

# 2022 TPOPP/POLST New Edition Training Clinical Guide and Form

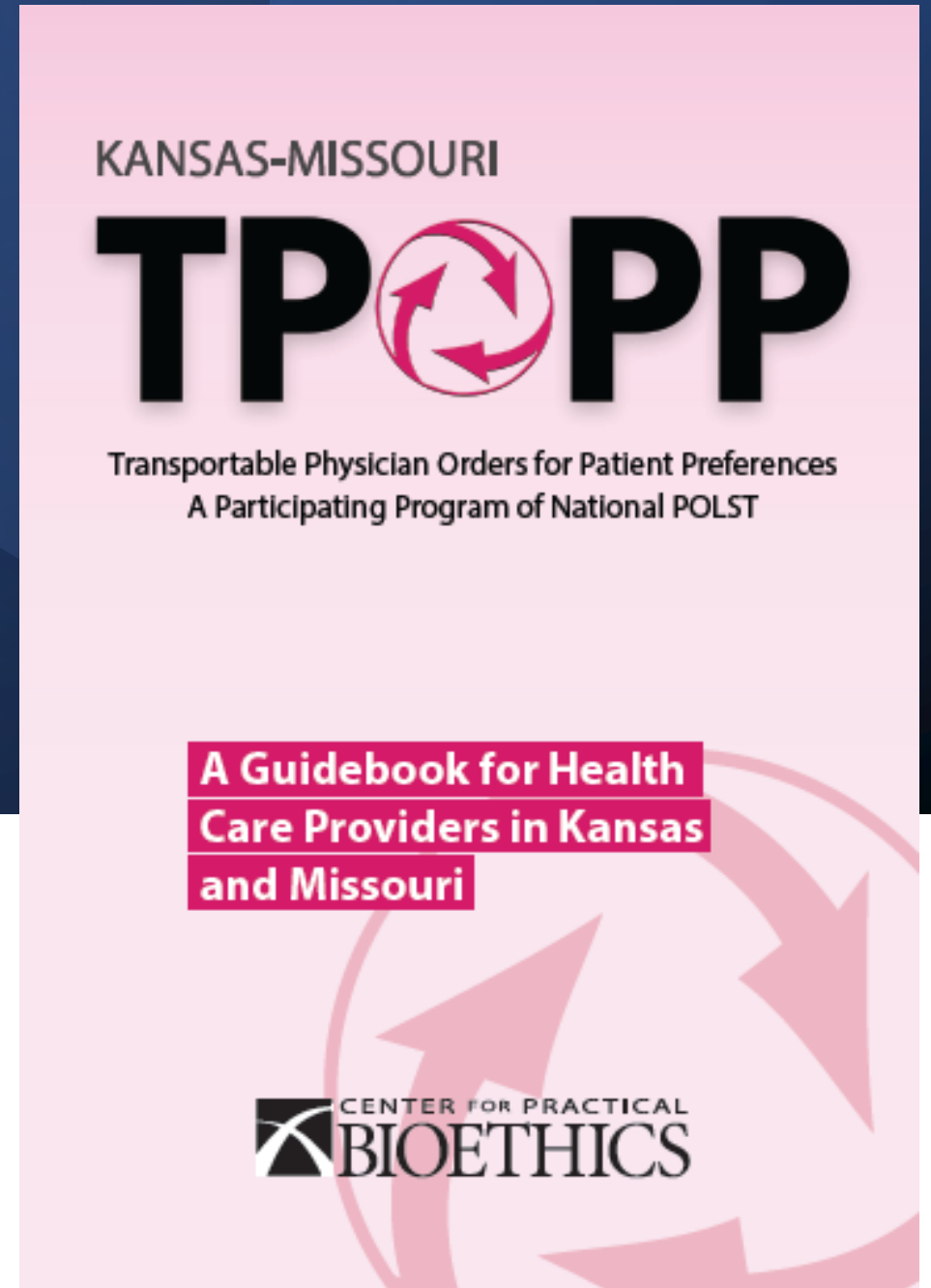
Charles Crecelius, MD, PhD

Jessica Kalender-Rich, MD, MPH

John G Carney, MEd

Polo Camacho, PhD

11/3/22



# Objectives for today

- Update on Changes to the TPOPP/POLST Initiative
  - Review Form
- Review Clinical Guide
  - Get Feedback
- Address Questions

