

# Nursing Care Quality Assurance Commission

## Frequently Asked Questions

### Portable Orders for Life Sustaining Treatment (POLST)

#### Registered Nurse

#### **Is it within the scope of practice of the registered nurse (RN) to discuss Portable Orders for Life Sustaining Treatment (POLST) with a patient?**

POLST is a set of portable medical orders, executed by an adult patient (or legal surrogate) and the patient's medical provider, to guide medical treatment based on the patient's current medical condition and goals. POLST is usually for persons with serious illness or frailty. The “rule of thumb” is to recommend POLST for patients if their provider would not be surprised if they die within a year. Advanced care planning is thoughtful conversations between health care professionals, the patient and/or surrogate. It is within the scope of the appropriately prepared and competent RN to discuss end-of-life care with the patient or surrogate. For more information and resources on POLST, go to:

- [Advance Care Planning – Washington State Medical Association](#)
- [POLST/POLST Form/POLST Brochure – Washington State Medical Association](#)
- [POLST – Washington State Department of Health](#)

#### **Does the registered nurse (RN) have legal immunity when following Portable Orders for Life Sustaining Treatment (POLST)?**

Washington state law gives medical responders protection from legal liability when following POLST. The RN honoring those wishes would have legal protection under the [Chapter 70.122 RCW: Natural Death Act](#) if POLST reflects patient’s wishes stated in an advance directive. POLST is a portable medical order, and the RN should follow it within their scope of practice and standard of care.

#### **Can the registered nurse (RN) honor Portable Orders for Life Sustaining Treatment (POLST) done on an outdated version of the POLST form?**

Yes. In April 2021, the Washington State Medical Commission (WSMA) revised the POLST form, changing the title from “Physician Orders for Life Sustaining Treatment” to “Portable Orders for Life Sustaining Treatment”. Outdated versions of the form should be honored. The WSMA and the Nursing Care Quality Assurance Commission (NCQAC) recommend review and writing of new orders using the revised POLST form.

#### **What should the registered nurse (RN) do if a patient or resident is admitted without Portable Orders for Life Sustaining Treatment (POLST) to a long-term care (LTC) facility at the time of admission?**

The RN should suggest a care planning conference to evaluate whether POLST is appropriate if the patient or resident is admitted to a LTC facility without POLST. The planning conference

should include the patient's or resident's medical provider, the patient and/or surrogate decision-maker, and key family members. Discussions should include a review of the patient's or resident's medical history and recommendations from treating providers. POLST should not be written as part of routine admission paperwork without medical professional involvement and extensive discussion.

**What if emergency medical services (EMS) tells the registered nurse (RN) to do cardiopulmonary resuscitation (CPR) when Portable Orders for Life Sustaining Treatment (POLST) stipulates, "Do Not Attempt Resuscitation" (DNAR)?"**

A competent adult patient or the legal surrogate may always change their medical decisions and request alternative treatment. In an emergency it may be difficult to determine whether the family member is the legal surrogate. Facilities should develop policies to manage legal risk in these situations.

**What if a family member tells the registered nurse (RN) to do cardiopulmonary resuscitation (CPR) when Portable Orders for Life Sustaining Treatment (POLST) stipulates, "Do Not Attempt Resuscitation (DNAR)?"**

A competent adult patient or the legal surrogate may always change their medical decisions and request alternative treatment. In an emergency it may be difficult to determine whether the family member is the legal surrogate. Facilities should develop policies to manage legal risk in these situations.

**Is it within the scope of practice of the registered nurse (RN) to sign Portable Orders for Life Sustaining Treatment (POLST)?**

No. It is not within the scope of practice of the RN to sign POLST. The form must be signed by the advanced registered nurse practitioner (ARNP), physician, or physician assistant and the patient or surrogate decision-maker to be valid.

**Can the registered nurse (RN) follow Portable Orders for Life Sustaining Treatment (POLST)?**

Yes. The RN may follow POLST in any setting based on regulatory and individual scope of practice.

**Can the registered nurse (RN) delegate Portable Orders for Life Sustaining Treatment (POLST) to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or other unlicensed assistive personnel (UAP)?**

Delegation is not required for the NA-R/NA-C or other UAP to follow the cardiopulmonary resuscitation (CPR)/DO NOT ATTEMPT RESUSCITATION (DNAR) POLST in Section A. Section B may require delegation for some tasks following the nursing delegation process.

**Can the registered nurse (RN) determine, pronounce, or certify death?**

The RN may determine and pronounce death. It is not within the RN's scope of practice to certify death. See the Nursing Care Quality Assurance Commission (NCQAC)'s Determining, Pronouncing, and Certifying Death Advisory Opinion for more information.

