POLST Do's & Don'ts

 **It is NOT Appropriate**	 **It is Appropriate:**
Require any individual to complete a POLST	Okay to suggest and assist
Establish a facility policy to require POLST completion for all residents	Okay to offer to all appropriate residents
Incentivize medical providers based on POLST completion or counting	Okay to incentivize advance care planning discussions and documentation
Confuse "cardiac arrest" with "respiratory arrest" in a patient with "DNR but FULL medical intervention"	Ventilation support may still be desired by the individual who is not in full cardiac arrest
Assume that a "DNR, comfort measures only" choice always means no hospitalization	Interventions for comfort are still appropriate. Examples: injuries like hip fracture, or lacerations
Include the POLST form in the LTC admission packet (conveys that it is just a paper completion formality).	Okay to provide introductions to the topic and subsequent conversations – brochures, videos like "POLST: When is the right time" or "Understanding POLST"
Discuss and complete a POLST document only with the HCPOA/representative of an individual who has full decision-making capacity	The HCPOA/representative may be included, with the permission of the resident.
Discuss and complete a POLST document only with an individual with limited or no decision-making capacity	Discuss if possible with the resident but confirm choices with HCPOA/representative
Assume that an individual with advanced or irreversible or terminal illness will choose a "DNR" status	Okay to inquire about their understanding of their illnesses, the ability to improve, and the likely benefit of medical intervention
Assume that POLST choices will stay the same 	POLST is a guide based on decisions at a particular point. When time and medical circumstances allow, it should always be confirmed during subsequent medical changes 

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