

## What is POLST?

The POLST Form is a document that helps doctors, nurses, healthcare facilities and emergency personnel honor patient wishes regarding life-sustaining treatments in emergency situations.

The POLST form includes information about:

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

A POLST form is completed by a doctor or other healthcare provider only after a discussion of end-of-life choices with a patient or his or her legal decision-maker. The form is then signed by the doctor, nurse practitioner or physician assistant and the patient or his or her legal decision-maker. It then becomes a medical order that is understood and followed by other healthcare professionals.

The POLST form is always voluntary. Patients may choose to not have a POLST form completed on their behalf.

## In what setting is the POLST form used?

The POLST remains with and travels with the patient between care settings, home, hospital, long-term care or any other facility.

## Who is appropriate for a POLST form?

Patients with serious life-limiting medical condition or advanced frailty:

- Whose health care professional would not be surprised if they died within 1-2 years; or
- Who are at an increased risk of experiencing a medical emergency based on their current medical condition and who wish to make clear their treatment preferences, including about CPR, mechanical ventilation, ICU;
- Who have had multiple unplanned hospital admissions in the last 12 months, typically coupled with increasing frailty, decreasing function, and/or progressive weight loss.

## Where is the POLST form kept?

In the home, the form is kept in a prominent place, such as the refrigerator, a bedside table or medicine cabinet. For patients who are in a healthcare facility, the form is kept in the medical chart.

## What are some of the terms used when POLST is discussed?

- **Artificial Nutrition**  
When a patient can no longer eat or drink by mouth, liquid food can be given to them by tube.

- **Cardiopulmonary Resuscitation (CPR)**  
Attempts to restart breathing and the heartbeat of a person who is not breathing and who has no heartbeat. Typically, this involves “mouth-to-mouth” and forceful pressure on the chest. It can also involve electric shock or a plastic tube being placed in the windpipe to assist breathing.
- **Comfort Measures**  
Care undertaken with the primary goal of keeping a person comfortable, rather than prolonging life. With a POLST, a person who requests “comfort measures only” would be transferred to a hospital only if needed for his or her comfort.
- **Intravenous (IV) Fluids**  
Fluids administered through a small plastic tube directly into a vein, typically on a short-term basis.
- **Mechanical Ventilation/Respiration**  
The pumping of air in and out of the lungs through a tube in the throat. Used when a person is not able to breathe on his or her own.
- **Tube Feeding**
  - *Short-term basis:* Fluids and liquid nutrients can be given through a tube in the nose that goes into the stomach.
  - *Long-term basis:* A tube is inserted through a surgical procedure directly into the stomach.



## Information on POLST

If you think a POLST is right for you or your loved one, talk to your healthcare provider. Your doctor, nurse, social worker or other healthcare professional is the best resource for information about POLST.

Additional information about POLST is available at:

- [www.papolst.org](http://www.papolst.org)
- [www.polst.org](http://www.polst.org)

You may also contact:

Coalition for Quality at the End of Life (CQEL)

E-mail: [info@papolst.org](mailto:info@papolst.org)



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## Information for Patients and Families

***Do you or a loved one have a serious health condition?***

*Make your wishes known to your doctors, nurses and other healthcare providers. They can complete a POLST form to help ensure that your treatment choices are honored near the end of life.*

**The Pennsylvania Orders for Life-Sustaining Treatment (POLST) Form**