

# Physicians Orders for Life-Sustaining Treatment

Last Name - First Name - Middle Initial

**FIRST** follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST form is always voluntary. The POLST is a set

Date of Birth

Last 4 #SSN

Gender

M F

a person's current medical condition and goals. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Medical Conditions/Patient Goals

Agency Info/Sticker

*Additional Orders: (e.g. dialysis, etc.)*

## CARDIOPULMONARY RESUSCITATION (CPR):

CPR/Attempt Resuscitation

DNAR/Do Not Attempt Resuscitation (Allow Natural Death)

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

Name of Guardian, Surrogate or other Contact Person      Relationship      Phone Number  
Name of Health Care Professional Preparing Form      Preparer Title      Phone Number      Date Prepared

## ANTIBIOTICS:

- No antibiotics. Use other measures to relieve symptoms.       Use antibiotics if life can be prolonged  
 Determine use or limitation of antibiotics when infection occurs, with comfort as goal.

## MEDICALLY ASSISTED NUTRITION:

- No medically assisted nutrition by tube.       Long-term medically assisted nutrition by tube.  
Trial period of medically assisted nutrition by tube. (Goal: \_\_\_\_\_)

**ADDITIONAL ORDERS:** (e.g. dialysis, blood products, implanted cardiac devices, etc. Attach additional orders if necessary.)

Physician/ARNP/PA-C Signature      Date  
Patient or Legal Surrogate Signature      Date

## DIRECTIONS FOR HEALTH CARE PROFESSIONALS

- The POLST is usually for persons with serious illness or frailty.
- Completing a POLST form is always voluntary.
- The POLST must be completed by a health care provider based on the patient's preferences and medical condition.
- POLST must be signed by a physician/ARNP/PA-C and patient, or their surrogate, to be valid. Verbal orders are acceptable with follow-up signature by physician/ARNP/PA-C in accordance with facility/community policy.

### Using POLST

Any incomplete section of POLST implies full treatment for that section.

This POLST is valid in all care settings including hospitals until replaced by new physician's orders.

#### SECTION A:

- No defibrillator should be used on a person who has chosen "Do Not Attempt Resuscitation."

#### SECTION B:

- When comfort cannot be achieved in the current setting, the person, including surrogate, will be comforted by measures (e.g., analgesia) to make the care setting able to provide comfort (e.g., treatment of a hip fracture).
- An IV medication to enhance comfort may be appropriate for a person who has chosen "Comfort Measures Only."
- Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate "Limited Additional Interventions" or "Full Treatment."

#### SECTION D:

- Oral fluids and nutrition must always be offered if medically feasible.

### Reviewing POLST

This POLST should be reviewed periodically whenever:

- (1) The person is transferred from one care setting or care level to another, or
- (2) There is a substantial change in the person's health status, or
- (3) The person's treatment preferences change.

A competent adult, or the surrogate of a person who is not competent, can