

Directions for Health Care Professionals

Completing POLST

- Must be completed by health care professional based on patient preferences and medical indications. POLST **must be signed** by patient or decision-maker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with organization/community policy.
- Use of the original form is strongly encouraged. Photocopies and FAXs of signed POLST forms are legal and valid.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- **No** defibrillator (including automated external defibrillators) should be used on a patient who has chosen “Do Not Attempt Resuscitation.”

Section B:

- When comfort cannot be achieved in the current setting, the patient, including someone with “Comfort Measures Only,” should be transferred to a setting able to provide comfort (i.e. treatment of a hip fracture).
- IV medication to enhance comfort may be appropriate for a patient who has chosen “Comfort Measures Only.”
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.

Reviewing POLST

- POLST review is recommended periodically and when:
 - The patient is transferred from one care setting or care level to another
 - There is substantial change in the patient’s health care status
 - The patient has a change in treatment preference

Modifying and Voiding POLST

- A patient or decision-maker can at any time void the POLST form or change his/her mind about his/her treatment preferences by executing a verbal or written advance directive or completing a new POLST form.
- To void POLST, draw a line through Sections A through D and write “VOID” in large letters. Sign.
- The most recently dated POLST is considered the valid POLST. The most recently dated POLST’s wishes/orders supersede all prior POLST directives.