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**Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420**

**VHA HANDBOOK 1004.04
Transmittal Sheet
June 15, 2007**

STATE-AUTHORIZED PORTABLE ORDERS

- 1. REASON FOR ISSUE.** This Veterans Health Administration (VHA) Handbook defines the use and execution of state-authorized portable do-not-resuscitate and/or do-not-attempt-resuscitation (DNAR) orders and orders for life-sustaining treatment by authorized VHA practitioners.

- 2. SUMMARY OF CONTENTS/MAJOR CHANGES.** This is a new Handbook that:
 - a. Supports the use and execution of state-authorized portable orders in VHA facilities.
 - b. Requires implementation of local facility policy by December 31, 2007.

- 3. RELATED ISSUE.** VHA Handbooks 1004.1 and 1004.3.

- 4. RESPONSIBLE OFFICE.** The National Center for Ethics in Health Care (10E) is responsible for the contents of this Handbook. Questions may be directed to 202-501-0364.

- 5. RESCISSIONS.** None.

- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on or before the last working day of June 2012.

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STATE-AUTHORIZED PORTABLE ORDERS

1. PURPOSE

This Veterans Health Administration (VHA) Handbook defines the use and execution of state-authorized portable do-not-resuscitate (DNR) and/or do-not-attempt-resuscitation (DNAR) orders and orders for life-sustaining treatment by authorized VHA practitioners.

2. BACKGROUND

a. Patients have expressed concern that their documented life-sustaining-treatment preferences may be ignored in emergency situations. In response, many states have developed protocols that translate a patient's preferences regarding interventions such as resuscitation, mechanical ventilation, or the provision of artificial nutrition and hydration into portable doctor's orders. These state-authorized portable orders are communicated to first responders and clinicians through specialized forms (such as Oregon's Physician Orders for Life-Sustaining Treatment [POLST]) or identifiers (such as a DNAR bracelet).

b. By giving legitimacy to, and standardizing, these protocols, states are attempting to promote community-wide use and practitioner adherence in order to ensure that a patient's chosen order status will be respected by emergency medical service providers and receiving health care facilities.

c. Consistent with its commitment to ensure that veteran's values, goals, and treatment preferences are respected and reflected in the care they receive, VHA supports the use of state-authorized portable orders.

3. DEFINITIONS

a. **Corresponding VHA Orders.** Corresponding VHA orders are orders written by a VHA provider that replicate the substance of the veteran's state-authorized portable order. Corresponding orders are written only when either the veteran is unstable, or the veteran has lost decision-making capacity and the veteran's state-authorized portable order was written based on the veteran's consent, not on the basis of surrogate consent (see App. A).

b. **Do Not Resuscitate (DNR) or Do Not Attempt Resuscitation (DNAR) Order.** A DNR or DNAR order is an order instructing health care personnel to withhold CPR (cardiopulmonary resuscitation) in the event of cardiac arrest. *NOTE: The terms DNAR, DNR, No-CPR are synonymous. For consistency, the acronym DNAR is used in this Handbook.*

c. **MOLST.** New York's Medical Orders for Life Sustaining Treatment.

d. **POLST.** Oregon's Physician Orders for Life-Sustaining Treatment.

e. **POST.** West Virginia's Physician Orders for Scope of Treatment.

f. **State-Authorized Portable Orders.** State-authorized portable orders are specialized forms (e.g., Oregon's Physician Orders for Life-Sustaining Treatment [POLST], West Virginia's Physician Orders for Scope of Treatment [POST], New York's Medical Orders for Life Sustaining Treatment [MOLST]), out-of-hospital DNAR orders (e.g., New York State's Out-of-Hospital DNR order form), or identifiers (e.g., DNAR bracelets or necklaces) authorized by state law, that translate a patient's preferences with regard to specific end-of-life treatment decisions into portable medical orders. Portable orders are designed to be easily recognizable and understood by first responders and other health care personnel and to travel with the patient whenever the patient is transported to or from a health care facility.

g. **Surrogate Decision Maker.** A Surrogate Decision Maker is an individual or group authorized under the Department of Veterans Affairs (VA) regulation and policy (38 C.F.R. §17.32 and VHA Handbook 1004.1) to make health care decisions on behalf of a patient who lacks decision-making capacity.

4. SCOPE

Veteran's state-authorized portable orders for DNAR and/or life-sustaining treatment are recognized by VHA and authorized VHA practitioners must write such orders to the extent permissible by VHA policy, and state and Federal law.

