

Summary of changes made:

Front of POLST Form

Back of POLST Form

Demographics

Information Regarding POLST

Oregon POLST™			
Portable Orders for Life-Sustaining Treatment*			
Follow these medical orders until orders change. Any section not completed implies full treatment for that section.			
Patient Last Name:	Suffix:	Patient First Name:	Patient Middle Name:
Preferred Name:	Date of Birth: (mm/dd/yyyy) ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	MRN (optional)
Address: (street / city / state zip):			

Information Regarding POLST	PATIENT'S NAME: _____
The POLST form is:	
<ul style="list-style-type: none"> Always voluntary and cannot be required A medical order for people with a serious illness or frailty An expression of wishes for emergency treatment in one's current state of health (if something happened today) A form that can be changed at any time, with a health care professional, to reflect new treatment wishes NOT an advance directive, which is ALSO recommended (an advance directive is the appropriate legal document to appoint a surrogate/health care decision maker) 	

- The descriptive name of the POLST form has changed to "Portable Orders for Life-Sustaining Treatment."
- "Suffix," "Preferred Name," and "MRN (optional)" have been added.

- The section header has changed to "Information Regarding POLST."
- Information has been updated and changed to a bulleted list.

Contact Information

Contact Information (Optional)		
Emergency Contact: 	Relationship: _____	Phone Number: _____

- "Health Care Representative/Surrogate" has been replaced with "Emergency Contact" and the section for an address has been removed.

Directions for Health Care Professionals

Directions for Health Care Professionals
<p>Completing Oregon POLST™</p> <ul style="list-style-type: none"> Discussion and attestation should be accompanied by a note in the medical record. Any section not completed implies full treatment for that section. An order of CPR in Section A is incompatible with an order for Comfort Measures Only in Section B (will not be accepted in Registry). Photocopies, faxes, and electronically-signed forms are legal and valid. Verbal / phone orders from MD/DO/NP/PA/ND in accordance with facility/community policy can be submitted to the Registry. For information on determining the legal decision maker(s) for incapacitated patients, refer to ORS 127.505 - 127.660. A person with developmental disabilities or significant mental health condition requires additional consideration before completing the POLST form; refer to <i>Guidance for Health Care Professionals</i> at www.oregonpolst.org.

- The order of the bulleted list has changed and text has been updated.

Voiding POLST

<p>Voiding POLST: A copy of the voided POLST must be sent to the Registry unless patient has opted-out.</p> <ul style="list-style-type: none"> A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment. For paper forms, draw line through sections A through E and write "VOID" in large letters if POLST is replaced or becomes invalid. If included in an electronic medical record, follow your systems ePOLST voiding procedures. Regardless of paper or ePOLST form, send a copy of the voided form to the POLST Registry (required unless patient has opted out).
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- Additional information for voiding paper and electronic forms have been added.

Section C

C	DOCUMENTATION OF WHO WAS PRESENT FOR DISCUSSION <small>See reverse side for add'l info.</small>
Check All That Apply	<input type="checkbox"/> Patient <input type="checkbox"/> Surrogate for patient with developmental disabilities or significant mental health condition (Note: Special requirements for completion - see reverse side) <input type="checkbox"/> Parent of minor <input type="checkbox"/> Relative or friend (without written appointment) <input type="checkbox"/> Person appointed on advance directive <input type="checkbox"/> Court-appointed guardian Discussed with (list all names and relationship): _____

- The Artificially Administered Nutrition section has been removed and the section is now "Documentation of Who Was Present For Discussion."
- Additional options for documenting discussion have been added.

Section D

D	PATIENT OR SURROGATE SIGNATURE						
Check All That Apply	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Signature: <u>recommended</u></td> <td style="width: 30%;">Name (print): _____</td> <td style="width: 30%;">Relationship (write "self" if patient): _____</td> </tr> <tr> <td colspan="3" style="text-align: center;"> → This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box <input type="checkbox"/> </td> </tr> </table>	Signature: <u>recommended</u>	Name (print): _____	Relationship (write "self" if patient): _____	→ This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box <input type="checkbox"/>		
Signature: <u>recommended</u>	Name (print): _____	Relationship (write "self" if patient): _____					
→ This form will be sent to the POLST Registry unless the patient wishes to opt out, if so check opt out box <input type="checkbox"/>							

- The "opt out" option has moved to its own line.