

Organizations that Endorse the Use of the POLST Form

- Association of Washington Public Hospital Districts
- Washington State Department of Health
- Washington State Hospice
- Washington State Hospital Association
- Washington State Medical Association
- Regional Ethics Network of Eastern Washington and Northern Idaho

Physician Orders for Life-Sustaining Treatment (POLST) Form

The image shows a sample of the POLST form. It includes sections for:

- Part A:** Information for patients and family members, including checkboxes for 'Do not breathing' and 'Resuscitate (DNR)'. It also includes a table for 'Medical Interventions' with options like 'Comfort Measures Only', 'Limited Interventions', and 'Advanced Interventions'.
- Part B:** Medical Interventions, including checkboxes for 'Comfort Measures Only', 'Limited Interventions', 'Advanced Interventions', and 'Full Treatment/Resuscitation'.
- Part C:** Antibiotics, including checkboxes for 'No antibiotics except if needed for comfort', 'No invasive (IM/IV) antibiotics', and 'Full Treatment'.
- Part D:** Artificially Administered Fluids and Nutrition, including checkboxes for 'No feeding tube/IV fluids', 'No long term feeding tube/IV fluids', and 'Full Treatment'.
- Part E:** Discussed with, including checkboxes for 'Patient/Resident', 'Agent of Durable Power of Attorney', 'Court-appointed Guardian', 'Spouse', and 'Other (Specify)'.



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 Office of Emergency Medical & Trauma Prevention
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 Olympia, Wa 98504-7853
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The POLST form is a new form being introduced in Washington state. The form is intended for any adult, eighteen years of age or older, with serious health conditions, or who may expect to receive health care.

If you have a serious health condition, you need to make decisions about life-sustaining treatment. Your physician can use the POLST form to represent your wishes as clear and specific medical orders.

Your physician may use the POLST form to write orders that indicate what types of life-sustaining treatment you want or do not want at the end of life.

The POLST form asks for information about:

- your preferences for resuscitation
- medical conditions
- the use of antibiotics
- artificially administered fluids and nutrition.

The POLST form is voluntary and is intended to:

- help you and your physician discuss and develop plans to reflect your wishes;
- assist physicians, nurses, health care facilities and emergency personnel in honoring your wishes for life-sustaining treatment;
- direct appropriate treatment by Emergency Medical Services personnel.

FREQUENTLY ASKED QUESTIONS REGARDING THE POLST FORM

Does the POLST form need to be signed?

Yes. A physician must sign the bright green form in order for it to be a physician order that is understood and followed by other health care professionals.

If I have a POLST form do I need an advanced directive too?

If you have a signed POLST form, it is recommended that you also have an advanced directive, though it is not required. You may obtain more information about advanced directives from your physician.

What if my loved one can no longer communicate his/her wishes for care?

If you are the designated health care representative, you can speak on behalf of your loved one. A physician can complete the POLST form based on your understanding of your loved one's wishes.

In what setting is the POLST form used?

The completed POLST form is a physician order form that will remain with you if you are transported between care settings, regardless of whether you are in the hospital, at home or in a long-term care facility.

Where is the POLST form kept?

If you live at home you should keep the original bright green POLST form in a prominent location (e.g., on the front of the refrigerator, on the back of the bedroom door, on a bedside table, or in your medicine cabinet). If you reside in a long-term facility, your POLST form may be kept in your medical chart along with other medical orders.

How do I obtain a copy of the POLST form?

From your physician. If your physician is not yet aware of, or needs more information about the POLST form, please have them contact Graham Short at the Washington State Medical Association at (206) 441-9762 or gfs@wsma.org.

Physician Orders for Life-Sustaining Treatment (POLST)
This is a Physician Order Sheet. Based on patient/resident wishes and medical indications, it summarizes any Advance Directive. Any medical orders not completed indicate full treatment for that section. When need for resuscitation occurs, first follow these orders, then contact physician. The purpose of Parts B, C, and D are to provide physician orders on end-of-life care as patients move through the various health care settings. Notify physician of any significant change in medical condition.

Last Name of Patient/Resident
First Name/Middle Initial of Patient/Resident
Patient/Resident Date of Birth

Physician Orders for Life-Sustaining Treatment

Part A check one box only
Resuscitation. Patient/resident has no pulse and is not breathing. For all other medical circumstances, refer to "Section B, Medical Interventions."
 Resuscitate Do Not Resuscitate (DNR)

Part B check one box only
Medical Interventions. Includes Emergency Medical Services. Patient/resident has pulse and/or is breathing. Reasonable efforts to offer food and fluids orally, and suffering. Privacy and respect for the dignity and humanity of the patient/resident. Transfer only if comfort measures fail.
 Comfort Measures Only. Oral and body hygiene, reasonable efforts to offer food and fluids orally, Medication, positioning, wound care, warmth, appropriate lighting and other measures to relieve pain and suffering. Privacy and respect for the dignity and humanity of the patient/resident. Transfer only if comfort measures fail.
 Limited Intervention. All care above and consider oxygen, suction, treatment of airway obstruction (nasal only).
 Advanced Interventions. All care above and consider oral/naasal airway, bag-mask/demand valve, monitor cardiac rhythm, medication, IV fluids.
 Full Treatment/Resuscitation. All care above plus CPR, intubation and defibrillation.
 Other Instructions.

Part C check one box only
Antibiotics (notify physician of new infection)
 No antibiotics except if needed for comfort
 No invasive (IM/IV) antibiotics
 Full Treatment
 Other Instructions.

Part D check one box only
Artificially Administered Fluids and Nutrition. Oral fluids and nutrition must be offered if medically feasible.
 No feeding tube/IV fluids (provide other measures to assure comfort)
 No long term feeding tube/IV fluids (provide other measures to assure comfort)
 Full Treatment
 Other Instructions.

The Basis for These Orders Is: (circle all that apply)
 Patient's known preference