# Form Changes

## Color and Distinction (per National POLST) guidelines

- 1.Changed from all Pink to pink rimmed with white background
- 2.Ease of copying. Forms still must be ordered in bulk for tracking.
- 3.National POLST Logo
- 4.Name will be standardized as TPOPP/POLST

**FORM SHALL ACCOMPANY PERSON WHEN TRANSFERRED OR DISCHARGED**

**Kansas – Missouri Transportable Physician Orders for Patient Preferences (TPOPP/POLST)**

This Medical Order set is based on the patient's current medical condition and preferences. Any section not completed indicates default treatment for that section. The original form need not be present at the time of emergency. A copied, faxed or electronic version of this form is valid.

Last Name: \_\_\_\_\_ First Name, MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last 4 SSN or Patient ID#: \_\_\_\_\_

**A. CHECK ONE**  
**CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing. If patient is not in cardiopulmonary arrest, follow orders in B and C.  
☐ Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B) ☐ Do Not Attempt Resuscitation (DNR/no CPR/Allow Natural Death)

**B. CHECK ONE**  
**INITIAL TREATMENT ORDERS:** Follow these orders if patient has a pulse and/or is breathing.  
Reassess and discuss treatments with patient and/or representative regularly to ensure patients care goals are met.  
☐ Full Treatments (required if CPR chosen in Section A). **GOAL: Attempt to sustain life by all medically effective means:** Provide appropriate medical treatments as indicated in an attempt to prolong life, including intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion, including intensive care.  
☐ Selective Treatments. **GOAL: Attempt to restore function while avoiding intensive care and resuscitation efforts (i.e. ventilator, defibrillation, and cardioversion).** May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location.  
☐ Comfort-focused Treatments. **GOAL: Attempt to maximize comfort through symptom management only; allow natural death.** Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or selective treatments unless consistent with comfort goal. Transfer to hospital if comfort cannot be achieved in current setting.

**C. CHECK ONE**  
**MEDICALLY ADMINISTERED NUTRITION:** Offer food by mouth if desired by patient, is safe and tolerated.  
☐ Provide feeding through new or existing surgically-placed tubes  
☐ Trial period for medically assisted nutrition but no surgically-placed tubes  
☐ No medically assisted means of nutrition desired  
☐ Not discussed or no decision made

**D.**  
**ADDITIONAL ORDERS OR INSTRUCTIONS FOR SECTIONS B AND C:** Includes e.g., time trials, blood products, and other orders. [EMS Protocols may limit emergency responder ability to act on orders in this section.]

**E. CHECK ALL THAT APPLY**  
**INFORMATION AND SIGNATURES (E-Signed documents are valid)**  
Discussed with:  
☐ Patient ☐ Agent/DPOA Health Care ☐ Parent of minor ☐ Legal guardian  
☐ Patient Representative ☐ Other (specify): \_\_\_\_\_  
Signature of patient or recognized decision maker (all fields required): By signing this form, the patient/recognized decision maker voluntarily acknowledges that this treatment order is consistent with the known desires and/or best interest of the patient.  
Print name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
The most recently completed valid TPOPP/POLST form supersedes all previously completed TPOPP/POLST forms.  
Phone: \_\_\_\_\_  
Signature of authorized healthcare provider (all fields required): My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. (verbal orders are acceptable with follow up signature)  
Print name of authorized provider and/or Physician: \_\_\_\_\_  
Signature of authorized provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

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# Form Changes

## Clarifying language

- “Treatment” is used throughout
- Goals section broader - covers both Section B and C,
- Nutrition section allows for no decision - as yet.

