

Portable Medical Orders: What Your Completed POLST Form Means

Your health care provider should have discussed your options with you before you signed the POLST form. This document is provided to help you remember your choices and explain what your POLST form means.

Sections A (CPR) and B (Initial Treatment Orders)

A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

If YES CPR is checked

A. Cardiopulmonary Resuscitation Orders. Follow these orders if patient has no pulse and is not breathing.

Pick 1
☒ **YES CPR: Attempt Resuscitation.** including mechanical ventilator, defibrillation and cardioversion. (Requires choosing Full Treatment in Section B)

B. Initial Treatment Orders. Follow these orders if patient has a pulse and/or is breathing.

Pick 1
☒ **Full Treatments** (required if choose CPR in Section A). Goal: Attempt appropriate medical and surgical treatments as indicated to attempt to restore function while avoiding complications. Transfer to hospital if treatment is successful.
☐ **Selective Treatments.** Goal: Attempt to restore function while avoiding complications. Transfer to hospital if treatment is successful.

With YES CPR / Full Treatments, your treatment goal is to have done everything medically appropriate and possible to save your life.

...it means that you want medical staff to attempt cardiopulmonary resuscitation (CPR) to try to bring you back to life. With CPR, emergency providers will usually use electric shock (defibrillation) and put a plastic tube down your throat to help you breath (intubation). If that works, they will take you to a hospital and probably put you in the intensive care unit (ICU) and put you on a breathing machine.

...choosing CPR means choosing Full Treatments because, in order for emergency providers to provide CPR, they must be able to put a plastic tube down your throat if needed.

You are saying with this option:

- ✓ I'm okay with going to the hospital.
- ✓ I'm okay with going to intensive care unit.
- ✓ I'm okay with being on a breathing machine.
- ✓ I'm okay with with surgery, IV medicine, and antibiotics.

If NO CPR is checked

...it means that you have chosen not to have CPR (see above for definition). It means that if you have no pulse or are not breathing, emergency providers will not resuscitate you but will make you comfortable as you die naturally. If you have a pulse or are breathing, the next three boxes indicate what treatment options you want.

is no pulse and is not breathing.

☒ **NO CPR: Do Not Attempt Resuscitation.**
(May choose any option in Section B)

Options. With NO CPR, one of the below should be checked:

You are saying with this option:

Reassess and discuss interventions with patient and family. Consider a time-trial of interventions based on patient goals.

Pick 1
☐ **Full Treatments** (required if choose CPR in Section A). Goal: Attempt appropriate medical and surgical treatments as indicated to attempt to restore function while avoiding complications. Transfer to hospital if treatment is successful.
☐ **Selective Treatments.** Goal: Attempt to restore function while avoiding complications. Transfer to hospital if treatment is successful.
☐ **Comfort-focused Treatments.** Goal: Maximize comfort and allow death to happen naturally. Transfer to hospital if treatment is successful.

Full Treatments.

Your treatment goal is to have done everything medically appropriate and possible to save your life.

- ✓ I'm okay with going to the hospital.
- ✓ I'm okay with going to intensive care unit.
- ✓ I'm okay with being on a breathing machine.
- ✓ I'm okay with with surgery, IV medicine, and antibiotics.

Selective Treatments.

Your treatment goal is to treat medical issues that can be reversed.

- ✓ I'm okay with going to the hospital.
- ✓ I do **not** want to be in the intensive care unit.
- ✓ I do **not** want to be on a breathing machine.
- ✓ I do **not** want surgery.
- ✓ I'm okay with IV medicine and antibiotics.

Comfort-focused.

Your treatment goal is to maximize comfort and allow death to happen naturally.

- ✓ I do **not** want to go to the hospital.
- ✓ I do **not** want to be in the intensive care unit.
- ✓ I do **not** want to be on a breathing machine.
- ✓ I do **not** want surgery or IV medications.

C. Additional Orders or Instructions.

D. Medically Assisted Nutrition (Offer or Refuse).

Pick 1
☐ Provide feeding through new or existing tube.

National POLST Patient Guide: Your Completed Form

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

Explanation of Additional Orders

Since no form can address every possible medical decision, the POLST form has space for your health care provider to order other treatments you may want. Your provider may have written additional orders in here based on your conversation.

C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis).

[EMS protocols may limit emergency responder ability to act on orders in this section.]

Explanation of Medically Assisted Nutrition Options

For every treatment option, health care providers will make reasonable attempts to give you food and fluids by mouth if you desire it, if it is safe and if you can tolerate it. If this is not possible, this section provides orders about what artificial nutrition you want. Options include temporary solutions or options requiring surgery, like a PEG tube. You can learn more by viewing this [video about feeding tubes](#).

D. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe and tolerated)

Pick 1

- | | |
|---|---|
| ☐ Provide feeding through new or existing surgically-placed tubes | ☐ No artificial means of nutrition desired |
| ☐ Trial period for artificial nutrition but no surgically-placed tubes | ☐ Discussed but no decision made (standard of care provided) |

Discussed but no decision made means you will receive the standard of care (as you will for any section not completed).

Explanation of Patient Signature

By signing the form, you acknowledged that you understand this is voluntary and that you have discussed your goals with your health care provider. You should not ever be required to have a POLST.

☐ Trial period for artificial nutrition but no surgically-placed tubes ☐ Discussed but no decision made (standard of care provided)

E. SIGNATURE: Patient or Patient Representative (eSigned documents are valid)

I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient's representative, the treatments are consistent with the patient's known wishes and in their best interest.

 (required)

The most recently completed valid

What if I change my mind?

You, as the patient, always have the right to change your mind about your POLST form. If you want to change to different options than the ones you selected, you need to have a new form created with your health care provider (you cannot modify the form yourself).

If you do not want to have a POLST form anymore, you have the right to void the form, too. If you want to void your form, be sure to: destroy the old form **and** contact your health care provider to void the orders in your medical records and also have the form voided in any POLST registries, if applicable. If the patient lacks capacity, the patient's representative should follow these steps on behalf of the patient.

What do I do with my completed POLST form?

- ✓ **Carry your POLST with you** if you go to a facility.
- ✓ **If you are home, post it on your refrigerator or put it in your medicine cabinet.** Emergency personnel will look for it those places.
- ✓ **Tell your family and friends** you have a POLST form so they can tell emergency personnel to look for it.
- ✓ **If you are traveling,** keep a copy in your purse or wallet near your ID. Emergency personnel will look there to find it.

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