## Licensed Practical Nurse

### **Can the licensed practical nurse (LPN) follow Portable Orders for Life Sustaining Treatment (POLST)?**

Yes. The LPN may follow POLST in any setting based on regulatory and individual scope of practice.

### **Is it within the scope of practice of the licensed practical nurse (LPN) to discuss Portable Orders for Life Sustaining Treatment (POLST) with a patient?**

POLST is a set of portable medical orders, executed by an adult patient (or legal surrogate) and the patient's medical provider, to guide medical treatment based on the patient's current medical condition and goals. POLST is usually for persons with serious illness or frailty. The “rule of thumb” is to recommend POLST for patients if their provider would not be surprised if they die within a year. Advanced care planning is thoughtful conversations between health care professionals, the patient and/or surrogate. It is within the scope of the appropriately prepared and competent LPN to discuss end-of-life care with the patient or surrogate under the direction of an [authorized health care practitioner](#) or under the direction and supervision of the registered nurse (RN). For more information and resources on POLST, go to:

- [Advance Care Planning – Washington State Medical Association](#)
- [POLST/POLST Form/POLST Brochure – Washington State Medical Association](#)
- [POLST – Washington State Department of Health](#)

### **Does the licensed practical nurse (LPN) have legal immunity when following Portable Orders for Life Sustaining Treatment (POLST)?**

Washington state law gives medical responders protection from legal liability when following POLST. The LPN honoring those wishes would have legal protection under the [Chapter 70.122 RCW: Natural Death Act](#) if POLST reflects patient’s wishes stated in an advance directive. POLST is a portable medical order, and the LPN should follow it within scope of practice and standard of care.

### **Can the licensed practical nurse (LPN) honor Portable Orders for Life Sustaining Treatment (POLST) done on an outdated version of the POLST form?**

Yes. In April 2021, the Washington State Medical Commission (WSMA) revised the POLST form, changing the title from “Physician Orders for Life Sustaining Treatment” to “Portable Orders for Life Sustaining Treatment”. Outdated versions of the form should be honored. The WSMA and the Nursing Care Quality Assurance Commission (NCQAC) recommend review and writing of new orders using the revised POLST form.

### **What should the licensed practical nurse (LPN) do if a patient is admitted without Portable Orders for Life Sustaining Treatment (POLST) to a long-term care facility at the time of admission?**

The LPN should suggest a care planning conference to evaluate whether POLST is appropriate when the patient or resident is admitted to a long-term care facility without POLST. The planning conference should include the patient’s or resident’s medical provider, the patient and/or surrogate decision-maker, and key family members. Discussions should include a review

of the patient's or resident's medical history and recommendations from treating providers. POLST should not be written as part of routine admission paperwork without medical professional involvement and extensive discussion.

**What if emergency medical services (EMS) tells the licensed practical nurse (LPN) to do cardiopulmonary resuscitation (CPR) when Portable Orders for Life Sustaining Treatment (POLST) indicating “Do Not Attempt Resuscitation” (DNAR)?”**

A competent adult patient or the legal surrogate may always change their medical decisions and request alternative treatment. In an emergency it may be difficult to determine whether the family member is the legal surrogate. Facilities should develop policies to manage legal risk in these situations.

**What if a family member tells the licensed practical nurse (LPN) to do cardiopulmonary resuscitation (CPR) when Portable Orders for Life Sustaining Treatment (POLST) indicating “Do Not Attempt Resuscitation (DNAR)?”**

A competent adult patient or the legal surrogate may always change their medical decisions and request alternative treatment. In an emergency it may be difficult to determine whether the family member is the legal surrogate. Facilities should develop policies to manage legal risk in these situations.

**Is it within the scope of practice of the licensed practical nurse (LPN) to sign Portable Orders for Life Sustaining Treatment (POLST)?**

No. It is not within the scope of practice of the LPN to sign POLST. The POLST form must be signed by the advanced registered nurse practitioner (ARNP), physician, or physician assistant and the patient or surrogate decision-maker to be valid.

**Can the licensed practical nurse (LPN) delegate Portable Orders for Life Sustaining Treatment (POLST) to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) or other unlicensed assistive personnel (UAP)?**

Delegation is not required for the NA-R/NA-C or other UAP to follow the cardiopulmonary resuscitation (CPR)/DO NOT ATTEMPT RESUSCITATION (DNAR) POLST in Section A. Section B may require nursing delegation for some tasks following the delegation process.