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**E. CHECK ALL THAT APPLY**

**INFORMATION AND SIGNATURES (E-Signed documents are valid)**

Discussed with:

☐ Patient ☐ Agent/DPOA Health Care ☐ Parent of minor ☐ Legal guardian

☐ Patient Representative ☐ Other (specify): \_\_\_\_\_

Signature of patient or recognized decision maker (all fields required): By signing this form, the patient/recognized decision maker voluntarily acknowledges that this treatment order is consistent with the known desires and/or best interest of the patient.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of authorized healthcare provider (all fields required): My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. (verbal orders are acceptable with follow up signature)

Print name of authorized provider and/or Physician: \_\_\_\_\_

Signature of authorized provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

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# Form Changes

- Reverse side expands Info from side 1.
  - includes additional supportive information for ACP,
  - emergency contact information
  - hospice enrollment if applicable
  - uniform language for support persons.
- More consistency with National POLST form recommendations

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**ADVANCE CARE DIRECTIVES & EMERGENCY CONTACTS**

**Review of Advance Directives (Check all that apply)**

☐ Healthcare Directive (Living Will) ☐ Other Instructions or Documents

☐ Advance Directives Unavailable ☐ No Advance Directives Exist

☐ 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)**

☐ Social Worker ☐ Nurse ☐ Clergy ☐ Palliative Care Provider

☐ Health Care Agent ☐ Parent of Minor ☐ Family Member ☐ "Person of Care and Concern"

☐ Patient Advocate ☐ Legal Guardian ☐ Other: \_\_\_\_\_

**Instructions for Completing TPOPP/POLST**

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- 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:
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  - 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.
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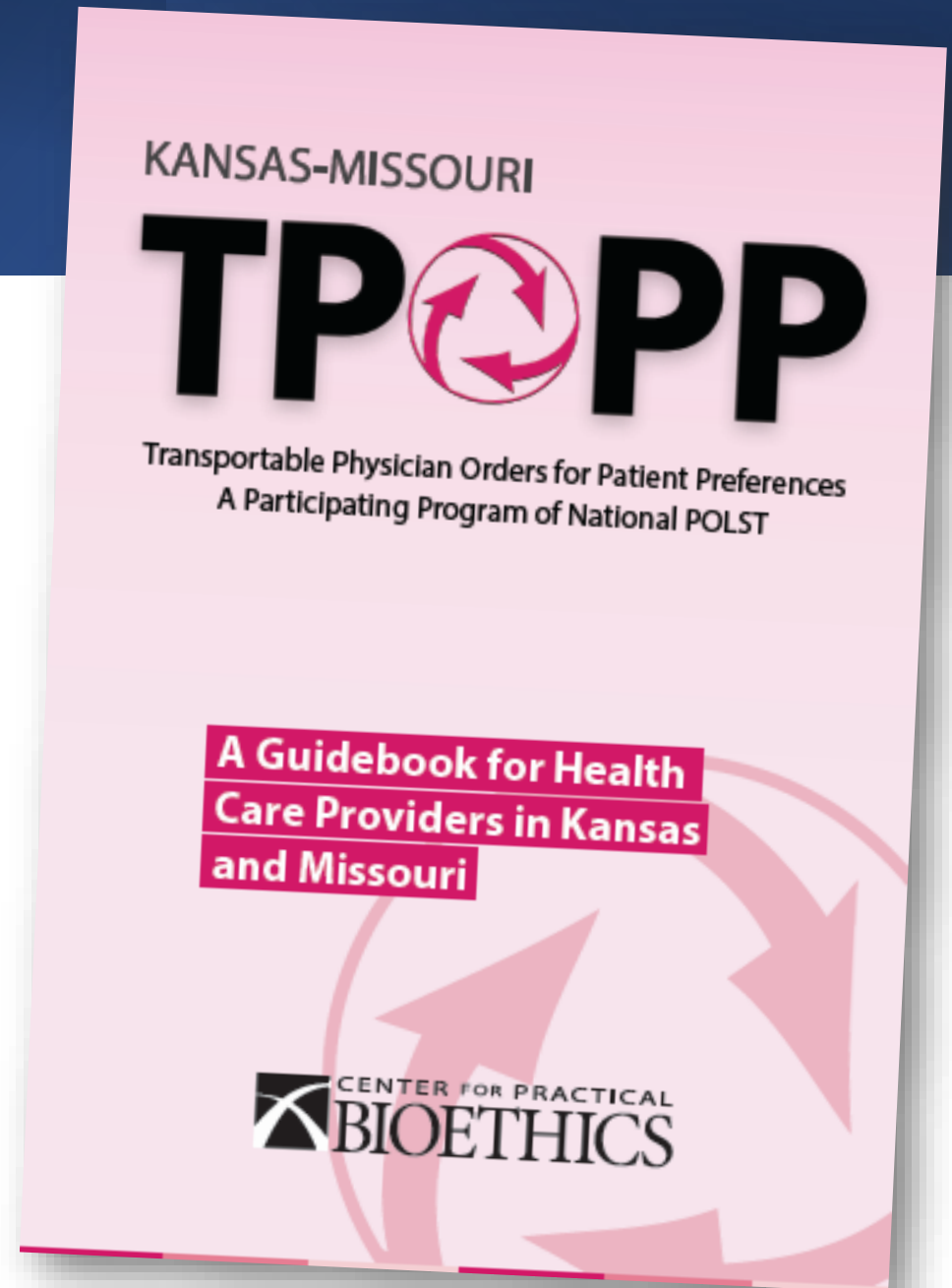
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# TPOPP/POLST Clinical Guide

