



Pennsylvania Orders for Life-Sustaining Treatment
A Participating Program of National POLST

Pennsylvania Orders for Life-Sustaining Treatment



Guidance for Healthcare Professionals

September 2025

Pennsylvania Orders for Life-Sustaining Treatment (POLST) educational materials and the POLST form are available through the POLST website

www.papolst.org

Users should download and print the form on Pulsar Pink card stock (#65)

POLST inquiries can be sent to info@papolst.org

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
To follow these orders, an EMS provider must have an order from his/her medical command physician

 pennsylvania DEPARTMENT OF HEALTH	Pennsylvania Orders for Life-Sustaining Treatment (POLST)	LAST NAME FIRST/MIDDLE INITIAL DATE OF BIRTH
FIRST follow these orders, THEN contact physician, certified registered nurse practitioner or physician assistant. This is an Order Sheet based on the person's medical condition and wishes at the time the orders were issued. Everyone shall be treated with dignity and respect.		
A <small>Check One</small>	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing. <input type="checkbox"/> CPR/Attempt Resuscitation <input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B, C and D.	
B <small>Check One</small>	MEDICAL INTERVENTIONS: Person has pulse <u>and/or</u> is breathing. <input type="checkbox"/> COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. <i>Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.</i> <input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. <i>Transfer to hospital if indicated. Avoid intensive care if possible.</i> <input type="checkbox"/> FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <i>Transfer to hospital if indicated. Includes intensive care.</i> Additional Orders _____	
C <small>Check One</small>	ANTIBIOTICS: <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal. <input type="checkbox"/> Use antibiotics if life can be prolonged. Additional Orders _____	D <small>Check One</small>
E <small>Check One</small>	ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION: Always offer food and liquids by mouth if feasible <input type="checkbox"/> No hydration and artificial nutrition by tube. <input type="checkbox"/> Trial period of artificial hydration and nutrition by tube. <input type="checkbox"/> Long-term artificial hydration and nutrition by tube. Additional Orders _____	
SUMMARY OF GOALS, MEDICAL CONDITION AND SIGNATURES: Discussed with <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other: _____		
Patient Goals/Medical Condition: _____ By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.		
Physician/ACRN/PA/CRNP Signature (required): _____ Signature of Patient or Surrogate (required): _____		Physician/ACRN/PA/CRNP Title: _____ Date: _____
Name (print): _____		Relationship to Patient (print) if patient: _____

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I. Introduction

POLST is an approach to developing a care plan that honors a patient's choices for care at the end of life. The process includes:

- A conversation that determines patients' treatment preferences based on personal values and stated goals of care;
- Documenting preferences for the care someone would or would not want to receive in the form of medical orders on an easily recognized standardized form that is transportable across all care settings;
- Honoring patients' preferences for medical treatments during a crisis or a decline in health.

Fundamentally, POLST is not a form, it is a *process*.

The POLST form is the portable medical order. It is designed to support patients transitioning between healthcare facilities or living in the community by communicating patient preferences. In the event of a medical emergency, when time is of the essence for medical decision-making, the form serves as an immediately available and recognizable order set in a standardized format.

Mission

The mission of the Pennsylvania POLST Coalition is to improve the quality of life for Pennsylvanians nearing the end of life by providing an evidence-based, patient-centered, voluntary process that honors the treatment goals of those with advanced illness and frailty in a compassionate manner that is respectful of the inherent dignity of the individual.

Overview

People have the right to make their own healthcare decisions. Advance healthcare directives can help people communicate their treatment preferences when they would otherwise be unable to make such decisions. However, the wishes expressed by an advance healthcare directive may, in some cases, not be honored due to the nonavailability of completed forms expressing the individual's preferences for care or a healthcare professional's inability to translate the language of the document into orders for treatment of specific medical conditions. In the absence of an immediately available and actionable document, health care professionals may pursue medical treatments that are incompatible with the patients desires. The POLST document is used to decrease the chance of this happening

POLST: Portable Medical Orders is a process designed to help healthcare professionals honor the treatment wishes of their patients. The document was developed initially in Oregon in 1991 by a multidisciplinary task force convened by the Center for Ethics in Health Care at Oregon Health & Science University¹. POLST now exists at some level in all 50 states and the District of Columbia. Program names may vary by state.

¹ Development of the Oregon POLST Program was funded by The Greenwall Foundation. Dissemination has been funded in part by The Robert Wood Johnson Foundation, The Nathan Cummings Foundations, Karen and Bill Early; The Wendt Education Fund and others.

