side for add'l info.</i>		
Must Fill Out	<input type="checkbox"/> Patient (If patient lacks capacity, must check a box below)		
	<input type="checkbox"/> Health Care Representative (legally appointed by advance directive or court)		
	<input type="checkbox"/> Surrogate defined by facility policy or Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion- see reverse side)		
	Representative/Surrogate Name: _____		Relationship: _____
<b>E</b>	<b>PATIENT OR SURROGATE SIGNATURE AND OREGON POLST REGISTRY OPT OUT</b>		
	Signature: <u>recommended</u>		This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box: <input type="checkbox"/>
<b>F</b>	<b>ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED)</b>		
Must Print Name, Sign, & Date	By signing below, I attest that these medical orders are, to the best of my knowledge, consistent with the patient's current medical condition and preferences.		
	Print Signing MD / DO / NP / PA / ND Name: <u>required</u>	Signer Phone Number: _____	Signer License Number: (optional) _____
	MD / DO / NP / PA / ND Signature: <u>required</u>	Date: <u>required</u>	<small>*Signed* means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030</small>

# Submitting Forms to the Registry

- Oregon POLST forms signed on or after Dec 3, 2009 are required to be submitted by the form signer (or their designee).
- Forms signed prior to Dec 3, 2009 can be voluntarily submitted, but should include patient address.
- Patients may opt-out of the Registry at any time.



# Submitting Forms to the Registry

- What information is required for a form to be entered into the Registry?
  - The patient's full name
  - The patient's Date of birth
  - A legible physician/NP/PA/ND signature\*
  - Date signed
  - At least one section must be completed for entry into the Registry\*\*

\* "Signed" means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030

\*\*The Registry cannot accept POLST forms marked "Resuscitate" (Section A) and "Comfort Measures Only" (Section B). These orders cannot be interpreted by EMS. Additional information can be found in the Oregon POLST Program's, [Guidance for Oregon's Health Care Professionals](#).

# Submitting Forms to the Registry

- Fax or mail copies of POLST forms (front and back) to the Registry business office with a coversheet from your institution.
  - **Fax: 503-418-2161**
  - **Mail:** 3181 SW Sam Jackson Park Rd  
Mail Code BTE234  
Portland, OR 97239
- **Why include a fax coversheet?** Forms with missing or illegible information will be faxed back for clarification, and without a coversheet, your organization cannot be “credited” for the submission.

# Optional Demographic Information

- Optional demographics include:
  - Gender
  - Address
  - Last 4 digits of social security number (on forms prior to 2018)
- Providing these optional demographics is **highly** recommended
  - This information helps expedite patient identification.
  - Address information allows the Registry to send a confirmation packet directly to the patient.

# Example Submission Process

## Collect

- Collect all POLST forms signed that day/week. Please do not send large “batches” of files collected over longer periods as it delays entry and POLST form availability.
- Compile optional demographics sheets if applicable.

## Verify

- Verify that all required elements are present.
- Clarify (on the form) any information that may be hard to read.

## Submit

- Fax or mail to OPR with a coversheet identifying your institution.\*
    - **Fax:** 503-418-2161
    - **Mail:** 3181 SW Sam Jackson Park Rd, Mail Code: BTE234, Portland, OR 97239
- \*If you would like a returned list of Registry IDs, include a Registry ID request form.

# What happens after submission?

## Entry

- Registry ready forms are entered into the Registry.

## Confirmation

- A confirmation packet is mailed to the Registrant.
- Packet includes a Registry ID magnet and set of stickers (see next slide).

## Utilization

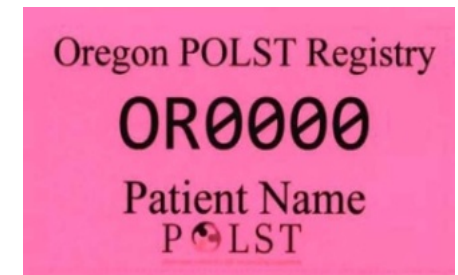
- Emergency providers call the Registry Hotline *if* a POLST form cannot be immediately found.
- Clinics and support staff call the Registry Business office with non-urgent POLST form requests.



# Registry ID Magnets and Stickers

*Registry ID is the patient's unique ID in the Registry system*

- POLST Registry magnets and stickers may be placed in a person's home and their medical records (example right).
- The magnet and stickers are used to alert emergency medical professionals and other health care professionals that the patient has a POLST form on file with the Registry.
- **POLST Registry magnets and stickers do not replace the original POLST form.**



# The 3 times you should notify the Registry:

A form is updated or a new form is received

A POLST form is revoked or voided

A patient is known to be deceased



# Need a patient's POLST?

- POLST forms copies can be requested for any patient in your care.
- Obtaining a copy of a registered POLST is easy!
  - Call the Registry business office at 877-367-7657.
  - Fax documentation\* confirming the patient is in your care.
  - Forms on file will be faxed to your office within **1** business day.
  - **POLST orders cannot be relayed over the phone**

*\*Forms cannot be released until documentation is received*

# We're here to help!

- Contact the Registry business office for all questions and non-urgent POLST requests.
  - Phone: 503-418-4083
  - Toll free: 877-367-7657
  - Fax: 503-418-2161
  - E-mail: [polstreg@ohsu.edu](mailto:polstreg@ohsu.edu)
  - Website: [www.orpolstregistry.org](http://www.orpolstregistry.org)