Example
Informing Family Members or Responsible Parties of POLST

Dear Resident or Responsible Party,

We are asking your consideration for the completion of a form called the POLST (Pennsylvania Physician Orders for Life-Sustaining Treatment). The POLST is specifically designed to help assure that an individual’s treatment choices for end-of-life care are respected.

The form includes information about:
- direction for medical staff regarding resuscitation
- the patient’s choice for full or limited medical treatment or comfort measures only
- artificial hydration and nutrition.

Completion of the POLST form is entirely voluntary and only occurs after a discussion with the patient or his/her legal decision-maker. The form is then signed and becomes a medical order that is understood and followed by other health care professionals. It will travel with you (your loved one) between care settings.

A sample of the form (and Information for Patients and Families and/or a brochure?) has been enclosed for your information only. **You are not being asked to complete the form.** (The designated POLST facilitator) will be contacting you soon to arrange a meeting. At the time, we will begin the process with a review of your (your loved one’s) medical condition and goals of care.

Thank you in advance for your help in this matter.

Sincerely,

Name
Title
Phone Number

Enclosure:
POLST Form
Information for Patients and Families
POLST Brochure

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