

## National POLST: Patient Guide to the POLST Portable Medical Order

This guide was created to help patients and caregivers learn more about the POLST form. There is a [National POLST Form](#) but most states still use their own state version of POLST. This [map](#) shows which states use the national version. While this guide uses images from the National POLST Form, your state form is likely very similar. Also, there are multiple names for POLST (MOLST, MOST, POST, etc.) so your state may call it something else (see <https://polst.org/state-programs/>).

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## The POLST Form: 3 Treatment Decisions

POLST is a voluntary process that lets people who are seriously ill or have advanced frailty<sup>1</sup> choose certain health care treatments for when they cannot speak for themselves.

The POLST form is a special kind of medical document that turns your decisions about your care and treatment preferences into medical orders that travel with you. Patients, their legal surrogates, and health care providers discuss a patient's medical condition, treatment options and the patient's goals and care preferences. Health care providers fill out the POLST form with the patient/surrogate care preferences. The POLST form travels with the patient across health facilities and can be honored by every health care provider. POLST forms are voluntary meaning that no one should be forced or required to complete one.

To know if POLST will benefit you, talk with your health care provider 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.
- What kind of care you would want to receive, especially if you have a medical emergency and cannot communicate.

The goal or purpose of talking with your health care provider is to understand what treatments you want to receive, what kinds of care that might work well or not work well for you, and to make decisions about:

- Going to the hospital or staying where you are, if possible.
- Being in the intensive care unit (ICU) and possibly being on a breathing machine.
- Having surgery.
- Attempting to restart your heart if it stops and your chances to return to living the kind of like you consider acceptable.

As you talk, you will be working with your provider to make important treatment decisions that your provider will put on the POLST form. Here are the three major treatment decisions you will be asked to make:

- Whether or not you want a provider to attempt to restart your heart if it has stopped beating (Section A);
- Whether or not you want to go to the hospital and what treatments you want there if your heart is beating or you are breathing (Section B); and
- Whether or not you want artificial nutrition (Section C).

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<sup>1</sup> indicating a combination of advanced chronic disease and/or advanced age with functional decline with or without significant weight loss

Section A : Yes CPR or No CPR

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

In a medical emergency, the first thing medical 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 them to try cardiopulmonary resuscitation or CPR to restart your heart. The POLST form uses the word “attempted” because CPR does not always work. Getting CPR means that a provider may try some or all of these procedures to get your heart beating again:

- **Chest Compressions:** a provider will push hard on your chest to try to circulate your blood.
- **Defibrillation:** a provider will give you an electrical shock to try to get your heart to start beating again.
- **Intubation:** if you are not breathing, the provider needs to get air into your lungs. If you are able to breathe, a provider may put a breathing tube down your throat to help. If you are not able to breathe on your own, a provider may put you on a ventilator, which is a machine that pushes air into your lungs through a breathing tube. This is what is meant by “mechanical ventilation” in this Section.
- **Cardioversion:** a provider will try to return an abnormal heartbeat to a normal rhythm, usually with an electric shock.

If “**YES CPR**” is checked, this means you want a provider to provide whatever treatments above are medically appropriate to try and restart your heart. You are not able to pick and choose among these treatments using the POLST form.

**Note:** If you choose “Yes CPR” that means you **must** choose “Full Treatments” in Section B. 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. If you like you can talk about Section B first with your health care provider to help with a decision about CPR.

If “**NO CPR**” is checked, this means you do not want the provider to try CPR and are okay in allowing natural death. In most states, having a POLST Form that says “No CPR” in Section A means it is a do-not-resuscitate (DNR) order.

Ask your health care provider if CPR is likely to work for you. If you do not want to make a decision about CPR, that is okay and a POLST form is not appropriate for you. In an emergency, without a POLST form, a provider will almost always try CPR (and the treatments listed under “YES CPR”) to restart your heart.

## Section B: Goals of Care and Medical Treatments

<b>B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.</b>	
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.	
<b>Pick 1</b>	<input type="checkbox"/> <b>Full Treatments (required if choose CPR in Section A).</b> <u>Goal: Attempt to sustain life by all medically effective means.</u> Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.
	<input type="checkbox"/> <b>Selective Treatments.</b> <u>Goal: Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation and cardioversion).</u> 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"/> <b>Comfort-focused Treatments.</b> <u>Goal: Maximize comfort through symptom management; allow natural death.</u> 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 <b>only</b> if comfort cannot be achieved in current setting.

