

National POLST

Patient Guide to the POLST Form

There is a [National POLST Form](#) but most states still use their own state version of POLST: [see what your states does](#). This guide uses images from the National POLST Form to explain the form, but your state form is likely very similar.

POLST forms are medical orders that your provider uses to tell another provider what treatments you want when you cannot speak for yourself. Since the POLST form is how your provider tells another provider what you want, the words and phrases on the form use medical terminology. The POLST form was **not** created for patients to fill out and complete: your provider should be the person filling it out *after* talking with you.

This Guide was created to help patients and caregivers learn more about the POLST form.

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The POLST Form: 3 Decisions

In talking with your provider about POLST you will be talking about:

- Your current medical condition (diagnosis);
- What is likely to happen as your condition progresses (prognosis);
- Your goals of care, what you want to do, what you enjoy doing; and
- Treatment options, along with how each option effects what you want to be doing.

The goal or purpose of talking with your provider about these things is to decide:

1. Are you okay going to the hospital? Or would you want to stay where you are?
2. Are you okay going into the intensive care unit and possibly being on a breathing machine?
3. Are you okay having surgery?

Your answers to these questions give your provider information about how to complete your POLST form. In Section B, the form lists 3 Goals by 3 options. What fits you best?

- **Full Treatments:** Your treatment goal is to have everything done that is medically appropriate and possible to attempt to save your life. You would be okay going to the hospital and being in the intensive care unit on a breathing machine.
- **Selective Treatments:** Your treatment goal is to treat medical problems that can be reversed. You would be okay going to the hospital but just to get medicine that would treat an infection you caught. You would not want surgery, to be in the intensive care unit or on a breathing machine.
- **Comfort-Focused Treatments:** Your treatment goal is to make you as comfortable as possible and allow death to happen naturally. You would not want to go to the hospital, be on a breathing machine or have surgery.

As you talk, you will be working with your provider to make three decisions about what treatments you want. If you don't want to make a decision, that's okay: you will receive the "standard of care" for that section. That means that whatever is usually provided to anyone in a situation like yours, will be provided to you. During a medical emergency, it means doing everything medically reasonable and possible to attempt to save your life. This can mean providing cardiopulmonary resuscitation (CPR) to attempt to bring you back to life, transporting you to the hospital, and possibly putting you in the intensive care unit (ICU) on a breathing machine.

Your provider will complete the following sections of the POLST form based on your talk.

Decision 1: Yes CPR or No CPR

A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.		
Pick 1	<input type="checkbox"/> YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and cardioversion. (Requires choosing Full Treatments in Section B)	<input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation. (May choose any option in Section B)

In a medical emergency, the first thing a provider will do is see if you have a pulse or are breathing. If you do not have a pulse and are not breathing, the provider wants to know if you want cardiopulmonary resuscitation or CPR. This first order box on the POLST form is where it will say “Yes CPR” meaning that you want CPR attempted or “No CPR” meaning that you do not want CPR attempted. Having a POLST Form that says “No CPR” in Section A means it is a do-not-resuscitate, or DNR, order.

- **Cardiopulmonary Resuscitation (CPR).** CPR can be attempted when you stop breathing and you no longer have a heartbeat: the form uses the word “attempted” because CPR does not always work. Getting CPR means someone is pushing hard on your chest to restart your heart. They may use an electrical shock, called *defibrillation*. They may use a breathing tube which is a tube put down your through to help you breathe, called *intubation*. If needed, you may be put on a machine called a *ventilator* that pumps air in and out of your lungs through a breathing tube.
- **Do Not Attempt Resuscitation:** This “No CPR” option is also called Do Not Resuscitate (DNR) or Allow Natural Death. It means you do not want CPR attempted because either you do not want it or because it won’t help you.

If you do not want to make a decision about CPR, that is okay. In an emergency, the standard of care will be provided which is almost always attempting CPR.

If you choose “Yes CPR” that means you **must** choose “Full Treatments” in Section B. This is because, in order for emergency providers to attempt CPR, they must be able to put a plastic tube down your throat (called “intubation”) if needed and only “Full Treatments” allows this option. Additionally, if CPR is successful, you will need to go to the hospital and probably be in the intensive care unit (ICU) on a breathing machine. Again, these treatments are only provided under “Full Treatments” below.

Decision 2: Goals of Care and Medical Treatments

B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.	
Reassess and discuss interventions with patient or patient representative regularly to ensure treatments are meeting patient's care goals. Consider a time-trial of interventions based on goals and specific outcomes.	
Pick 1	<input type="checkbox"/> Full Treatments (required if choose CPR in Section A). Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.
	<input type="checkbox"/> Selective Treatments. Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Avoid intensive care. Transfer to hospital if treatment needs cannot be met in current location.
	<input type="checkbox"/> Comfort-focused Treatments. Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Avoid treatments listed in full or select treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.

If you have a pulse or are breathing, the next most important question is do you want to go to the hospital and, if yes, what treatments do you want there. Section B on most POLST forms provides this information. Most of your conversation with your provider is likely about this section because this is where you talk about what different treatment options mean **for you**, given your current medical condition and goals of care. For example, going to the intensive care unit (ICU) doesn't mean the same thing to everyone. People have different treatments there, spend different amounts of time in the ICU and have different results.