## Changes to TPOPP/POLST Clinical Guide

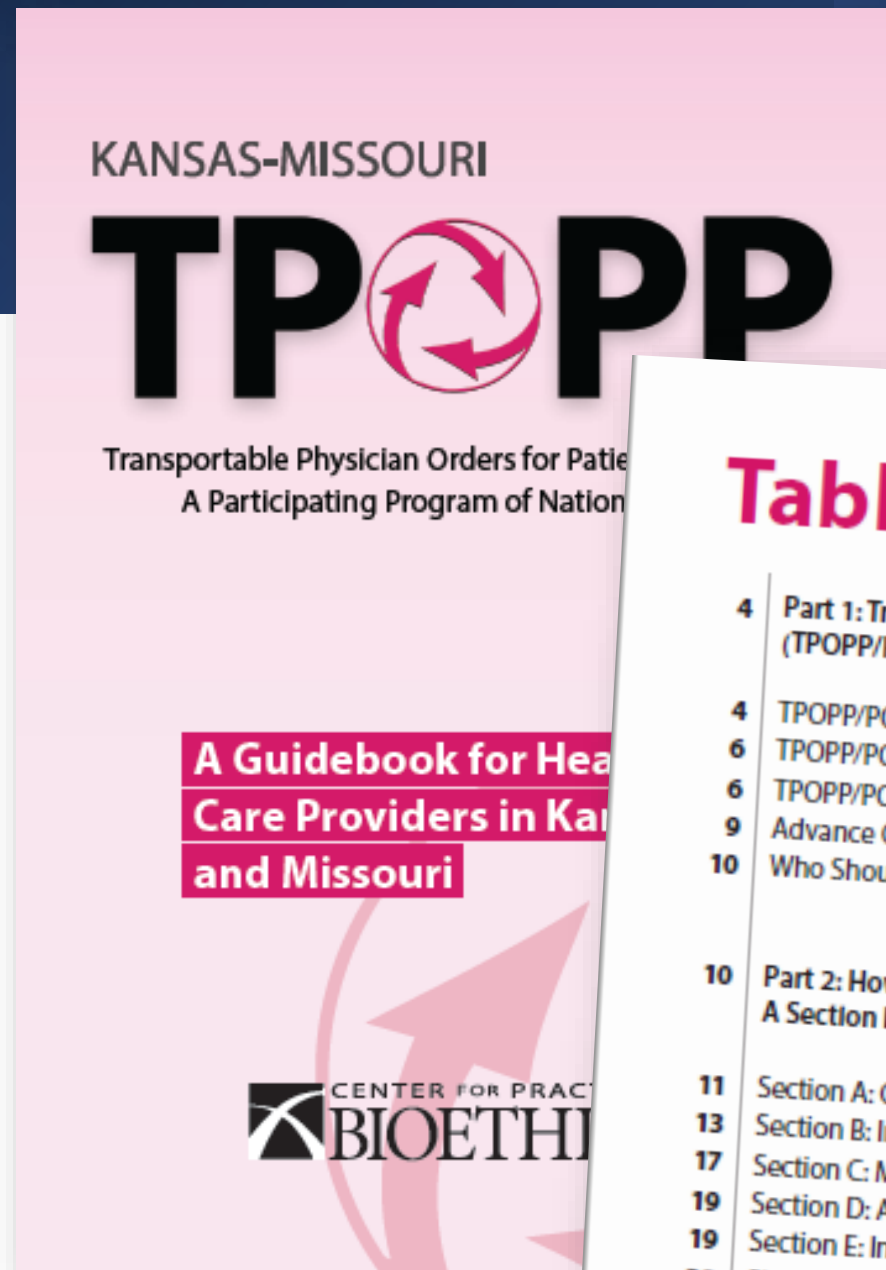
1. New Table of Contents with jump links (4 sections)
2. Resource available digitally (downloadable) and hard copy (individual) Quantity discounts – pending.
1. Contents: Greater clarity and more consistent use of language (e.g., terms “interventions” “aggressive” stricken)
2. ACP Resources for training and support (e.g., Ariadne Labs, Vital Talk, CAPC, Caring Conversations [CPB])
3. Evidence based references and updated research added.



