

Template for Review Chart

If your facility would like to have a formal chart to add to POLST forms or use for periodic reviews, below are instructions to cut and paste along with sample charts. The charts can be cut/pasted to fill an entire page. Let us know what works well for you at admin@polst.org

Instructions

The POLST form should be reviewed periodically to confirm the treatment wishes on the form align with patient wishes and goals, including when:

1. The patient is transferred from one care setting or level to another (including upon admission or at discharge); or
2. There is a substantial change in the patient's health status (for better or worse); or
3. The patient's treatment preferences change.

Any change to the form requires the current form be voided and a new form completed. If the patient's treatment wishes have not changed, the POLST form does not need to be revised or updated. If the current form is voided and no new form is completed, **full treatment and resuscitation shall be provided.**

Sample Review Charts

| Review Date | Location of Review | Review Outcome (choose 1) | Provider Name & Signature (required) |
|-------------|---|---|--------------------------------------|
| | <input type="checkbox"/> hospital <input type="checkbox"/> nursing home <input type="checkbox"/> provider's office <input type="checkbox"/> Other: | <input type="checkbox"/> No change <input type="checkbox"/> Form voided, no new form <input type="checkbox"/> Form voided, new form completed | |

| Review Date | Reviewer Name | Location of Review | Provider Signature |
|---|---------------|--------------------|--------------------|
| | | | |
| Review outcome: <input type="checkbox"/> No Change <input type="checkbox"/> Form voided, no new form <input type="checkbox"/> Form voided, new form completed | | | |

| Review Date | Reviewer Name | Location of Review | Provider Signature |
|---|---------------|--------------------|--------------------|
| | | | |
| Patient/Surrogate Signature: | | | |
| Review outcome: <input type="checkbox"/> No Change <input type="checkbox"/> Form voided, no new form <input type="checkbox"/> Form voided, new form completed | | | |

| Review Date | Reviewer and location of review | Provider Signature (required) | Patient or Representative signature (required) | Review Outcome (choose 1) |
|-------------|---------------------------------|-------------------------------|--|---|
| | | | | <input type="checkbox"/> No change <input type="checkbox"/> Form voided, no new form <input type="checkbox"/> Form voided, new form completed |