

WHAT IS POLST?

Pennsylvania Orders for Life-Sustaining Treatment (POLST)

If you're exploring the many options that palliative and supportive care can offer to you, your family member, or your loved one, you need to know about one of the most important documents out there: the POLST form.

POLST stands for Pennsylvania Orders for Life-Sustaining Treatment. The actual form is a portable document that contains a physician's orders. POLST ensures that a patient's wishes to implement, or to limit medical treatments will be carried out by his or her health care providers. The POLST form is a bright pink document that is yours to keep. A copy of the POLST form becomes a part of your medical record.

POLST vs. Advance Directives: What is the difference?

You may already have completed a living will that spells out your wishes for health care in case you become sick and can no longer make decisions for yourself. The living will is a good idea, but it is not a medical order—it is not a signed order from a physician directing your care. A living will is a legal document in the Commonwealth of Pennsylvania but it only goes into effect when enacted by a physician through a separate order within your medical record. A POLST form is an order so it is already enacted through the signature of the Physician or Certified Registered Nurse Practitioner (CRNP). The POLST form is endorsed in Pennsylvania and is different because it is a signed order from a physician specifying your instructions to be followed by any provider—in the emergency department, in the ICU, in hospice, or anywhere you are receiving care. It is a permanent part of your medical record once it is completed by you and your physician.

It's all about your values.

Some people do not wish to use any artificial means to extend their life when there is no cure. Others believe that every possible effort should be made to extend life until those efforts are no longer successful and death occurs. Most people fall somewhere in between. Feelings about "quantity of life" and "quality of life" often overlap, but **most people know what they want**. Our individual values are just that—individual. What is right for one person may not be right for another.

POLST ensures that your health care providers will honor your values. You can specify treatments that you do—or do not—want, and you can appoint a family member or another person you trust to make decisions for you in case you are not able to do so. You can change your mind (and your instructions on your POLST form) at any time. POLST is a voluntary opportunity to express your wishes very clearly, in a way that ensures your values will be honored.

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
To follow these orders, an EMS provider must have an order from his/her medical command physician

	Pennsylvania Orders for Life-Sustaining Treatment (POLST)	Last Name _____
		First/Middle Initial _____
		Date of Birth _____
FIRST follow these orders, THEN contact physician, certified registered nurse practitioner or physician assistant. This is an Order Sheet based on the person's medical condition and wishes at the time the orders were issued. Everyone shall be treated with dignity and respect.		
A Check One	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and/or is not breathing. <input type="checkbox"/> CPR/Attempt Resuscitation <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B, C and D.	
B Check One	MEDICAL INTERVENTIONS: Person has pulse and/or is breathing. <input type="checkbox"/> COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location. <input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care if possible. <input type="checkbox"/> FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care. Additional Orders _____	
C Check One	ANTIBIOTICS: <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal <input type="checkbox"/> Use antibiotics if life can be prolonged Additional Orders _____	D Check One ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION: Always offer food and liquids by mouth if feasible <input type="checkbox"/> No hydration and artificial nutrition by tube. <input type="checkbox"/> Trial period of artificial hydration and nutrition by tube. <input type="checkbox"/> Long-term artificial hydration and nutrition by tube. Additional Orders _____
E Check One	SUMMARY OF GOALS, MEDICAL CONDITION AND SIGNATURES: Discussed with <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other: _____ Patient Goals/Medical Condition: _____ By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form. Physician (P/ACRNP) Printed Name: _____ Physician (P/ACRNP) Phone Number: _____ Physician (P/ACRNP) Signature (Required): _____ Date: _____ Signature of Patient or Surrogate (signature required) Name (print) Relationship (write "self" if patient)	

*Photo of POLST form for illustration purposes only.

Who needs POLST?

People who are living with life-limiting illnesses or who have received a poor prognosis should complete a POLST form. Other candidates for completing a POLST form include the frail elderly or anyone with chronic or acute illnesses that have less than a year of life expectancy.

If you believe POLST is a good idea, ask your doctor. Together, you can discuss your prognosis, your goals and wishes for treatment, and other important topics related to your present and future health. If someone you care about needs to know about POLST, share this article with him or her.

Learn more about POLST:

For more details, visit www.POLST.org or speak with your doctor or other health care provider, or send us an email at acppolst@UPMC.edu.

To learn more about palliative and supportive care services at UPMC call the UPMC Palliative and Supportive Institute at **1-855-565-7146**, or send an email to psicare@upmc.edu. Visit our website at UPMC.com/PSI.