Establishing Life-Sustaining Treatment (LST) Plans for Patients Who Lack Decision-Making Capacity, Have No Surrogate, and Have No Active LST Orders

In emergency circumstances (Immediate medical care is necessary to preserve the patient’s life or avert serious impairment to the patient’s health):

Is patient presenting with valid state-authorized portable orders (SAPO), such as POLST or MOLST?

- **No**: Provide emergency care and consult the multidisciplinary committee (MDC) within 24 hours (see below).
- **Yes**: Act in accordance with the Veteran’s SAPO, write LST orders and consult the multidisciplinary committee (MDC) within 24 hours (see below) (see VHA Handbook 1004.04).

In non-emergency circumstances:

- Request District Chief Counsel’s assistance to obtain a special guardian for health care
- OR
- Follow MDC review process

Health care team discusses the patient’s medical condition, prognosis

Health care team collects and discusses information about the patient’s values, goals, preferences, life plans

Health care team identifies goals of care based on team’s understanding of patient’s medical condition, prognosis, values, preferences, life plans

To the extent possible, the health care team explains the nature and purpose of the proposed plan to the patient

Health care team develops a specific proposed LST plan based on substituted judgment or, if the patient’s values and preferences are unknown, the patient’s best interests

Health care team documents the following in the patient’s health record:
1. Patient’s medical condition and prognosis;
2. Patient’s lack of capacity to make decisions about LST;
3. Thorough search for patient’s surrogate decision maker;
4. Sources of information and findings about the patient’s values/goals/preferences, or best interests;
5. Proposed goals of care; and

NOTE: MDC Consult Template may be used for documenting this information. Do not use LST progress note/orders until review process is complete, unless patient has a valid state-authorized portable order.

Health care team contacts the multidisciplinary committee for review.

CONTINUED ON NEXT PAGE
Health care team documents proposed LST plan in a LST progress note and contacts the multidisciplinary committee for review.

MDC concurs with proposed LST plan and documents findings/recommendations in electronic health record.

The LST plan does not include limits to LST.

MDC notifies practitioner.

The LST plan includes limits to LST.

MDC notifies practitioner and Chief of Staff.

Chief of Staff reviews MDC findings and recommendations.

Chief of Staff disapproves recommendations, seeks review by District Chief Counsel, and consults National Center for Ethics in Health Care (NCEHC).

Chief of Staff concurs with MDC recommendation (e.g., in an addendum to the MDC consult report).

Chief of Staff concurs or non-concurs with MDC recommendations based on review by District Chief Counsel and NCEHC, and documents decision (e.g., in an addendum to the MDC consult report).

Director reviews record and (if needed) consults District Chief Counsel and (if appropriate) NCEHC.

Director concurs or non-concurs with the proposed LST plan.

Director or designee documents Director’s final decision in the electronic health record (e.g., in addendum to the MDC consult report).

Practitioner reviews final decision and completes LST progress note and orders accordingly.