# TPOPP/POLST Initiative

1. Part of National POLST
2. Community-based approach
3. Sponsored by CPB with Bi-state collaborators

\*Acute/Post- and Non-acute settings, Palliative Care, EMS, etc.



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# Program Development & Goals

- **Program Development**

- TPOPP/POLST Initiative

- Adapted from the National POLST Program.
    - Purpose to communicate individual patient's preferences for treatments who are living with advanced illness or frailty by providing current medical orders sets that will be honored across healthcare settings.
    - Designed for use by all providers including first responders, acute, post- and non-acute and institutional long-term care settings and community-based providers.

- **Goals**

- **Primary Objective** is to achieve goal concordant care by communicating selective treatments that reflect patient's current condition and goals of care, thereby ensuring higher family/patient satisfaction and health outcomes.



# Core Elements of TPOPP/POLST

- **Core Elements**

- Is recommended for individuals with advanced, chronic, progressive disease, clinical frailty, and/or terminal conditions.
- May be used to indicate a preference to receive all medically indicated treatments or to limit medical interventions including attempts at cardiopulmonary resuscitation (CPR).
- Provides explicit direction about resuscitation status (“code status”) if the patient is without a pulse and/or is not breathing (apneic).
- Includes directions about other treatments that the patient may or may not select.
- Accompanies the patient to and from all settings
- Is based on the individual’s current medical condition
- Accompanies the patient to and from all settings and should be reviewed periodically

# ACP Documents VS. TPOPP/POLST form

Note: Completed TPOPP form is **one possible** outcome of serious illness care planning.

- For clinical resources on how to conduct serious illness care planning conversations visit:
- [Ariadne Labs \(Serious Illness\)](#)
- [VitalTalk](#)
- [Caring Conversations®](#) and [CPB resources](#)
- [PREPARE For Your Care](#)

## ACP Documents

- a. For all adults
- b. Completed ahead of time to address a person's wishes in a potential future state of illness.
- c. Applies only when decision-making capacity is lost
- d. Contains no actionable medical orders
- e. Often does not accompany patient

## TPOPP/POLST Form

- a. For those with advanced, chronic, progressive disease or terminal conditions
- b. Applies right now and translates patient wishes in the current state of illness into medical orders
- c. Not conditional on losing decision-making capacity
- d. Constitutes actionable medical orders
- e. Accompanies patient across care settings

# Who Should Complete a TPOPP/POLST form?

**Health care professionals should discuss TPOPP/POLST with their patients if the patient/resident:**

- Wants all medically indicated treatments.
- Wants to select specific re: avoiding ICU Tx's.
- Wants to maximize comfort and AND.
- Has advanced chronic and/or progressive disease Dx or terminal condition
- Advanced age and medical frailty
- No requirements for where patient reside; many living in long-term care or receiving home-based clinical support may be appropriate.

