Pennsylvania Orders for Life-Sustaining Treatment (POLST)
Recommended Elements for Inclusion in a Facilities’ POLST Policy

As a facility plans for the implementation of the POLST program it is essential that a policy be developed for its use. The following is a list of recommended elements to be included within a facility’s POLST policy.

- Statement that completion of the POLST form is voluntary but offers an effective method of documenting a resident’s treatment preferences;

- Recognition of the POLST form as a set of medical orders;

- What patients will be offered the POLST form? (POLST is recommended for persons who have advanced chronic progressive illness and/or frailty, those who might die in the next year or anyone of advanced age with a strong desire to further define their preferences of care in their present state of health);

- Who among staff will engage patients/resident’s or their legal decision-makers in the POLST conversation;

- If the resident/patient is unable to be engaged in the POLST conversation, a plan exists to assure that the conversation occurs with the appropriate decision-maker.

- Identify any limitations in the authority of the legal decision-maker contained in a health care power of attorney, and clearly identify the statutory limitations of authority for health care representatives and guardians under Pennsylvania law;

- POLST forms are signed by either the patient or the legal decision-maker.

- Understanding that completion of the form and the recorded decisions are always an outcome of voluntary, informed consent;

- Guidelines on timeframes for:
  - The initial conversation
  - Obtaining a physician signature
  - Review and updating of form;

- Assurance that the POLST form accompanies transferring or discharged patients across care settings;

- For newly admitted patients with a POLST form, acceptance of POLST forms signed by physicians or nurse practitioners not on staff;

- Accessing, placement and maintenance of residents’ POLST forms.

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