Each option in this section provides a statement explaining the care goal for those treatments. Since your care goal will help with the rest of the decisions on this form, your provider will likely start the conversation with this section. This is not the first section on the form, however, because it is most important for emergency providers to know whether you want CPR attempted if your heart has stopped.

If you have a pulse or are breathing, the next most important questions for a provider are **do you want to go to the hospital** and, if yes, **what treatments do you want there**. Section B on provides this information.

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.

**Regardless of what box is checked in this section, you will be given treatments to keep you as comfortable as possible.**

If **"Full Treatments" is checked**, it means you want to have **everything done** that is medically appropriate and possible to attempt to keep alive. If necessary, you are okay going to the ICU, having a breathing tube, and being on a ventilator. Your provider must choose this option if you want CPR but if this is still a choice if you choose No CPR.

If **"Selective Treatments" is checked**, it means you want to **treat medical problems that can be reversed**. You are okay going to the hospital to get antibiotics and other drugs through an IV tube, or a tube placed in a vein if these cannot be done elsewhere. You would not want major surgery, to be in the ICU, or on a breathing machine.

If **"Comfort-Focused Treatments" is checked**, you want to **be as comfortable as possible and allow death to happen naturally**. You *only* want to go to the hospital if you cannot be made comfortable where you are now.

**Note:** If you are in a hospital, a long-term care facility (nursing home, skilled nursing facility, assisted living facility, etc), or hospice, your provider will periodically confirm your choice in Section B still makes sense for you given your current care goals and medical condition.

### Section D: Medically Assisted Nutrition (Tube Feeding)

<b>D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe and tolerated)</b>		
<b>Pick 1</b>	<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)

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](http://www.polst.org/form) to learn more about tube feeding options.

Sections A and B share important orders that providers need to know during a medical emergency. Section D is not for emergencies but is on the POLST form because it can help guide decisions about non-emergency care in consultation with a patient’s surrogate. Since POLST is a tool to provide care centered on the patient, this section exists on the POLST form to encourage conversations about this potentially critical treatment decision. It was important to national POLST leaders that patients and families be given an opportunity to make informed decisions about this treatment in the context of decision making about other potentially life-sustaining treatment.

Since this is not an emergent order, the National POLST form includes a box for “not discussed or no decision made (provide standard of care)” so that this section is not left blank.

## Other POLST Form Sections

Most other sections on the National POLST form are instructions to make sure your provider uses the form the right way and to share other important information. Most state POLST forms have similar information. Below is information on some of the other sections.

### Patient Information

<b>Patient Information.</b>	<b>Having a POLST form is always voluntary.</b>
<p>This is a medical order, not an advance directive. For information about POLST and to understand this document, visit: <a href="http://www.polst.org/form">www.polst.org/form</a></p>	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:

- Reminds everyone that having a POLST form is *your choice* and that you should not be forced or required to have one.
- Reminds everyone that a POLST form is a *medical* order, not a legal document like an advance directive. See [www.polst.org](http://www.polst.org) for more information. This matters because, in an emergency, emergency personnel are only able to follow medical orders.
- Has information to help providers make sure this is your POLST form.

### Additional Orders

<p><b>C. Additional Orders or Instructions.</b> 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.]</p>

Your provider may use this section to put in additional orders or instructions about your care or treatment. For example:

- Providing instructions about a pacemaker or other device;
- Stating you do not want any blood products; or
- Providing orders about dialysis.

### Signatures

<b>E. SIGNATURE: Patient or Patient Representative (eSigned documents are valid)</b>			
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:	
<b>F. SIGNATURE: Health Care Provider (eSigned documents are valid)</b> Verbal orders are acceptable with follow up signature.			
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 #:	

The National POLST form, and almost all states, require you (or your surrogate) to sign the POLST form along with your provider. In signing the form, you are agreeing that you:

- Understand you do not need to have a POLST form. It is your choice to have one and
- Talked with your provider about what is important to you given your current medical condition and the decisions made on this form.

If you are the patient's surrogate, when you sign the form you are agreeing that you:

- Understand the patient does not need to have a POLST form;
- Talked with the patient's provider about what the patient would have chosen if they were able to communicate.

### Other Important Information

Most of the back side form instructions 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. For example, here's 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. Here are the steps to follow in most states:
  - a. Write "VOID" in large letters across the form or destroy it.
  - b. Tell your provider you have voided or cancelled your POLST form so they can remove it from your medical record. If your provider does not know you have voided your POLST form, they may 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 or emergency providers may also think the form still is what you want.)

### For More Information

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

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