

Feeding tubes shouldn't be on POLST forms: JAGS opinion paper

January 31 2019, by Franny White

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT			
Oregon POLST™			
Portable Orders for Life-Sustaining Treatment*			
Follow these medical orders until orders change. Any section not completed implies full treatment for that section.			
Patient Last Name:	Suffix:	Patient First Name:	Patient Middle Name:
Preferred Name:	Date of Birth: (mm/dd/yyyy) ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	MRN (optional)
Address: (street / city / state zip):			
A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Unresponsive, pulseless, & not breathing.</i> <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR If patient not in cardiopulmonary arrest, follow orders in B.		
B Check One	MEDICAL INTERVENTIONS: <i>If patient has pulse and is breathing.</i> <input type="checkbox"/> Comfort Measures Only. 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. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location. Treatment Plan: Provide treatments for comfort through symptom management. <input type="checkbox"/> Limited Treatment. 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). Transfer to hospital if indicated. Generally avoid the intensive care unit. Treatment Plan: Provide basic medical treatments. <input type="checkbox"/> Full Treatment. In addition to care described in Comfort Measures Only and Limited Treatment, use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. Treatment Plan: All treatments including breathing machine. Additional Orders: _____		
C Check All That Apply	DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION <i>See reverse side for add'l info.</i> <input type="checkbox"/> Patient <input type="checkbox"/> Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion - see reverse side) <input type="checkbox"/> Parent of minor <input type="checkbox"/> Relative or friend (without written appointment) <input type="checkbox"/> Person appointed on advance directive <input type="checkbox"/> Court-appointed guardian Discussed with (list all names and relationship): _____		
D	PATIENT OR SURROGATE SIGNATURE Signature: <u>recommended</u> Name (print): Relationship (write "self" if patient): 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"/>		
E Must Print Name, Sign & Date	ATTESTATION OF MD / DO / NP / PA / ND (REQUIRED) 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> "Signed" means a physical signature, electronic signature or verbal order documented per standard medical practice. Refer to OAR 333-270-0030		
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED SUBMIT COPY OF BOTH SIDES OF FORM TO REGISTRY IF PATIENT DID NOT OPT OUT IN SECTION D			

*Also known as Physician Orders for Life-Sustaining Treatment

Oregon updated its Physician Order for Life-Sustaining Treatment form on Jan.

9, 2019. The form no longer includes a section on patient preference for surgically inserted feeding tubes after years of research has shown it can be harmful for patients with advanced dementia. Credit: Oregon POLST

Following years of research that demonstrated feeding tubes can harm patients with dementia, the *Journal of the American Geriatrics Society* has published an OHSU opinion paper recommending patient preference for feeding tubes be excluded from Physician Order for Life-Sustaining Treatment, or POLST, forms.

The paper was published after Oregon became the first state to remove the feeding tube section from its POLST form Jan. 2, 2019. Oregon's POLST form had included a feeding tube section since it was first created in 1993, when the [medical community](#) believed artificial nutrition was widely beneficial.

Susan Tolle, M.D., and two OHSU colleagues wrote the paper. Tolle is director of the OHSU Center for Ethics in Health Care and professor of medicine ([general internal medicine](#) and geriatrics) in the OHSU School of Medicine.

Percutaneous endoscopic gastronomy, or PEG, feeding tubes are surgically inserted through the abdomen and are intended for long-term use. PEG tubes do not extend life for [patients](#) with dementia; rather, they increase discomfort and agitation. This can lead to a need for restraints, which often cause bedsores.

While artificial nutrition can help patients in a coma or living with Lou Gehrig's Disease, [research](#) has shown it's harmful to those with dementia. The American Geriatrics Society [does not recommend](#) feeding tubes for older adults with advanced dementia.

The paper further asserts that POLST forms shouldn't include feeding tube preference because PEG tubes are only inserted after obtaining separate consent from patients or their families.

The POLST form was created after a group of ethics leaders convened by OHSU to ensure the end-of-life [health care](#) wishes of those with advanced illness or frailty would be followed. POLST-like programs have been adopted or are in development in all 50 states and Washington, D.C., and are associated with reducing unwanted hospitalizations near the end of life for patients whose forms call for comfort-focused care.

Separate from POLST, advanced directive forms share a patient's end-of-life philosophy and enable patients to appoint a surrogate, but they do not provide actionable medical orders for an emergency.

More information: Susan W. Tolle et al, It is Time to Remove Feeding Tubes From POLST Forms, *Journal of the American Geriatrics Society* (2019). [DOI: 10.1111/jgs.15775](https://doi.org/10.1111/jgs.15775)

Provided by Oregon Health & Science University

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