

The POLST form is intended for any individual with an advanced life-limiting illness.

If you have a serious health condition, you need to make decisions about life-sustaining treatment. Your physician can use the POLST form to represent your wishes as clear and specific medical orders.

Your physician may use the POLST form to write orders that indicate what types of life-sustaining treatment you want or do not want at the end of life.

The POLST form asks for information about:

- your preferences for resuscitation
- medical conditions
- the use of antibiotics
- artificially administered fluids and nutrition.

The POLST form is voluntary and is intended to:

- help you and your physician discuss and develop plans to reflect your wishes;
- assist physicians, nurses, health care facilities and emergency personnel in honoring your wishes for life-sustaining treatment;
- direct appropriate treatment by Emergency Medical Services personnel.

FREQUENTLY ASKED QUESTIONS REGARDING THE POLST FORM

Does the POLST form need to be signed?

Yes. A physician, nurse practitioner, or certified physician assistant (PA-C) must sign the bright green form in order for it to be a physician order that is understood and followed by other health care professionals.

If I have a POLST form do I need an advanced directive too?

If you have a signed POLST form, it is recommended that you also have an advanced directive, though it is not required. You may obtain more information about advanced directives from your physician.

What if my loved one can no longer communicate his/her wishes for care?

If you are the designated health care representative, you can speak on behalf of your loved one. A physician can complete the POLST form based on your understanding of your loved one's wishes.

In what setting is the POLST form used?

The completed POLST form is a physician order form that will remain with you if you are transported between care settings, regardless of whether you are in the hospital, at home or in a long-term care facility.

Where is the POLST form kept?

If you live at home you should keep the original bright green POLST form in a prominent location (e.g., on the front of the refrigerator, on the back of the bedroom door, on a bedside table, or in your medicine cabinet). If you reside in a long-term facility, your POLST form may be kept in your medical chart along with other medical orders.

How do I obtain a copy of the POLST form?

From your physician or other health care provider. If your physician or other health care provider is not yet aware of, or needs more information about

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

FIRST follow these orders, THEN contact physician, nurse practitioner or PA-C. This is a Physician Order Sheet based on the person's medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name _____
First/Middle Initial _____
Date of Birth _____

A CARDIOPULMONARY RESUSCITATION (CPR): *Person has no pulse and is not breathing.*
Check One CPR/Attempt Resuscitation DNR/Do Not Attempt Resuscitation (Allow Natural Death)
When not in cardiopulmonary arrest, follow orders in B, C and D.

B MEDICAL INTERVENTIONS: *Person has pulse and/or is breathing.*
Check One **COMFORT MEASURES ONLY** Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no transfer: EMS contact medical control to determine if transport indicated.**
 LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. **Transfer to hospital if indicated. Avoid intensive care if possible.**
 FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**
Additional Orders: (e.g. dialysis, etc.) _____

C ANTIBIOTICS
Check One No antibiotics. Use other measures to relieve symptoms.
 Determine use or limitation of antibiotics when infection occurs, with comfort as goal.
 Use antibiotics if life can be prolonged.
Additional Orders: _____

D ARTIFICIALLY ADMINISTERED NUTRITION: *Always offer food and liquids by mouth if feasible.*
Check One No artificial nutrition by tube.
 Trial period of artificial nutrition by tube. (Goal: _____)
 Long-term artificial nutrition by tube.
Additional Orders: _____

E SUMMARY OF GOALS
Discussed with: Patient Parent of Minor Representative
The basis for these orders is: (check all that apply)
 Patient's request Patient's known preference