5. PROCEDURES FOR IMPLEMENTATION OF VETERANS' STATE-AUTHORIZED PORTABLE ORDERS BY VHA

When a veteran presents to a VHA facility with state-authorized portable orders, VHA practitioners must adhere to the following procedures (see App. A for flowchart):

(1) Under circumstances where the veteran's condition is unstable and immediate action is required, the VHA practitioner must:

(a) Act in accordance with the veteran's state-authorized portable orders absent any reason to doubt their validity (e.g., the form or identifier is inconsistent with known state requirements, required signatures are missing, the form or identifier has clearly been tampered with (see subpar. 5b), or the veteran indicates by unambiguous verbal or non-verbal instructions that the order is to be rescinded (as the current wishes of the competent patients have priority)), and

(b) Write corresponding VHA orders (see subpar. 3a) based on the state-authorized portable order or, if orders are not applicable (e.g., the POLST says "no dialysis"), document relevant information in the patient's treatment plan. *NOTE: VHA practitioners may only write such orders as they are otherwise authorized to write under VHA policy and Federal law.*

(2) Under circumstances where the veteran's condition is stable, practitioners must, at the earliest opportunity, confirm the orders, depending on the veteran's decision-making capacity, as follows:

(a) If the veteran has decision-making capacity, the VHA practitioner must confirm the orders with the veteran and follow applicable VHA policy for writing new orders, if needed, including appropriate documentation procedures as indicated in Handbook 1004.3 and Handbook 1004.1.

(b) If the veteran does not have decision-making capacity, the VHA practitioner must consult with the veteran's surrogate and confirm that the state-authorized portable orders are consistent with the veteran's advance directive, if any. In general, if the state-authorized portable orders and the advance directive are inconsistent with one another, priority must be given to the most recent statement by the patient of the patient's wishes. **NOTE:** *Practitioners may wish to consult Regional Counsel and/or the Ethics Consultation Service to make a determination about specific cases in which the patient lacks decision-making capacity and the state-authorized portable order and advance directive are inconsistent.*

1. If the advance directive is determined to have priority, the VHA practitioner must, with the surrogate, implement the advance directive (see VHA Handbook 1004.2) and write VHA orders as appropriate.

2. If the state-authorized portable order is determined to have priority and it clearly documents that it was written based on consent from the veteran, then the state-authorized portable order and the corresponding VHA orders stand for the duration of the veteran's stay in a VHA facility, as clinically appropriate. If the veteran has an identified surrogate, the surrogate must be made aware of the corresponding VHA orders.

3. If the state-authorized portable order is determined to have priority and if it clearly documents that it was either written based on surrogate consent (i.e., it was not written based on consent from the veteran) or the source of consent is not immediately evident (e.g., on bracelet or necklace), then the VHA practitioners must confirm the orders with a surrogate decision maker. VHA practitioners must adhere to VHA Handbook 1004.1 in identifying the appropriate surrogate decision maker. This may or may not be the same as the surrogate listed on the veteran's state-authorized portable order. Once confirmed with the surrogate, the practitioner must follow applicable VHA policy for writing new orders, if needed, including appropriate documentation procedures as indicated in Handbook 1004.3 and Handbook 1004.1.

6. DOCUMENTATION OF THE IMPLEMENTATION OF VETERANS' STATE-AUTHORIZED PORTABLE ORDERS BY VHA

a. When practitioners write *corresponding* VHA orders on the basis of state-authorized portable orders, they must document the orders as follows. **NOTE:** *Corresponding orders are orders written by a VHA provider that replicate the substance of the veteran's state-authorized portable order.* Corresponding orders are written only when either the veteran is unstable, or the veteran has lost decision-making capacity and the veteran's state-authorized portable order was written based on the veteran's consent, not on the basis of surrogate consent (see App. A).

(1) Write a progress note indicating that the veteran presented with an authorized identifier (e.g., bracelet or necklace) or paper orders (e.g., POLST) and the date and jurisdiction of the

orders. The progress note is to describe the relevant orders. The note must be associated with note title “Out-of-Hospital Orders.”

(2) If the veteran presents with paper orders, practitioners must have the orders promptly scanned into the veteran’s electronic health record with an associated progress note titled “Out-of-Hospital Orders.” The original document must be returned to the veteran or surrogate decision maker.

b. Writing a corresponding VHA DNAR order (a VHA DNAR order that replicates the substance of the veteran’s state-authorized portable order), represents an exception to the documentation requirements of Handbook 1004.3. That is, in order to honor and facilitate the portability and durability of valid state-authorized portable orders, the practitioner is not required, when writing a corresponding VHA DNAR and progress note, to document diagnosis and prognosis, consensual decisions and recommendations, assessment of the veteran’s decision-making capacity, or veteran wishes as outlined in Handbook 1004.3. *NOTE: This exception applies only to corresponding VHA DNAR orders, that is, DNAR orders that replicate the substance of the veteran’s state-authorized portable order.*

c. Any new VHA orders (separate from the *corresponding* orders) must be documented in a manner consistent with VHA documentation protocols (see VHA Handbook 1907.1).