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**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
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  - 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.

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# How to Complete a TPOPP/POLST Form: A Section-by-section Breakdown

## Overview of:

- 1. Section A:** Cardiopulmonary Resuscitation (CPR)
- 2. Section B:** Initial Treatment Orders
- 3. Section C:** Medically Administered Nutrition
- 4. Section D:** Additional Orders
- 5. Section E:** Information & Signatures



# Section A: Cardiopulmonary Resuscitation (CPR)

**Section A** orders apply when the person is in cardiopulmonary arrest (i.e., has no pulse and is not breathing).

For other situations, refer to Sections B and C.

Date of Birth:		Last 4 SSN or Patient ID#:			
A. CHECK ONE	<b>CARDIOPULMONARY RESUSCITATION (CPR):</b> Person has no pulse and is not breathing. If patient is not in cardiopulmonary arrest, follow orders in B and C.				
	<input type="checkbox"/> <b>Attempt Resuscitation/CPR</b> <i>(Selecting CPR in Section A requires selecting Full Treatment in Section B)</i> <input type="checkbox"/> <b>Do Not Attempt Resuscitation</b> <i>(DNAR/no CPR/Allow Natural Death)</i>				
B. CHECK ONE	<b>INITIAL TREATMENT ORDERS:</b> Follow these orders if patient has a pulse and/or is breathing.				
	Reassess and discuss treatments with patient and/or representative regularly to ensure patients care goals are met.				

Using TPOPP/POLST

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

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# Section B: Initial Treatment Orders

**Section B** orders apply to other emergency medical circumstances.

Accompanying each treatment option is a GOAL statement to share with the patient/representative.

<b>B.</b> CHECK ONE	<b>INITIAL TREATMENT ORDERS: Follow these orders if patient has a pulse and/or is breathing.</b>
	Reassess and discuss treatments with patient and/or representative regularly to ensure patients care goals are met.
	<input type="checkbox"/> <b>Full Treatments (required if CPR chosen in Section A).</b> <u>GOAL: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical treatments as indicated in an attempt to prolong life, including intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion, including intensive care.
	<input type="checkbox"/> <b>Selective Treatments.</b> <u>GOAL: Attempt to restore functions while avoiding intensive care and resuscitation efforts (i.e., ventilator, defibrillation, and cardioversion).</u> May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location.
<input type="checkbox"/> <b>Comfort-focused Treatments.</b> <u>GOAL: Attempt to maximize comfort through symptom management only; allow natural death.</u> Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or selective treatments unless consistent with comfort goal. Transfer to hospital if comfort cannot be achieved in current setting.	

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# Section C: Medically Administered Nutrition

**Section C** orders apply to long-term medically administered nutrition.

It is intended that all feeding options are fully explained to the patient/representative.

Boxes are checked after thoroughly discussing patient preferences and goals.

<b>C.</b> CHECK ONE	<b>MEDICALLY ADMINISTERED NUTRITION: Offer food by mouth if desired by patient, is safe and tolerated.</b> <input type="checkbox"/> Provide feeding through new or existing surgically-placed tubes <input type="checkbox"/> Trial period for medically assisted nutrition but no surgically-placed tubes <input type="checkbox"/> No medically assisted means of nutrition desired <input type="checkbox"/> Not discussed or no decision made
<b>D.</b>	<b>ADDITIONAL ORDERS OR INSTRUCTIONS FOR SECTIONS B AND C:</b> Includes e.g., time trials, blood products, and other orders. [EMS Protocols may limit emergency responder ability to act on orders in this section.]

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

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 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](mailto:TPOPP@practicalbioethics.org)

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# Section D: Additional Orders

**Section D** applies to additional medical orders or instructions that are otherwise not specified in this form.

The medical provider should work directly with the patient to ensure consistency across sections.

