POLST forms common in the US in two major respects: (1) it is only available as an integral part of a comprehensive advance directive resulting from a facilitated ACP process; (2) its scope is restricted to specific options for emergency treatment.

Results We presented a descriptive analysis of all POLST-Es completed in the intervention region during the study period, and compare it with any ACP for emergencies found in the control region (data analysis will be completed by May).

Discussion The POLST-E bridges the gap between individual planning and honouring the resulting plans in emergency situations by professionals. It therefore is a crucial tool for effective ACP. Further, it changes the facilitation process fundamentally in that patients or proxies are now offered choices with regard to medical emergencies arising from current (not only future hypothetical) health statuses – a choice missing in the traditional development of advance directives in Germany.

46 **THE PHYSICIAN ORDER FOR LIFE-SUSTAINING TREATMENT IN CASE OF EMERGENCY (POLST-E) AS AN INTEGRAL PART OF THE PATIENT ADVANCE DIRECTIVE: WHAT ARE NURSING HOME RESIDENTS' PREFERENCES RESULTING FROM A FACILITATED ADVANCE CARE PLANNING PROCESS?**

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G Marckmann¹, J S Rothärmel², B Hammes³, L Briggs³, A Mortsiefer⁴, J in der Schmitt⁴
¹Departement for Medical Ethics, LMU, Munich, Germany; ²Institute for Bio-, Health and Medical Law, University of Augsburg, Augsburg, Germany; ³Gunderson Lutheran Medical Foundation, La Crosse, WI, USA; ⁴Department of General Practice, University of Düsseldorf, Düsseldorf, Germany

Background Treatment decisions in emergencies when the patient is (acutely) incapable pose a challenge for nursing and emergency staff, especially if the attending physician and/or the designated proxy are not available. In Germany, advance directives usually provide insufficient guidance for these situations.

Methods In a controlled regional intervention study to implement advance care planning (ACP) in one town's nursing homes and the related caregivers' network, we introduced a new form, the POLST-E. It differs from many