



# POLST

*Physician Orders for  
Life-Sustaining Treatment*

**Guidance for  
Health Care Professionals  
In California**

*[www.finalchoices.org](http://www.finalchoices.org)*

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## How to Use the POLST

### Overview

The POLST form should be completed after discussion with the person or healthcare decisionmaker regarding treatment preferences. The document may be completed by other health care professionals under the direction of the physician. The physician must sign the form assuming full responsibility for the medical indications of the orders and accurate reflection of the person's values.

The California POLST is a double-sided bright pink form. One side of the document contains the "Physician Orders for Life-Sustaining Treatment" (Sections A - E), including the required signature of the doctor and of the patient or healthcare decisionmaker. The other side of the form lists the decisionmaker's address and phone number as well as the signature of the health care professional preparing the form (if other than the doctor), their title and phone number, and the date the form was prepared.

The signature of the patient (or the patient's legal representative if the patient lacks decision making capacity) provides evidence that the patient or his/her legal representative agrees with the orders on the form. In this respect, the requirement that the patient or his/her legal representative reviews and signs the form provides a safeguard for patients that the orders on the form accurately convey their preferences. Completion of the POLST form is voluntary, and the goal of such a form is to ensure that the patient receives the level of care desired.

The POLST provides documentation of a person's preferences and provides life-sustaining treatment orders that reflect these values. In institutional settings, the POLST should be the first document in the clinical record. For those persons in institutional settings, the original form should accompany the person upon transfer from one setting to another. A copy of the POLST should be kept in the individual's medical record. HIPAA permits disclosure of POLST to other health care professionals across treatment settings.

Sometimes a person is evaluated in a setting (e.g. hospital emergency department) and has a POLST form completed by a physician not on medical staff of the facility. Some emergency physicians and admitting physicians have been reluctant to automatically follow the POLST orders without first reassessing the person's values in the current clinical situation.

AB 3000 (Statutes 2008, Chapter 266) establishes POLST in California law. It requires that POLST be followed until a review is completed by the accepting health care professionals. The legislation also states that a health care provider who honors a POLST form is not subject to criminal prosecution, civil liability, or any other sanction as a result of following the orders.

The National POLST Paradigm Task Force recommends that the orders be updated whenever there is a change in the person's condition or values; however, sometimes the need to follow the orders occurs before a reassessment can be accomplished.

## Section by Section Review of the POLST Form

### Physician Orders

The four different medical treatments or services include: A – Cardiopulmonary Resuscitation, B - Medical Interventions, C - Antibiotics, and D - Artificially Administered Nutrition. Section E includes a section on with whom the orders were discussed to assure that the person's preferences were known and that the form reflects those preferences. It also includes a statement indicating the validity of the orders and provides mandatory signature and contact information of the physician.

If the person requires treatment, the first responder should first initiate any treatment orders recorded on the POLST, and then contact the physician, as needed. Any order section that is not completed indicates that full treatment should be provided for that section until clarification is obtained.

### A - Cardiopulmonary Resuscitation (CPR)

<b>A</b> <i>Check One</i>	<b>CARDIOPULMONARY RESUSCITATION (CPR):</b> Person has no pulse and is not breathing. <input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/no CPR) When not in cardiopulmonary arrest, follow orders in <b>B, C</b> and <b>D</b> .
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These orders apply only when the person has no pulse and is not breathing. This section does not apply to any other medical circumstances. For example, this section does not apply to a person in respiratory distress because he/she is still breathing. Similarly, this section does not apply to a person who has an irregular pulse and low blood pressure because he/she has a pulse. For these situations, the first responder should refer to B, C and D - described below and follow the indicated orders.

If the person wants cardiopulmonary resuscitation (CPR) and CPR is ordered, then the "Attempt Resuscitation/CPR" box is checked. Full CPR measures should be carried out and 9-1-1 should be called. If a person has indicated that he/she does not want CPR in the event of no pulse and no breathing, then the "Do Not Attempt Resuscitate (DNR/no CPR)" box is checked. CPR should not be performed. The person should understand that comfort measures will always be provided and that CPR will not be attempted.

## B - Medical Interventions

<b>B</b> <i>Check One</i>	<b>MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.</b>
	<input type="checkbox"/> <b>Comfort Measures Only</b> Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <b>Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</b>
	<input type="checkbox"/> <b>Limited Additional Interventions</b> Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. <b>Transfer to hospital if indicated. Avoid intensive care.</b>
	<input type="checkbox"/> <b>Full Treatment</b> Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <b>Transfer to hospital if indicated. Includes intensive care.</b>
Additional Orders: _____ _____	

These orders apply to emergency medical circumstances for a person who has a pulse and/or is breathing. This section provides orders for situations that are not covered in section A. If all life-sustaining treatments are desired, the "Full Treatment" box is checked. In medical emergencies, 9- 1-1 is called. Treatment includes use of intubation, advanced airway intervention, mechanical ventilation, cardioversion, transfer to hospital and use of intensive care, as indicated. However, if the person chooses some limitation, then only one of the other boxes is checked. Health care professionals will first administer the level of emergency medical services (EMS) ordered and then contact the physician.

