

## What Are Some of the Terms Used When Talking About Serious Illness?



### **Advance Directives**

Advance directives are written instructions stating how you wish your medical decisions be made if you are unable to make decisions for yourself. Some advance directives are called living wills. Most states allow patients to leave written instructions and appoint a person who can make health care decisions on their behalf when patients cannot speak for themselves.

### **Artificial Nutrition**

When a patient can no longer eat or drink by mouth, liquid food can be given to them by tube.

### **Cardiopulmonary Resuscitation (CPR)**

Attempts to restart breathing and the heartbeat of a person who has no heartbeat or has stopped breathing. Typically involves “mouth-to-mouth” and forceful pressure on the chest to restart the heart.

*Continued on reverse side.*

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### **CPR (Continued)**

CPR may also involve electric shock (defibrillation) or a plastic tube down the throat into the windpipe to assist breathing (intubation).

### **Comfort Measures**

Care undertaken with the primary goal of keeping a person comfortable (rather than prolonging life). On the POLST, a person who requests “comfort measures only” would be transferred to the hospital only if needed for his or her comfort.

### **Mechanical Ventilation/Respiration**

A plastic tube is put down the throat to help breathing. A machine pumps air in and out of the lungs through the tube when a person is no longer able to breathe on his/her own.

### **Tube Feeding**

On a short-term basis, fluids and liquid food can be given through a tube in the nose that goes into the stomach (nasogastric or “NG” tube). For long-term feeding, a tube can be inserted through a surgical procedure directly into the stomach (gastric or “G” tube) or the intestines (jejunal or “J” tube).



*Do you have a serious health condition?*

*Physician Orders for  
Life-Sustaining Treatment (POLST)  
Information for  
Patients & Families*

Developed by  
The Oregon POLST Task Force

## Who Should Have a Physician Orders for Life-Sustaining Treatment (POLST) form?

A POLST form is most appropriate for seriously ill persons with a life-threatening, terminal illness, or advanced frailty who want their end-of-life treatment preferences known. Your physician, nurse practitioner, or physician assistant can use the POLST form to represent your wishes as clear, specific written medical orders.

The image shows a pink POLST form with the following sections:

- Physician Orders for Life-Sustaining Treatment (POLST)**: Includes fields for Last Name, First Name, Initial, Address, City, State, Zip, Date of Birth, and Gender.
- CARDIOPULMONARY RESUSCITATION (CPR)**: Options for 'Attempt Resuscitation/CPR' and 'Do Not Attempt Resuscitation (DNR) (Slow Natural Death)'. Includes a note: 'When not in cardiopulmonary arrest, follow orders in B, C and D.'
- MEDICAL INTERVENTIONS**: Includes 'Comfort Measures Only' (pain, positioning, wound care, etc.), 'Limited Additional Interventions' (medical treatment, IV fluids, etc.), and 'Full Treatment' (includes care described above).
- ANTIBIOTICS**: Options for 'No antibiotics' or 'Determine use or limitation of antibiotics when infection occurs'.
- ARTIFICIALLY ADMINISTERED NUTRITION**: Options for 'No artificial nutrition by tube', 'Defined meal period of artificial nutrition by tube', or 'Long-term artificial nutrition by tube'.
- REASON FOR ORDERS AND SIGNATURES**: Includes checkboxes for 'Patient', 'Physician', 'Nurse Practitioner', 'Physician Assistant', or 'Other'. Includes fields for 'Print Name', 'Print Title', and 'Signature'.

## Does the Law Require It?

No. POLST is voluntary and is intended to:

- Help you and your physician/nurse practitioner/physician assistant discuss and develop plans to reflect your treatment preferences.
- Assist health care professionals to know and follow your end-of-life treatment preferences.

[www.polst.org](http://www.polst.org)

## Who Completes and Signs the POLST?

The form must be completed and signed by a physician, nurse practitioner, or physician assistant for it to be followed by other health care professionals. Social workers or nurses may also complete the form and then have it signed by a physician, nurse practitioner or physician assistant.

## I Have an Advance Directive Do I Need a POLST?

Not necessarily. POLST is for people who are frail or seriously ill and not for all adults, like advance directives. If you have a serious illness and want your treatment preferences known, POLST can communicate your wishes and turn them into medical orders. For more information about advance directives go to: [www.oregonhealthdecisions.org](http://www.oregonhealthdecisions.org) [www.caringinfo.org](http://www.caringinfo.org)

## Where is the POLST Used?

The POLST remains with you if you are transferred between care settings regardless of whether you are in the hospital, at home, or in a long-term care facility. If you live at home, keep the original pink POLST on the side (or front) of the refrigerator where emergency responders can find it. If you live in a long-term care facility, the POLST will be kept in your chart.

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## What if My Loved One Can No Longer Communicate Her/His Wishes For Care?

Family members may be able to speak on behalf of their loved one. A physician, nurse practitioner, or physician assistant can complete the POLST based on family members' understanding of their loved one's wishes.



## How Can I Get More Information About POLST?

Ask your doctor, nurse practitioner or physician assistant or visit [www.polst.org](http://www.polst.org).

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