COVID-19 is a threat to our society, with the frail and elderly nursing home population among those at high risk. POLST provides an effective process and tool, through the POLST form, for this population to have their treatment preferences elicited and documented. It is important to document patient treatment preferences even if it may not be possible to honor all preferences depending on available resources.

**POLST is for a limited population: facilities and providers with patients in this population should offer them the opportunity to have or review their POLST form now**

POLST is appropriate for patients who are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. POLST is voluntary. Guidance is available to help identify appropriate patients.

Our COVID Long Term Care Facility Guidance encourages all long term care facilities to develop policies to support this population by developing an approach that is easily operational, is broadly communicated so as to reduce stress and confusion, accommodates remote participation by surrogates/family, and identifies patients goals of care and helps avoid providing treatment that is inconsistent with those wishes.

Nationally, not all appropriate patients have been offered a POLST and there is plenty of opportunity to make a difference within this population without expanding it. Even in the context of the current COVID-19 pandemic POLST is not appropriate for healthy adults. Instead, healthy individuals should be encouraged to complete advance directives. Learn the difference between POLST Forms and Advance Directives.

**Current POLST Forms meet patient and providers needs during COVID-19**

POLST forms were created to be dynamic and the form elements and appropriate use have been informed by research. As currently drafted, POLST forms easily meet the challenges of COVID-19 and treating patients during crisis standards of care. Our COVID policy provides guidance on how to appropriately Complete POLST Forms During Crisis Standards of Care.

Expiration Dates Are Unnecessarily Burdensome to Patients

POLST forms should not expire or have expiration dates. Instead, POLST forms should be reviewed periodically when the patient: (i) is transferred from one care setting or level to another; (ii) has a substantial change in health status; (iii) changes primary providers; or (iv) changes treatment preferences or goals of care. Template review charts are available.

Expiration dates are unnecessarily burdensome, mostly for the patient, who has to keep track of the expiration, schedule an appointment with their provider prior to the expiration date, travel and pay for the appointment, all of which may be unnecessary if their treatment wishes are unchanged.

**Overview on POLST**

National POLST is a collective impact, where all participants develop strategies, policies and guidance supporting their shared vision that “all states adopted POLST, resulting in consistency of process, improved patient care and greater patient control and direction over medical treatment.” National POLST is the preeminent leader in advancing this vision.

POLST a set of portable medical orders documenting a person’s wishes for advanced medical care (or not), arrived at through a shared-decision making discussion with a provider (Conversation & other resources are available at www.polst.org/covid). There are 16 names for POLST (MOLST, MOST, POST, etc.) so your state may use call it something else (see www.polst.org/map, bottom of the page). In almost all states physicians, nurse practitioners, and physician assistants may sign a POLST form. See what applies in your state.