- **Full Treatments.** Your provider must choose this option if you wanted CPR but if this is still a choice if you chose No CPR. This choice means you want everything medically appropriate done to help you live. If necessary, you are okay going to the intensive care unit, having a breathing tube, and being on a ventilator.
- **Selective Treatments.** This choice is if you are okay going to the hospital but you do not want a breathing tube or to be on a ventilator. You are okay with getting antibiotics and other drugs through an IV tube, or a tube placed in a vein. Usually getting drugs or fluids through IV tubes are for a short period of time to help you get through a specific illness.
- **Comfort-Focused Treatments.** These treatments are always provided no matter what you choose in this section. This choice means you want to stay where you are and be made comfortable. You only want to go to the hospital if you cannot be made comfortable where you are now.

The language at the top of this part of the form tells the providers treating you that they need to check in with you or your surrogate (the person making treatment decisions for you if you cannot speak or communicate) to make sure that the treatments you are being provided still meet your goals. This may mean that certain treatments are provided for a limited amount of time to see if they help you improve.

Decision 3: Medically Assisted Nutrition (Tube Feeding)

D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe and tolerated)	
Pick 1	<input type="checkbox"/> Provide feeding through new or existing surgically-placed tubes <input type="checkbox"/> No artificial means of nutrition desired
	<input type="checkbox"/> Trial period for artificial nutrition but no surgically-placed tubes <input type="checkbox"/> Not discussed or no decision made (provide standard of care)

Although it isn't critical for emergency care, it is very helpful for health care providers to know your wishes about feeding tubes, called medically assisted nutrition. Some feeding tubes require a surgery to place them, usually if you are going to be on a feeding tube for longer than two weeks. Please watch the video at www.polst.org/form to learn more about tube feeding options.

Other POLST Form Sections

There are other sections of the POLST form, but most are instructions to help make sure your provider uses the POLST form properly. Below is information on some of the other sections.

Patient Information

Patient Information. This is a medical order, not an advance directive. For information about POLST and to understand this document, visit: www.polst.org/form	Having a POLST form is always voluntary.	
	Patient First Name: _____	
	Middle Name/Initial: _____	Preferred name: _____
	Last Name: _____ Suffix (Jr, Sr, etc): _____	
	DOB (mm/dd/yyyy): ____/____/____ State where form was completed: _____	
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X Social Security Number's last 4 digits (optional): xxx-xx-____	

This section is important for the following reasons:

1. It reminds everyone that having a POLST form is your choice and that you should not be forced to have one.
2. It reminds everyone that a POLST form is a *medical* order. And that it is not an advance directive. See www.polst.org for more information.
3. It asks for information about you. This is to help make sure it is your POLST form. The more information a provider has the more confident they are that this is your form and your wishes.

Additional Orders

C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]

This section is where additional orders or instructions about what you want can be added in. Your provider will know what is appropriate to put in this section.

Signatures

E. SIGNATURE: Patient or Patient Representative (eSigned documents are valid)			
I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's representative, the treatments are consistent with the patient's known wishes and in their best interest.			
<input checked="" type="checkbox"/> (required)		The most recently completed valid POLST form supersedes all previously completed POLST forms.	
If other than patient, print full name:		Authority:	
F. SIGNATURE: Health Care Provider (eSigned documents are valid)			
I have discussed this order with the patient or his/her representative. The orders reflect the patient's known wishes, to the best of my knowledge. [Note: Only licensed health care providers authorized by law to sign POLST form in state where completed may sign this order]			
<input checked="" type="checkbox"/> (required)		Date (mm/dd/yyyy): Required	Phone # : ()
Printed Full Name:			License/Cert. #:
Supervising physician signature:	<input type="checkbox"/> N/A		License #:

You or your surrogate will be asked to sign this form. When you are signing, you are agreeing that:

- You understand you do not need to have a POLST form. It is your choice to have one.
- You have had a conversation with your provider and talked about what is important to you given your current medical condition.

If you are the patient's surrogate, you are signing the form saying that what you talked about with the patient's provider, and the decisions you made, were likely what the patient would have chosen if he/she were able to talk.

Other Important Information

Most of the form instructions on the back side of the form are for your provider, but there are two things it is important for patients to know:

1. If you want to change, or modify, your POLST form you need to make an appointment with your provider. You cannot change your POLST form yourself. It is a medical order signed by your provider: just as you cannot change a prescription written by your provider, you cannot change the POLST form. Instead, your provider must void or cancel your current POLST form and fill out a new one.

Kathy's Story:

It was important to Kathy to travel and see her grandchildren. She didn't want to be placed on a breathing machine or ventilator, but she was willing to go to the hospital, have IV fluids and antibiotics so her provider completed Kathy's first POLST form as DNR in Section A and Selective Treatments in Section B. During one of her trips she suddenly became ill and went to the hospital where the doctors told her she had cancer and that it had spread. They discussed her goals: Kathy really wanted to make sure she got to see her granddaughter get married in a couple of

months. So the doctors kept her POLST as it was. After the wedding, she talked with her doctor again about what was important to her. This time, she said she wanted to focus on comfort and enjoying the last few months of her life; she did not want to go to the hospital. Her doctor completed a new POLST form ordering DNR in Section A and Comfort-Focused Treatments in Section B.

2. If you want to void or cancel your POLST form you can. You should write “VOID” in large letters across it or destroy the document. You also need to tell your provider you have done this so that they remove it from your medical record. If your provider does not know you have voided your POLST form, they may see it in your medical record and think it is still what you want and provide those treatments if you cannot speak for yourself and need care. (Also, if your state has a POLST registry that keeps copies of POLST forms, your provider will need to tell the registry that you have canceled or voided your POLST form).

For More Information

- Talk with your provider
- Look at our videos on www.polst.org/form
- Review advance care planning, advance directives and POLST form information, starting at www.polst.org