In Pennsylvania, Act 169 of 2006, mandated formation of a statewide advisory committee, the Patient Life-Sustaining Wishes (PLSW) Advisory Committee, to examine the advisability and possible adoption of a standardized form such as POLST. In October 2010, the Secretary of the Department of Health approved the use of a standard form to be called the Pennsylvania Orders for Life-Sustaining Treatment (POLST) form that was recommended by that committee.

The use of “Pennsylvania” in the form name was intended to distinguish it from other state forms and to reflect the fact that the orders may be signed by certified nurse practitioners or physician assistants in addition to physicians (in some states, the “P” in “POLST stands for “Physician”). As in other states, the Pennsylvania implementation process is revised periodically based on feedback from healthcare professionals and other key stakeholders based on quality metrics and research being reviewed by a designated committee. As of the time of this writing, we are aware that the current Pennsylvania form could benefit from updates to better align with changes made to the National POLST form. However, currently no mechanism is in place in the Commonwealth to do this.

The POLST process is designed to help primary care physicians, nurse practitioners, physician assistants, long-term care facilities, hospices, home health agencies, emergency medical services, and emergency physicians:

- Promote a person’s² autonomy by documenting a person’s treatment preferences and coordinating these with medical orders;
- Enhance the HIPAA-compliant transfer of patient records between healthcare professionals and healthcare settings;
- Clarify treatment intentions and minimize confusion regarding a person’s treatment preferences;
- Reduce repetitive activities in complying with the Patient Self-Determination Act;
- Facilitate appropriate treatment by emergency medicine and EMS personnel.

POLST is *always* voluntary. The use of the POLST form is intended to enhance the quality of a person’s care and is expected to complement the advance healthcare directive if it has been completed. The POLST document is a short summary of treatment preferences and medical orders for care that is portable and easy to interpret in an emergency situation. A properly completed POLST form should be honored by medical providers as an appropriately documented medical order and an expression of the patient’s intent.

The POLST is not intended to replace an advance healthcare directive document or other medical orders. The POLST process works best when the person has appointed a health care agent to speak for him or her if they become unable to speak for themselves. A health care agent can only be appointed through an advance healthcare directive called a health care power of attorney. The professional signing the form and the person signing for the patient if the patient is

² Person” is used throughout this document to indicate a child or adult inpatient or outpatient or a resident of a long term care facility. The “person” is not the “guardian”

unable to sign the POLST should weigh carefully these expressed wishes when completing and reviewing the orders.

For persons with advanced illnesses, the POLST puts the advance directive into action by centralizing information, facilitating record keeping, and ensuring transfer of appropriate information among healthcare professionals and care settings.

Some states include the POLST in rules and regulations governing emergency medical services (EMS). In Pennsylvania, EMS will honor an Out-of-Hospital Do-Not-Resuscitate Order, as prescribed by Pennsylvania statute, but the required statutory form and procedure is different from the POLST. Consequently, EMS may honor a POLST only upon receiving an order from a medical command physician.

Leadership and Administration

POLST programs are well-established in most communities across the United States. Several countries outside the United States have implemented programs as well. Information on POLST and each state's status can be found at www.polst.org, a website of the National POLST Collaborative. The program's Leadership Council, similar to a board of directors, is responsible for implementing National POLST's mission and vision and managing the organization's strategic plan. A central purpose of National POLST is to share the collective knowledge of programs nationwide to foster the development and improvement of POLST programs everywhere.

In Pennsylvania, the POLST program is supported by a broad coalition of supporters from throughout the Commonwealth. Administration is under the auspices of the CQEL (founded as the Coalition for Quality at the End of Life) of the Jewish Healthcare Foundation.

Who should have a POLST?

Examples of appropriate patients for engagement in POLST conversations are those with a serious life-limiting medical condition or advanced frailty:

- whose healthcare provider 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, and ICU admission; or
- who have had multiple unplanned hospital admissions in the last 12 months, typically coupled with increasing frailty, decreasing function, and/or progressive weight loss.

Examples of POLST-appropriate medical conditions include (not an exhaustive list):

- Severe heart disease
- Metastatic cancer or malignant brain tumor
- Advanced lung disease

- Advanced renal disease
- Advanced liver disease
- Advanced frailty³
- Advanced neurodegenerative disease (e.g., dementia, Parkinson's disease, ALS)

Who should NOT have a POLST form?