<b>C.</b> CHECK ONE	<b>MEDICALLY ADMINISTERED NUTRITION:</b> Offer food by mouth if desired by patient, is safe and tolerated.
	<input type="checkbox"/> Provide feeding through new or existing surgically-placed tubes <input type="checkbox"/> Trial period for medically assisted nutrition but no surgically-placed tubes <input type="checkbox"/> No medically assisted means of nutrition desired <input type="checkbox"/> Not discussed or no decision made
<b>D.</b>	<b>ADDITIONAL ORDERS OR INSTRUCTIONS FOR SECTIONS B AND C:</b> Includes e.g., time trials, blood products, and other orders. [EMS Protocols may limit emergency responder ability to act on orders in this section.]

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)

☐ Healthcare Directive (Living Will) ☐ Other Instructions or Documents

☐ Advance Directives Unavailable

**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.

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# Section E: Information & Signatures

**Completing the form:** the medical provider checks the box(es) indicating with whom they discussed the orders.

Both the medical provider and the patient/representative include their contact information and signature.

NOTE: **Authorized Provider** signs.

Currently in KS that is physician and PA (APRNs not yet eligible)

In MO it is still physician only.

<b>E.</b> CHECK ALL THAT APPLY	<b>INFORMATION AND SIGNATURES (E-Signed documents are valid)</b>		
	<b>Discussed with:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Agent/DPOA Health Care <input type="checkbox"/> Parent of minor <input type="checkbox"/> Legal guardian <input type="checkbox"/> Patient Representative <input type="checkbox"/> Other ( <i>specify</i> ): _____		
	<b>Signature of patient or recognized decision maker (all fields required):</b> By signing this form, the patient/recognized decision maker voluntarily acknowledges that this treatment order is consistent with the known desires and/or best interest of the patient.		
	Print name:	Signature:	The most recently completed valid TPOPP/ POLST form supersedes all previously completed TPOPP/POLST forms.
	Address:	Relationship:	Phone:
	<b>Signature of authorized healthcare provider (all fields required):</b> My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. (verbal orders are acceptable with follow up signature)		
	Print name of authorized provider and/or Physician:		Phone:
	Signature of authorized provider:		Date:
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**Revolving 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.
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# Advance Directives & Emergency Contacts

## Note:

1. TPOPP/POLST Form is an element of ACP
2. Other ACP documents can be noted on the TPOPP/POLST form.
3. Provide the Patient's Emergency Contact Information.
4. Check off the individuals assisting with the form.

**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)**

☐ Healthcare Directive (Living Will) ☐ Other Instructions or Documents  
☐ Advance Directives Unavailable ☐ No Advance Directives Exist  
☐ 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)**

☐ Social Worker ☐ Nurse ☐ Clergy ☐ Palliative Care Provider  
☐ Health Care Agent ☐ Parent of Minor ☐ Family Member ☐ "Person of Care and Concern"  
☐ Patient Advocate ☐ Legal Guardian ☐ Other: \_\_\_\_\_

**Authorizing 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.

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# Comparisons Between KS & MO Documents and TPOPP/POLST Form

## Comparison Between TPOPP/POLST Form and Kansas DNR Directive

*How does the TPOPP/POLST Form compare to the Kansas DNR Directive?*  
See below for a comparison.

Document Features	Kansas DNR Directive	TPOPP/POLST - Medical Order
Governed By	Statutes K.S.A. 65-4941 et.al.	Scope of Practice and Standard of Care and community consensus (DNR orders not required by KS law to be in a particular form)
Target groups	Capacitated adults called Declarants who wish to refuse CPR for personal, health or religious reasons. (No illness criteria or other health directives required)	Persons with or without capacity living with advanced illness or frailty who by expression of advance health care directives indicate treatment preferences for full, selected, or no CPR (or meet AHA criteria for no benefit/harm*) or have elected a comfort care plan or have a representative to act on their behalf in accordance with state law to concur with a provider authorized to write CPR medical orders.
Settings	Hospital to Nursing Home (and back)	All settings—including inpatient, outside- and pre-hospital, home and community dwellings, residential and long term care facilities.
Initiated by	Declarant (Patient with capacity) requests DNR order from Physician or PA.	Physician or authorized licensed professional on behalf of patients with advanced illness/frailty in compliance with scope of practice, law/regulations.
Health Status of Patient	Not required for declaration.	Serious illness and/or advanced frailty (see POLST Intended Population)

