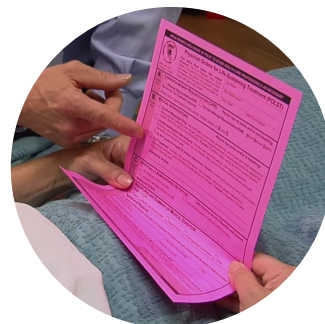


Portable Medical Orders: What to Know Before Talking About POLST

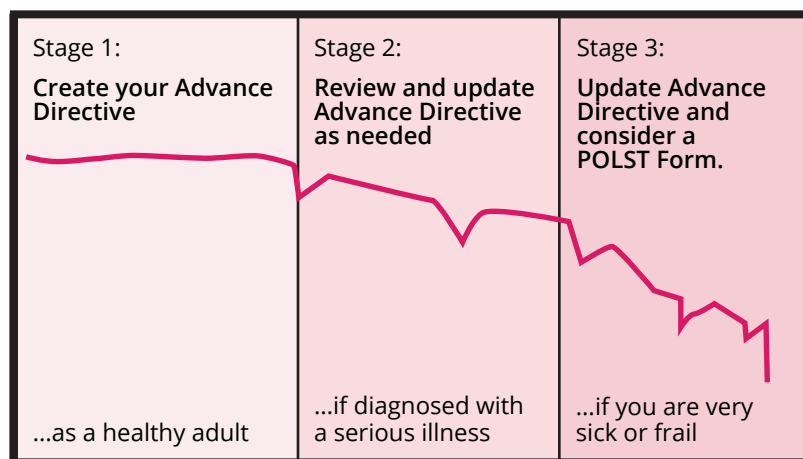
Advance care planning is about making decisions for the treatments you want if you become unable to communicate. The *National POLST Form* is a *portable medical order* that is an advance care planning tool. It tells health care personnel — and friends and family — which treatments you want and which ones you do not want.

Like any advance care plan, you should not be required to have a POLST form. Using and having a POLST form is your choice.



Advance care planning: a process for throughout one's life

Most people (**Stage 1 and 2**) should use a legal document for advance care planning. This document may be called an *advance directive*, or may be a *living will* with a *health care power of attorney*.



What the legal document(s) are called varies from state to state. The document(s) tell health care providers who you want to speak for you if you can't speak for yourself and what types of treatments you may or may not want in case of a future, unknown medical emergency.

Regardless of age, if you are very sick or frail (**Stage 3**), a portable medical order is appropriate. A portable medical order tells emergency providers what to do during an emergency.

**Learn more about
POLST and
advance directives**

www.polst.org/advance-directives

How is a POLST form different from an advance directive?

An advance directive is not a medical order and does not provide specific directions about treatments. A POLST form gives medical orders. During an emergency, if you have a POLST form, emergency providers will give you the treatments listed on it. If you do not have a POLST form, emergency providers will attempt everything possible to keep you alive and take you to the hospital where your health care provider and surrogate will make a decision about what treatments to provide to you, based on your advance directive.

What is a POLST form?

A POLST form is a portable medical order that tells emergency providers what treatments you want to have during an emergency. (See [What Your Completed Guide Means](#) for details.) Additionally, a POLST form is meant to clarify your treatment goals, which can more broadly help health care providers understand how to treat you in a way that matches your goals and values.

Who should get a POLST form?

Anyone with a serious life-limiting condition or with advance frailty; someone who is really sick or very frail.

Where do you get a POLST form?

From your health care provider. It is a medical order that must be signed by a provider to be valid.

National POLST Patient Guide: Before Talking About POLST

The best way to learn about POLST is to contact your provider. For general information, go to www.polst.org.

Preparing for your POLST conversation

Your provider may schedule a separate appointment to discuss a POLST form, your treatment preferences and your goals of care. In order to prepare you for this conversation:

It may be helpful to

- ☐ Bring any advance care plan you've completed, such as an advance directive, living will, health care power of attorney.
- ☐ Invite your surrogate (or proxy or health care power of attorney), a family member, a friend, or spiritual advisor to the conversation.

To frame your thoughts, it may also help to

- ☐ Think about what makes a good day for you and what goals you have. Use the [American Bar Association's tool](#) to help.
- ☐ Play www.gowish.org online and bring the results with you.
- ☐ Look at Prepareforyourcare.org and complete an advance directive, if you don't have one (or start and bring your questions with you!).
- ☐ Read the free [Conversation Starter Kit](#) from *The Conversation Project*.

Online tools to help you get started

- www.americanbar.org/content/dam/aba/administrative/law_aging/tool4.pdf
- www.gowish.org
- prepareforyourcare.com
- www.theconversationproject.org/starter-kits/

What should I expect from the POLST conversation?

During the conversation, you'll be talking about what your understanding is about your current medical condition and what is likely to happen to you. You'll discuss:

- *Your diagnosis* — Your disease(s) or condition(s).
- *Your prognosis* — How your disease(s) or condition(s) will likely affect you over time.
- *Your treatment options* — What are your options, how they could help, and what are potential side effects.
- *Your goals of care* — What is important to you, what you enjoy doing, what a good day looks like for you.

You may be making decisions on the following things. It's okay if you don't know what these are or what they mean for you because your health care provider should explain what you need to know. This list is just to let you know some of what may be discussed:

- Whether you want cardiopulmonary resuscitation (CPR) if your heart stops beating.
- What kind of medical treatments you want:
 - Are you okay with surgery?
 - Are you okay being on a breathing machine?
 - Do you want a feeding tube (artificial nutrition)?

At the end of the conversation, you'll decide whether you want a POLST form. It is your choice about whether you want one or not. If you do, your health care provider will fill it out and ask you to sign it. Your provider will sign it and then give you the original to keep with you. You can always change your mind. And you can update the POLST at anytime by talking with your provider. For information about what the POLST form means and what to do with it, visit www.polst.org/form.

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