**Can the licensed practical nurse (LPN) determine, pronounce, or certify death?**

The LPN may determine and pronounce death. It is not within the LPN's scope of practice to certify death. See the Nursing Care Quality Assurance Commission (NCQAC)'s Determining, Pronouncing, and Certifying Death Advisory Opinion for more information.

**What should the licensed practical nurse (LPN) do if they find a patient who is non-responsive or has no heartbeat?**

- The LPN should call the nursing supervisor, 911, or hospice for emergency help, and stay with the patient. This plan should be made in advance as part of the patient plan of care.
- The LPN should not initiate CPR if valid POLST exists indicating “Do Not Attempt Resuscitation” (DNAR).” The LPN should give comfort care and wait for help to arrive.
- The LPN should begin CPR and continue until help arrives if a valid POLST indicating “CPR/Attempt Resuscitation”.

- The LPN should begin CPR if a valid POLST does not exist and continue until help arrives.

**Should a licensed practical nurse (LPN) follow Portable Orders for Life Sustaining Treatment (POLST) indicating “Do Not Attempt Resuscitation” (DNAR) if a patient is choking?”**

The patient's care plan should include details specifying actions in the POLST applies in all circumstances, including whether CPR should be initiated if a patient is choking. This should be noted in the POLST or a statement should be included in the POLST with any exceptions. Bedside caregivers and supervisors should be familiar with this detail in the patient care plan and POLST. In most circumstances, if the patient’s heartbeat stops during a witnessed choking incident or other accident, the LPN should perform first aid measures. If the person has no pulse or becomes nonresponsive, begin cardiopulmonary resuscitation (CPR) even if the POLST indicates DNAR. Continue CPR until licensed staff or emergency medical responders arrive. The patient may want to refuse CPR under all circumstances including choking or accidents. This may be appropriate for patients with advanced dementia at risk for aspiration, patients with osteoporosis, or other conditions and situations in which chest compressions or other CPR interventions may cause more harm than benefit to the patient.

**What if the licensed practical nurse (LPN) starts cardiopulmonary resuscitation (CPR) on a patient with Portable Orders for Life Sustaining Treatment (POLST) indicating “Do Not Attempt Resuscitation” (DNAR)?**

CPR should be stopped in absence of a pulse if CPR is started for a patient with a POLST indicating DNAR. This is an example of a situation where health care providers caring for the patient must be aware of the POLST. Facilities should develop policies to manage legal risk in such a situation.

## Advanced Registered Nurse Practitioner

**Is it within the scope of practice of the advanced registered nurse practitioner (ARNP) to sign Portable Orders for Life Sustaining Treatment (POLST)?**

Yes. The licensed ARNP, physician, or physician assistant may sign POLST. The health care practitioner signing the form assumes full responsibility for obtaining informed consent from the patient or surrogate decision-maker. The form must also be signed by the patient or surrogate to be valid. Verbal orders are acceptable with a follow-up signature following facility policy.

The ARNP should periodically review the POLST instructions with the individual or family for any treatment preference changes and consistency with any advance directive, especially if there are substantial changes in the person's health status or if there are substantial revisions to the form. For more information and resources on POLST, go to:

- [Advance Care Planning – Washington State Medical Association](#)
- [POLST/POLST Form/POLST Brochure – Washington State Medical Association](#)
- [POLST – Washington State Department of Health](#)

## Nursing Assistant-Registered (NA-R)/Nursing Assistant-Certified (NA-C)

### **Can the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) follow Portable Orders for Life Sustaining Treatment (POLST)?**

Yes. The NA-R/NA-C may follow valid POLST in any setting within their scope of practice.

### **Is nursing delegation required for the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) follow POLST?**

Nursing delegation is not needed for the NA-R/NA-C or other UAP to follow the cardiopulmonary resuscitation (CPR)/Do Not Attempt Resuscitation (DNAR) orders in Section A of POLST. Section B may require nursing delegation for some tasks following the delegation process. The NA-R/NA-C may use nursing judgement in emergency. A patient without a heartbeat, even if death is expected, is considered an emergency. The NA-R/NA-C with appropriate training may assess the patient's vital signs and decide if a heartbeat is present. The NA-R/NA-C may start CPR if there is no heartbeat or provide comfort measures and allow a natural death, depending on the patient's POLST.