Use of the POLST form is not appropriate for persons with stable medical or functionally disabling problems who have many years of life expectancy. For patients with significant disabilities, healthcare professionals should consider approaching a patient about a POLST conversation only if this patient's level of functioning has become severely impaired as a result of a deteriorating health condition. It is appropriate to engage in a POLST conversation only if the person has a disease process (not just their disability) that is an end-stage medical condition or terminal illness.

Remember that a POLST form is designed to express the individual's preferences for levels of treatment, which may be full treatment, including resuscitation attempts, or limits regarding interventions that are not desired by the individual.

When a POLST Is not Executed or Found

In the absence of a POLST form or an Out-of-Hospital Do-Not-Resuscitate Order, patients will receive advanced cardiac life support, including CPR, endotracheal intubation, and defibrillation, based on standard protocols. If it is likely that a patient may lose decision-making capacity within the next year, it is critical that the patient have an up to date advance directive that appoints a health care agent for them and expresses their wishes regarding medical care with a living will. This will provide guidance and identify a surrogate to continue communication and healthcare decision making so that a POLST may be completed or revised as necessary as the patient's condition changes.

II. How to Use the POLST

Completion of a POLST form should always be voluntary. It is inappropriate to require a patient have a POLST form completed on their behalf, because it may be forcing them into either making decisions that they may not be ready to make or participating in advance care planning, which they may not want to do.

The cornerstone of the POLST process is a conversation. A POLST form should only be completed after a discussion regarding goals and preferences for medical care with the person or his or her health care agent or health care representative. In Pennsylvania, a physician, physician assistant, or CRNP must sign the form, assuming full responsibility for the medical orders and assuring that they accurately reflect the person's values. However, other disciplines may facilitate the POLST conversation; typically this may be a nurse or social worker. Facilitators are required to be skilled, knowledgeable and credible to

³ Indicating a combination of advanced chronic disease and/or advanced age with significant weight loss and functional decline

physicians/providers as well as patients and families. Regardless of who meets with the patient and/or medical decision maker, an effective conversation must occur.

The POLST Form

The PA POLST form is a double-sided bright pink form. One side of the document contains the "Pennsylvania Orders for Life-Sustaining Treatment" medical orders (Sections A - E). The other side of the form provides space to document the patient's health care surrogate's contact information and space for the signature of the healthcare professional conducts the POLST conversation and prepares the form for review.

National POLST strongly recommends that all POLST programs require the signature of either the patient or the patient's legal decision-maker to make the form valid. Pennsylvania's form does require patient/surrogate signature. The signature of the patient (or the legal decision-maker if the patient lacks decision-making capacity) provides evidence that the patient or legal decision maker agree that the orders indicated on the form accurately reflect the patient's preferences.. preferences.

The POLST documents a person's preferences and provides life-sustaining treatment orders that reflect their personal values and stated goals for care. In institutional settings, the POLST should be the first document in the clinical record. In an electronic medical record, it should be placed in a readily accessed tab. In other settings, it is recommended that the form be placed in a visible and readily accessible location, such as the outside of the kitchen refrigerator.

The original form should accompany the person upon transfer from one setting to another. HIPAA permits disclosure of POLST to other healthcare professionals across treatment settings. Copies of the POLST form may be honored by healthcare professionals, but the original is preferred.

Sometimes a person is evaluated in a setting (e.g., hospital emergency department) and will have a POLST form completed by a physician not on the medical staff of the facility. Some emergency physicians and admitting physicians have been reluctant to automatically follow the POLST orders without first reassessing the person's values in the current clinical situation. National POLST recommends that the orders be updated whenever there is a change in the person's condition or stated preferences for care. However, sometimes the need to follow the orders occurs before a reassessment can be accomplished. In such a case, it is recommended that the POLST orders be followed until a review is completed by the accepting healthcare professionals.

Healthcare Practitioners to Honor Life-Sustaining Treatment Orders

- (1) Healthcare practitioners shall respect the patient's wishes including regarding life-sustaining treatments. The fact that a provider who executed a life-sustaining treatment order does not have admitting privileges at a

hospital or healthcare facility where the patient is being treated does not remove an obligation to honor the order.

- (2) Should new information on the health of the patient become available, the goals of treatment may change. Following discussion with the patient, or if incapable their health care agent or representative, new orders regarding life-sustaining treatment should be written, dated and signed.

Section by Section Review of the POLST Form

The four different medical treatments or services include:

- Section A – Cardiopulmonary Resuscitation,
- Section B - Medical Interventions,
- Section C - Antibiotics, and
- Section D - Artificially Administered Hydration/Nutrition.

