

FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED

Patient Last Name:	First Name, MI:	DOB:	Last 4 SSN/Patient ID#:
--------------------	-----------------	------	-------------------------

ADVANCE CARE DIRECTIVES & EMERGENCY CONTACTS

Review of Advance Directives (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Healthcare Directive (Living Will) | <input type="checkbox"/> Other Instructions or Documents |
| <input type="checkbox"/> Advance Directives Unavailable | <input type="checkbox"/> No Advance Directives Exist |
| <input type="checkbox"/> Appointment of Durable Power of Attorney for Health Care (Name): _____ (Phone): _____ | |

Patient's Emergency Contact (if other than person signing form) and Provider(s)

Full Name: _____ Phone (voice __ text __): _____

Primary Care Provider Name: _____ Phone: _____

Hospice Care Agency (If Applicable) Name: _____ Phone: _____

Health Care Providers and Others Assisting with Form Preparation Process (Check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Nurse | <input type="checkbox"/> Clergy | <input type="checkbox"/> Palliative Care Provider |
| <input type="checkbox"/> Health Care Agent | <input type="checkbox"/> Parent of Minor | <input type="checkbox"/> Family Member | <input type="checkbox"/> "Person of Care and Concern" |
| <input type="checkbox"/> Patient Advocate | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other: _____ | |

Instructions for Completing TPOPP/POLST

- Completing a TPOPP/POLST form is always voluntary. TPOPP/POLST is a useful tool for the understanding of and implementation of physicians' orders that are reflective of the current medical condition and preferences of a patient. The orders are to be respected by all receiving providers in compliance with institutional policy. On admission to the hospital setting, a physician who will issue appropriate orders for that inpatient setting will assess the patient.
- TPOPP/POLST is a physician order set and as such does not replace Advance Directives but should serve to clarify them.
- TPOPP/POLST must be completed by a health care provider based on patient preferences and medical indications. Upon completion it must be signed by a physician, APRN, or PA in compliance with state law, regulation, and scope of practice; and by patient (or representative) to be valid.
- Photocopies and Faxes of signed TPOPP/POLST forms are valid. Use of original form is strongly encouraged. A copy shall be retained in patient's medical record and accompany the patient to all settings.

Using TPOPP/POLST

(Any incomplete section of TPOPP/POLST implies full treatment for that section).

- **SECTION A:**
 - If found pulseless and not breathing, no defibrillator (*including automated external defibrillators*) or chest compressions should be used on a person if "Do Not Attempt Resuscitation" is selected.
- **SECTION B:**
 - When comfort cannot be achieved in the current setting, the person, including someone with "Comfort-focused Treatments" should be transferred to a setting able to provide comfort (*e.g., treatment of a hip fracture*).
 - Non-invasive positive airway pressure includes continuous positive airway pressure (*CPAP*), bi-level positive airway pressure (*BiPAP*), and bag valve mask (*BVM*) assisted respirations.

Reviewing TPOPP/POLST

- TPOPP/POLST form should be reviewed when:
 - The person is transferred from one care setting or care level to another, or
 - There is a substantial change in the person's health status, or
 - The person's treatment preferences change, or
 - The care provider changes.

Modifying and Voiding TPOPP/POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a TPOPP/POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating.
- A legally recognized decision-maker may request to modify the orders, in collaboration with the physician/APRN/PA, based on the known desires of the patient or, if unknown, the patient's best interests.

For information, clinical guidance resources or to obtain more forms, contact: TPOPP@practicalbioethics.org

HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AND PROXY DECISION MAKERS AS NECESSARY FOR TREATMENT