### **Should a nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) follow Portable Orders for Life Sustaining Treatment (POLST) indicating “Do Not Attempt Resuscitation” (DNAR) if a patient is choking?”**

The patient's care plan should include details specifying actions in the POLST applies in all circumstances, including whether CPR should be initiated if a patient is choking. This should be noted in the POLST or a statement should be included in the POLST with any exceptions. Bedside caregivers and supervisors should be familiar with this detail in the patient care plan and POLST. In most circumstances, if the patient's heartbeat stops during a witnessed choking incident or other accident, the NA-R/NA-C should perform first aid measures. If the person has no pulse or becomes nonresponsive, begin cardiopulmonary resuscitation (CPR) even if the POLST indicates DNAR. Continue CPR until licensed staff or emergency medical responders arrive. The patient may want to refuse CPR under all circumstances including choking or accidents. This may be appropriate for patients with advanced dementia at risk for aspiration, patients with osteoporosis, or other conditions and situations in which chest compressions or other CPR interventions may cause more harm than benefit to the patient.

### **What if the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) starts cardiopulmonary resuscitation (CPR) on a patient with Portable Orders for Life Sustaining Treatment (POLST) indicating “Do Not Attempt Resuscitation” (DNAR)?**

CPR should be discontinued in absence of a pulse if CPR is started for a patient with a POLST indicating “DNAR”. This is an example of a situation where health care providers caring for the patient must be aware of the POLST. Facilities should develop policies to manage legal risk in such a situation.

### **What should the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) do if they find a patient who is non-responsive or has no heartbeat?**

- The NA-R/NA-C should call the nursing supervisor, 911, or hospice for emergency help, and stay with the patient. This plan should be made in advance as part of the patient plan of care.
- The NA-R/NA-C should not initiate CPR if valid POLST exists indicating “Do Not Attempt Resuscitation” (DNAR).” The NA-R/NA-C should give comfort care and wait for help to arrive.
- The NA-R/NA-C should begin CPR and continue until help arrives if a valid POLST exists indicating "CPR/Attempt Resuscitation.”
- The NA-R/NA-C should begin CPR if a valid POLST does not exist and continue until help arrives.

**Does the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) have legal immunity when following Portable Orders for Life Sustaining Treatment (POLST)?**

Washington state law gives medical responders protection from legal liability when following POLST. The RN honoring those wishes would have legal protection under the [Chapter 70.122 RCW: Natural Death Act](#) if POLST reflects patient’s wishes stated in an advance directive. POLST is a portable medical order, and the NA-R/NA-CRN should follow it within their scope of practice and standard of care.

**Can the nursing assistant/registered/nursing assistant-certified (NA-R/NA-C) honor Portable Orders for Life Sustaining Treatment (POLST) done on an outdated version of the POLST form?**

Yes. In April 2021, the Washington State Medical Commission (WSMA) revised the POLST form, changing the title from “Physician Orders for Life Sustaining Treatment” to “Portable Orders for Life Sustaining Treatment”. Outdated versions of the form should be honored. The WSMA and the Nursing Care Quality Assurance Commission (NCQAC) recommend review and writing of new orders using the revised POLST form.

**What if emergency medical services (EMS) tells the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) to do cardiopulmonary resuscitation (CPR) when Portable Orders for Life Sustaining Treatment (POLST) indicating “Do Not Attempt Resuscitation” (DNAR)?”**

A competent adult patient or the legal surrogate may always change their medical decisions and request alternative treatment. In an emergency it may be difficult to determine whether the family member is the legal surrogate. Facilities should develop policies to manage legal risk in these situations.

**What if a family member tells the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) to do cardiopulmonary resuscitation (CPR) when Portable Orders for Life Sustaining Treatment (POLST) indicating, “Do Not Attempt Resuscitation” (DNAR)?”**

A competent adult patient or the legal surrogate may always change their medical decisions and request alternative treatment. In an emergency it may be difficult to determine whether the family member is the legal surrogate. Facilities should develop policies to manage legal risk in these situations.



**May the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) follow Portable Orders for Life Sustaining Treatment (POLST) orders in Section B?**

Section B of POLST includes orders on medical interventions, including use of oxygen, suction, IV fluids, airway support and advanced interventions such as intubation, mechanical ventilation, and other intensive care-related procedures. Section B also includes non-emergency treatment decisions including whether the patient should receive antibiotics, medically assisted nutrition and hydration, and dialysis. Some of these orders may indicate medical interventions outside the scope of the NA-R/NA-C. Specific activities may require nursing delegation of certain medical interventions depending on the task, equipment available, and competency of the NA-R/NA-C.

**Can a person with the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) follow Portable Orders for Life Sustaining Treatment (POLST) if a nurse is not directing and supervising the care?**

An individual is working under their nursing assistant credential only when being directed and supervised by the registered nurse (RN) or licensed practical nurse (LPN). The NA-R/NA is not working under their credential if the RN or LPN is not directing and supervising the care. The employer or facility should have policies and procedures in place to address this situation.