Section E includes space to document with whom the orders were discussed to assure that the person’s preferences were known and that the form reflects those preferences. It also includes a statement indicating the validity of the orders and provides for mandatory signature and contact information of the physician, physician assistant (PA) or certified registered nurse practitioner (CRNP) who signed the form.

If the person requires treatment from an emergency responder, the EMS provider must have an order from his/her medical command physician to follow the POLST. A non-EMS responder should first initiate any treatment orders recorded on the POLST, and then contact the physician, or, CRNP as needed. Any order section that is not completed indicates that full treatment should be provided for that section until clarification is obtained.

Section A - Cardiopulmonary Resuscitation (CPR)

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing.	
	<input type="checkbox"/> CPR/Attempt Resuscitation	<input type="checkbox"/> DNR/Do Not Attempt Resuscitation (Allow Natural Death)
When not in cardiopulmonary arrest, follow orders in B , C and D .		

These orders apply only when the person has no pulse and is not breathing.

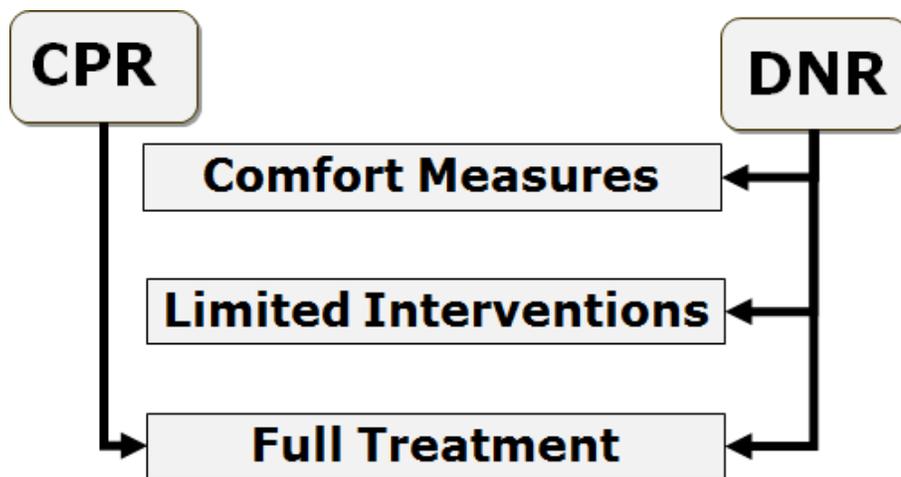
This section does not apply to any other medical circumstances. For example, this section does not apply to a person in respiratory distress because he or she is still breathing. Similarly, this section does not apply to a person who has an irregular pulse and low blood pressure because he or she has a pulse. For these situations, the first responder should refer to B, C, and D—described below—and follow the indicated orders.

If a person has indicated that he or she does not want CPR in the event of no pulse and not breathing, then the “DNR/Do Not Attempt Resuscitation (Allow Natural Death)” box is checked. CPR should not be performed. The person should understand that comfort measures will always be provided and that CPR will not be attempted.

If the person wants CPR and CPR is ordered, then the "Attempt Resuscitation/CPR" box is checked. Full CPR measures should be carried out and 911 should be called.

If a person wants CPR, they must be willing to have Advanced Cardiac Life Support (ACLS) guidelines followed, which usually includes intubation and care in the ICU. That requires selecting "Full Treatment" in Section B.

"DNR/Do Not Attempt Resuscitation" may be chosen with any of the Medical Interventions in POLST Section B, including "Full Treatment. This applies to the patient who has a pulse and/or who is breathing and wants aggressive medical interventions but who doesn't want to be resuscitated if found without a pulse or not breathing.



Section B - Medical Interventions

B <small>Check One</small>	MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.
	<input type="checkbox"/> COMFORT MEASURES ONLY Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital for life-sustaining treatment. Transfer if comfort needs cannot be met in current location.
	<input type="checkbox"/> LIMITED ADDITIONAL INTERVENTIONS Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation, advanced airway interventions, or mechanical ventilation. Transfer to hospital if indicated. Avoid intensive care if possible.
	<input type="checkbox"/> FULL TREATMENT Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care. <i>Additional Orders</i> _____

Orders in this section apply to emergency medical circumstances for a person who has a pulse and/or is breathing. This section provides orders for situations that are not covered in Section A. Comfort care is always provided regardless of indicated level of emergency medical treatment. Other instructions may also be specified.

