PENNSYLVANIA ORDERS
for Life-Sustaining Treatment (POLST)

Name

Cardiopulmonary Resuscitation (CPR): No pulse and no breathing.

☐ Attempt Resuscitation/CPR
☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death)

Medical Interventions: Pulse and/or is breathing

☐ Comfort Measures Only

Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.

☐ Limited Additional Interventions
Transfer to hospital, if indicated, and avoid intensive care.

☐ Full Treatment
Transfer to hospital, if indicated, and include intensive care.

See POLST form for additional information

Print Name of Physician/NP/PA    Phone:

Physician/NP/PA Signature    Date:
This card is a summary of orders on the POLST form. The physician/NP/PA must sign both the POLST form and this card. Both the POLST form and this card are expected to be honored by health care professionals.

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COALITION FOR QUALITY AT THE END-OF-LIFE (CQEL)

Information about POLST can be found at:
www.aging.pitt.edu/professionals/resources-polst.htm
http://closure.org/for-the-healthcare-professional/polst

or contact the POLST Coordinator at papolst@verizon.net