7. PROCEDURES FOR THE OFFERING AND WRITING STATE-AUTHORIZED PORTABLE ORDERS FOR VHA PATIENTS AS PART OF OUTPATIENT OR HOME CARE OR AT DISCHARGE

a. State-authorized portable orders are valid outside of VHA facilities. Therefore, such orders may only be written by VHA practitioners who are permitted under both state law and their VHA scope of practice to write such orders. If a practitioner determines that state-authorized portable orders are appropriate, but does not have authority to write them, the practitioner must follow locally-established procedures (see subpar. 9c) for identifying the appropriate practitioner to write the orders. *NOTE: Regardless of state law, practitioners not authorized within their VHA scope of practice to write DNAR orders are not permitted to write state-authorized portable orders.*

b. In states that authorize the use of portable orders, VHA practitioners must give veterans the opportunity to have such orders written or revised as part of the discharge planning process from a VHA facility and, when appropriate, as part of out-patient or home care. These orders must be based on a discussion with the veteran or, as appropriate, the veteran’s surrogate decision maker, as well as an assessment of the veteran’s current diagnosis, condition and preferences. These orders must be offered, written, or revised under the following circumstances:

(1) As appropriate to the veteran’s medical condition and preferences, authorized practitioners must write state-authorized portable orders for all veterans who request them.

(2) As part of discharge planning for veterans who have presented with existing state-authorized portable orders, practitioners must discuss with the veteran or surrogate whether the orders is to remain as-is or whether revisions are needed. If revisions are needed and desired by

the veteran, the practitioner must provide new state-authorized portable orders to the veteran at discharge.

(3) State-authorized portable orders must be offered at discharge to veterans for whom a DNAR order or orders regarding life-sustaining treatment (including artificially administered nutrition and hydration and mechanical ventilation) have been written in the context of their VHA care.

8. DOCUMENTATION OF THE OFFERING AND WRITING STATE-AUTHORIZED PORTABLE ORDERS FOR VHA PATIENTS AS PART OF OUTPATIENT OR HOME CARE OR AT DISCHARGE

When state-authorized portable orders are written by a VHA provider (e.g., at discharge or as part of out-patient or home care), a copy of the completed form must be incorporated into the health record with an associated progress note titled “Out-of-Hospital Orders.” If these state-authorized portable orders contain a DNAR order, the documentation requirements in Handbook 1004.3 must be followed.

9. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The Facility Director is responsible for:

a. Ensuring that local policy and procedures, consistent with this Handbook, are developed, published, and implemented, no later than December 31, 2007. *NOTE: Because state laws vary regarding the forms or identifiers that may be recognized and the categories of professional who may write state-authorized portable orders, it is essential that Facility Directors consult with Regional Counsel before developing facility-based policy and procedures.*

b. Consulting with Regional Counsel to develop facility-based policy and procedures on state-authorized portable orders, including determination and identification in policy of the categories of practitioner authorized under VHA scope of practice and state law to write state-authorized portable orders for use outside of VHA facilities.

c. Developing protocols identifying who will write state-authorized portable orders when the practitioner responsible for the veteran’s care is not authorized to write the order under their VHA scope of practice or state law.

d. Ensuring a document management protocol for entering state-authorized portable orders into a veteran’s electronic health record.

e. Defining in the facility policy memorandum the state forms and identifiers that will be accepted at the facility. *NOTE: In making this determination, the Director may want to consider accepting not only the form and/or identifier authorized in the state in which the facility is located, but also those state forms and identifiers that may be presented by veterans in the facility’s catchment area (e.g., Northern California facilities may also want to accept the Oregon Physician Orders for Life-Sustaining Treatment [POLST]; Florida facilities that treat veterans*

from New York may also want to accept the New York Medical Orders for Life Sustaining Treatment [MOLST]; West Virginia facilities may also want to accept Virginia's Durable DNR).

f. Ensuring that as part of the implementation of this Handbook, VHA staff receive training about the use and execution of state-authorized portable orders to avoid potential difficulties for staff not familiar with these forms or procedures. This includes ensuring that VHA staff are familiar with all of the state forms and identifiers accepted at the facility.

g. Ensuring that state-authorized portable order forms and identifiers, from the state in which the facility is located, are available for ready access on units, in clinics, and in community-based settings. **NOTE:** *To facilitate access to state forms, the Facility Director may want to instruct the iMedConsent Administrator to enter relevant forms into the iMedConsent library for easy download.*

10. RESPONSIBILITIES OF INFORMATION RESOURCES MANAGEMENT SERVICE (IRMS)

The IRMS is responsible for linking “Out-of-Hospital Orders” progress note titles to the CWAD postings under “D.”

11. RESPONSIBILITIES OF THE CHIEF OF STAFF

The Facility Chief of Staff is responsible for ensuring that the Clinical Staff:

- a. Act in accordance with a veteran's state-authorized portable order as outlined in this directive.
- b. Write state-authorized portable orders for DNAR and life-sustaining treatment, in accordance with state law and their VHA scope of practice.
- c. Familiarize themselves with the array of state-authorized portable orders that are accepted at their facility.

THE STATE-AUTHORIZED PORTABLE ORDERS (SAPO) PROCESS



1004.04 App. A .pdf (also printed on the following page)

This flowchart depicts the processes that must be followed when a veteran presents to a Veterans Health Administration (VHA) facility with state-authorized portable orders (SAPO).