Comfort Measures Only indicates a desire for only those interventions that enhance comfort. Use medication by any route, positioning, wound care, and oxygen, suction and manual treatment of airway obstruction (choking) as needed for comfort. Do not transfer to a hospital unless comfort needs cannot be met in the current location.

Sometimes it is necessary to transfer patients to the hospital to control their suffering. Examples include wound care (immediate and ongoing pain relief, control of bleeding, cleaning, wound closing and dressing as needed to optimize hygiene), positioning for comfort, manual airway opening and stabilization of any fracture by splinting and/or surgery (with the goal to control pain).

Limited Additional Interventions includes comfort measures and medical treatment, and cardiac monitor as indicated. This order is also used to indicate treatment for those with short-term dehydration. Intubation, advanced airway interventions, and mechanical ventilation are not used. Transfer to hospital if indicated and usually avoid use of intensive care. The POLST form should always be sent with the person when being transferred. Information explaining that the goals of care have not changed and specifically outlining the treatments for which the person is being transferred (e.g., wound care, the setting of a fracture, or assistance with pain management) must be conveyed. Direct communication with the receiving healthcare team about the goals of care ensures that the person's wishes are respected and comfort maximized as a person moves from one care setting to another.

Full Treatment includes all care previously described with no limitation of treatment. If all life-sustaining treatments are desired, the “Full Treatment” box is checked. All support measures needed to maintain and extend life are utilized. Use intubation, advanced airway interventions, mechanical ventilation and electrical cardioversion as indicated. Transfer to hospital and use intensive care as medically indicated.

Note: An individual who chooses “Attempt Resuscitation/CPR” in Section A should choose “Full Treatment” in Section B. If a person wants CPR, they must be willing to have Advanced Cardiac Life Support (ACLS) guidelines followed, which usually includes intubation and care in the ICU.

Section C – Antibiotics

C Check One	ANTIBIOTICS: <input type="checkbox"/> No antibiotics. Use other measures to relieve symptoms. <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs, with comfort as goal <input type="checkbox"/> Use antibiotics if life can be prolonged <i>Additional Orders</i>
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These orders help stimulate consideration that antibiotics are life-sustaining treatments. Advance planning in use of antibiotics can help to clarify goals of care for the person and family in the context of advanced serious illness. If antibiotics are desired with the intent to prolong life, the healthcare practitioner checks the appropriate box. If no antibiotics are desired, the "*No antibiotics. Use other measures to relieve symptoms*" box should be checked. If goals of antibiotic use are uncertain at the time of completing the orders, the box “Determine use or limitation of antibiotics when infection occurs” should be checked and antibiotics administered if comfort can be improved.

Section D – Artificially Administered Hydration/Nutrition

D Check One	ARTIFICIALLY ADMINISTERED HYDRATION / NUTRITION: Always offer food and liquids by mouth if feasible <input type="checkbox"/> No hydration and artificial nutrition by tube. <input type="checkbox"/> Trial period of artificial hydration and nutrition by tube. <input type="checkbox"/> Long-term artificial hydration and nutrition by tube. <i>Additional Orders</i>
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These orders indicate the person’s instructions regarding the use of artificially administered hydration and nutrition should they be unable to take food or fluids by mouth. Pennsylvania law requires specific reference to artificial hydration and nutrition in an advance healthcare directive for the directive to be effective for the

withholding of such treatment. In addition, Pennsylvania law contains a presumption in favor of a patient wanting artificial hydration and nutrition unless the individual has expressed wishes to the contrary or it is clear from the patient’s preferences and values that the patient would not want the artificial hydration and nutrition under the circumstances. It should, therefore, be assumed as a starting point that the patient would want such care unless there is clear evidence to the contrary.

While Pennsylvania law allows a person a choice about artificially administered hydration and nutrition, oral fluids and nutrition must always be offered to the person if medically feasible. If long-term artificial hydration and nutrition by tube are medically indicated and desired by the person, then the appropriate box is checked. No artificial hydration and nutrition by tube is provided for a person who refuses this treatment or if it is not medically indicated. Sometimes a defined trial period of artificial nutrition by tube can allow time to determine the course of an illness or allow the person an opportunity to clarify his/her goals of care.

