

POLST, Advance Care Planning & Advance Directives

Advance care planning means taking steps to share your personal goals, values, religious, cultural beliefs and what matters for your quality of life. You will discuss it with your health care professional and loved ones so that in the event of a medical crisis, either unexpected or from a known serious illness or advance frailty, health care professionals have information they can use to match the type of treatment they may provide to you to what you want to receive.

Advance care planning includes having conversations with health care professionals and loved ones and documenting treatment wishes or preferences.

Advance Care Planning documents allow individuals to share their treatment preferences in the event they can no longer speak for themselves. There are two kinds:

	Legal Documents	Medical Orders
Includes	<ul style="list-style-type: none"> • Advance directives <ul style="list-style-type: none"> • Living Wills • Health Care Power of Attorney 	<ul style="list-style-type: none"> • Prehospital Medical Care Directive: Do Not Resuscitate (DNR) Orders • POLST: Portable Medical Orders
Purpose	Identify a surrogate decision maker. Provide general wishes about treatments individual wants.	Orders emergency personnel to provide specific treatments during a medical emergency.
Who Needs	All competent adults over the age of 18	Seriously ill individuals. POLST Forms are only those individuals for whom healthcare professionals wouldn't be surprised if they died within a year.
Can be used during an emergency	No. These are used to develop care plans but are not orders EMS can follow.	Yes. These are medical orders signed by health care professionals.

A POLST form is neither an advance directive nor a replacement for advance directives. However, both advance directives and POLST forms are helpful advance care planning documents for communicating an individual's wishes when appropriately used.

An advance directive is a form in which an individual: (1) appoints a person or persons to make health care decisions for the individual if and when the individual loses the capacity to make health care decision (typically called a "health care power of attorney"); and/or (2) provides guidance or instructions for making health care decisions, typically in end-of-life care situations (often called a "living will"). An advance directive is a direction from the patient, not a medical order.

In contrast, a POLST form consists of a set of medical orders that applies to a limited population of patients and addresses a limited number of critical medical decisions. The form is intended as a complement to advance directives in that it serves as a translational tool and a continuity of care assurance.

Both provide information about treatment wishes but they give different information:

	POLST Form	Advance Directive
Type of Document	Medical Order.	Legal Document.
Who Completes	Health Care Professionals (Physician, Nurse Practitioner or Physician's Assistant)	Individual.
Who Needs One	Any patients considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.	All competent adults.
Is Completion Voluntary?	Yes.	Yes.
Appoints a Surrogate	No.	Yes.
Can Patient's Surrogate Complete, Change or Void?	Yes.	No.
What is Communicated	Specific medical orders.	General wishes about treatment wishes.
Can Emergency Personnel Follow	Yes.	No.
Ease in locating	Should be easy. Patient has original. Copy is in medical record. Copy may be in the Arizona Healthcare Directive Registry.	May be difficult. Depends on where individual keeps it and if they have told someone where it is, given a copy to surrogate, or to health care professional to put in his/her medical record or registry.
Periodic Review	Health care professional is responsible for reviewing with patient or surrogate upon: transfer to a new facility; when there is a substantial change in patient's medical condition; or when patient's goals of care or treatment preferences change.	Up to the individual about how often it is reviewed and/or updated.

Derivatized from National POLST