Comfort care is always provided regardless of indicated level of EMS treatment. Other instructions may also be specified.

**Comfort Measures Only** indicates a desire for only those interventions that enhance comfort. Use medication by any route, positioning, wound care, and oxygen, suction and manual treatment of airway obstruction (choking) as needed for comfort. Do not transfer to a hospital unless comfort needs cannot be met in the current location. Sometimes it is necessary to transfer patients to the hospital to control their suffering. Examples include wound care (immediate and ongoing pain relief, control of bleeding, cleaning, wound closing and dressing as needed to optimize hygiene, positioning for comfort, manual airway opening and stabilization of any fracture by splinting and/or surgery (with the goal to control pain).

**Limited Additional Interventions** includes comfort measures and medical treatment, and cardiac monitor as indicated. This order is also used to indicate treatment for those with short term dehydration. Intubation, advanced airway interventions, mechanical ventilation are not used. Transfer to hospital if indicated and usually avoid use of intensive care. When a person is transferred, the POLST form should always be sent with the person. Information explaining that the goals of care have not changed and specifically outlining the treatments for which the person is being transferred (e.g., wound care, the setting of a fracture, or assistance with pain management) must be conveyed. Direct communication with the receiving health care team about the goals of

care assures that the person's wishes are respected and comfort maximized as a person moves from one care setting to another.

**Full Treatment** includes all care above with no limitation of treatment. All support measures needed to maintain and extend life are utilized. Use intubation, advanced airway interventions, mechanical ventilation and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated.

### C – Antibiotics

<b>C</b> Check One	<b>ANTIBIOTICS</b>
	<input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms.
	<input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs.
	<input type="checkbox"/> Use antibiotics if life can be prolonged.
<i>Additional Orders:</i> _____	

These orders help stimulate consideration that antibiotics are life-sustaining treatments. Advance planning in use of antibiotics can help clarify goals of care for the person and family in the context of advanced serious illness. If antibiotics are desired with the intent to prolong life, the physician/nurse practitioner/physician assistant checks the appropriate box. If no antibiotics are desired, the "No antibiotics box. Use other measures to relieve symptoms" box should be checked. If goals of antibiotic use are uncertain at the time of completing the orders, the box "Determine use or limitation of antibiotics when infection occurs" should be checked.

### D - Artificially Administered Nutrition

<b>D</b> Check One	<b>ARTIFICIALLY ADMINISTERED NUTRITION:</b> Always offer food by mouth if feasible.
	<input type="checkbox"/> No artificial nutrition by tube.
	<input type="checkbox"/> Defined trial period of artificial nutrition by tube.
	<input type="checkbox"/> Long-term artificial nutrition by tube.
<i>Additional Orders:</i> _____	

Oral fluids and nutrition must always be offered to the person if medically feasible. If long-term artificial nutrition by tube is medically indicated and desired by the person, then the appropriate box is checked. No artificial nutrition by tube is provided for a person who refuses this treatment or if it is not medically indicated. Sometimes a defined trial period of artificial nutrition by tube can allow time to determine the course of an illness or allow the person an opportunity to clarify his/her goals of care.

## E – Reason for Orders and Signatures

<b>E</b>	<b>SUMMARY OF MEDICAL CONDITION AND SIGNATURES</b>			
	<b>Discussed with:</b> <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other: _____		<b>Summary of Medical Condition</b>	
	<b>Print Physician Name</b>		<b>MD/DO Phone Number</b>	<b>Office Use Only</b>
	<b>Physician Signature</b> (required)		<b>Date</b>	

Upon completion of the orders, the physician checks the box indicating with whom the orders were discussed (i.e., patient, parent of minor, health care representative, court-appointed guardian, or other). The professional signing the form is acknowledging that the signature below indicates that the orders are consistent with the patient/surrogate preferences, if known. The signer is recommended to include additional information supporting the basis for the orders in the medical record.

At the bottom of the orders, the physician must sign and date the form. Without this signature the orders are not valid. Verbal orders are valid as allowed by institutional or community policy. The orders can be later signed by the physician. The physician then prints his/her name, day and evening phone numbers, and the date the orders were written. The bottom of the POLST includes reminders that the original form should accompany the person whenever transferred or discharged. It allows receiving health care professionals to have the same information regarding the medical indications and person's preferences for life-sustaining treatment and increases the likelihood that these orders will be respected in the new care setting. Health systems with electronic record capability may scan the POLST form to ensure the orders are accessible.

### Signature of Person, Parent of Minor, or Guardian/Health Care Representative and Contact Information

This document allows for the signature of the person and/or for the surrogate. It is required that the person or their surrogate sign the form.

<b>Signature of Patient, Parent of Minor, Guardian, or Surrogate</b>		
By signing this form, the surrogate acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.		
Signature (required)	Name (print)	Relationship (write "self" if patient)
<b>SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED</b>		