# Comparisons Between KS & MO Documents and TPOPP/POLST Form

## Comparison Between TPOPP/POLST Form and Kansas DNR Directive

<b>Adherence to Form</b>	Directive must be substantially in the form prescribed by statute	Standardized TPOPP/POLST form adopted by consensus for transportability across settings. No required DNR form required by statute.
<b>Immunity protections</b>	Immunity from liability subject to K.S.A. 65-4944	Immunity from liability provided by KSA 65-4944 to authorized provider validly executing a DNR order (see KSA 65-4941 thru 65-4944).
<b>Measures Addressed</b>	Addresses only CPR	Addresses Full Treatment to DNAR range of treatments to guide responders (Full to Comfort) based on patient current condition, directives, and goals of care. Medically assisted nutrition and other treatments included.
<b>Applicability to persons without capacity</b>	Directive law is not applicable to those without capacity	Applies to all target group populations including those with Class III Heart Failure subject to "No Benefit" or "Harm" designation for CPR*

\* See Integrated 2010, 2015, 2020 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care <https://cpr.heart.org/en>



# Comparisons Between KS & MO Documents and TPOPP/POLST Form

## Comparison Between TPOPP/POLST Form and MO OHDNR “Purple Form.”

### *How does the TPOPP/POLST Form compare to the Missouri OHDNR Purple Form?*

See below for a comparison.

Document Features	Missouri OHDNR Purple Form	TPOPP/POLST - Medical Order
Governed By	Statutory citation 190.600-190.621 RSMo (9/07)	Scope of Practice, Standard of Care and clinical consensus (Any valid DNR orders may be honored per MO DHSS guidance Long-term Care Bulletin [Summer 2010] and EMS Bureau Memo July 10, 2018)
Target groups	Capacitated adults or those represented by an agent for whom the individual has granted authority to decline CPR in the event of cardiac or respiratory arrest.	Persons with or without capacity living with advanced illness or frailty who: 1) by advance health care directives indicate treatment preferences for all, certain types or no CPR interventions (or meet CPR medical criteria for no benefit/harm*), 2) have elected a comfort care plan, or 3) have a representative to speak on their behalf in accordance with state law to concur with a provider authorized to write CPR medical orders.
Settings	All outside hospital settings.	All settings—including inpatient, outside- and pre-hospital, home and community dwellings, residential and long term care facilities.
Initiated by	Patient with capacity or agent with powers granted in notarized appointment.	Physician or authorized licensed professional on behalf of patients with advanced illness/frailty in compliance with scope of practice, law/regulations.

# Comparisons Between KS & MO Documents and TPOPP/POLST Form

## Comparison Between TPOPP/POLST Form and MO OHDNR “Purple Form.”

Health Status of Patient	Not required for declaration.	Serious illness and/or advanced frailty (see POLST Intended Population)
Requirements to execute/validate	Capacitated Patient must authorize, or grant agent power via advance directive.  Physician signature required.	Signature of physician/authorized licensed professional required. Signature of patient or representative required for validity to acknowledge/concur with medical order.
Adherence to Form	Must be in the form prescribed by statute for immunity protection.	Standardized TPOPP/POLST form adopted by consensus for transportability across settings.  Acceptable per MO EMS Bureau Memo, July 10, 2018.
Immunity protections	Immunity from liability subject to 190.606 RSMo (9/07)	Governed by Standard of Care and Scope of Practice. Proposed language for immunity under consideration.
Range of Treatments Addressed	Addresses only Full or No CPR attempt	Addresses complete range of treatments from Full Treatment to DNAR in guiding responders and providers. Based on patient current condition, directives, and goals of care. Medically assisted nutrition and other treatments included.

\* See Integrated 2010, 2015, 2020 American Heart Association Guidelines for CPR and Emergency Cardiovascular Care <https://cpr.heart.org/en>

# New Clinical Guide

- Questions
- Comments
- Concerns
- Feedback
- Recommendations

[pcamacho@practicalbioethics.org](mailto:pcamacho@practicalbioethics.org)

816.979.1366

Thank you!