Section E – Reason for Orders and Signatures

E <small>Check One</small>	SUMMARY OF GOALS, MEDICAL CONDITION AND SIGNATURES:		
	Discussed with: <input type="checkbox"/> Patient <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Health Care Agent <input type="checkbox"/> Health Care Representative <input type="checkbox"/> Court-Appointed Guardian <input type="checkbox"/> Other	Patient Goals/Medical Condition: 	
	By signing this form, I acknowledge that this request regarding resuscitative measures is consistent with the known desires of, and in the best interest of, the individual who is the subject of the form.		
	Physician/PA/CRNP Printed Name:		Physician/PA/CRNP Printed Phone Number
	Physician/PA/CRNP Printed Name (Required):		DATE
	Signature of Patient or Surrogate		
	Signature (required)	Name (print)	Relationship (write "self" if patient)

Upon completion of the orders, the healthcare practitioner checks the box indicating with whom the orders were discussed (i.e., patient, parent of minor, health care agent or representative, or a court-appointed guardian). It is recommended that the signer include additional information supporting the basis for the orders in the Patient Goals/Medical Condition box.

At the bottom of the orders, the physician, PA, or CRNP must sign and date the form. A phone number should be included in case clarification or further orders are required. This signature is required for a POLST to be considered valid. Verbal orders are valid as allowed by institutional or community policy. The orders can be signed later by the physician, PA, or CRNP. (Note: Per the 2025 updates to physician assistant regulations, supervising physician signature is only required for physician assistants during their first 12 months of practice or change in specialty. Otherwise, the supervising physician can determine appropriate countersignature requirements.)

The last line on the front of the form is for the signature of the patient or the patient's health care decision-maker if the patient lacks decision-making capacity. The PLSW Committee recommended that this signature be required as it provides assurance that the orders indicated on the form reflect the patient's care preferences..

If the HCPOA/representative is available only by phone, the POLST can still be completed by documenting the details of the phone call, date, and name of the person giving verbal approval. The HCPOA/representative should sign the form at the earliest opportunity, in person with the next visit, or by mail/fax/ or electronic transmission of the form when physical visit is not possible.

A POLST form may be completed with a patient/surrogate during a telehealth visit. Arrangements for signatures for patient/surrogate and provider should be made per organization policy. Fully document the conversation in the medical record. Include:

- Who was engaged in the conversation, patient or surrogate?
- Were family members or others included?
- If the patient, was it clear that he/she was capable of understanding the discussion and able to make health care treatment decisions?
- When and how is the form being transmitted to location where patient is receiving care?

The Reverse Side of the POLST Form

The Other Contact Section allows space for documentation of the name and contact information for the patient's surrogate.

It also includes a place for the signature of the health care professional who had the discussion of the patient's values and preferences with the patient or surrogate. Depending on institutional policies, someone other than a physician/PA/CRNP, such as a nurse or social worker who is qualified and trained may have the discussion with the patient that guides POLST decision-making.

The form includes a reminder that the POLST form should accompany the person whenever transferred or discharged. The POLST form travels with the patient to help ensure that treatment preferences are honored across settings of care (hospital, nursing home, assisted living facility, home, etc.). Health systems with electronic record capability may scan the POLST form to ensure the orders are accessible.

The Direction for Healthcare Professionals section reinforces the importance of completing an advance healthcare directive to provide instructions for an individual's health care and appointing of a health care agent. Information on how to obtain an Out-of- Hospital DNR order is also included.

Common questions arising in completing, using POLST and reviewing POLST are described in this section. In Pennsylvania, the most recent version approved by the Department of Health was created in June 2021. Earlier versions of the POLST form are intended to remain valid after release of a newer version. The POLST form should be reviewed periodically (consider at least annually) and a new form completed if necessary when:

1. The person is transferred from one care setting or care level to another, or
2. There is a substantial change in the person's health status, or
3. The person's treatment preferences change.

If the POLST becomes invalid or is replaced by an updated version, draw a line through sections A through E of the invalid POLST, write "VOID" in large letters across the form, and sign and date the form.

III. Use of POLST with Children

The POLST form can be used to clarify treatment orders for children with advanced progressive illness. For a child, either custodial parent or a guardian has the authority and responsibility to consent or refuse consent to health care for minors who are unable to consent for themselves.

In regard to Section A - Attempt Resuscitation/CPR: Since arrest in most children is primarily respiratory, a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse the child should be treated as directed under Section B.

IV. Differences Between a POLST and an Advance Directive

Characteristics	Advance Directive	POLST
Population	All adults	For the seriously ill
Timeframe	Future care	Current care
Who completes the form	Patients	Healthcare professionals
Where completed	Any setting, not necessarily medical	Medical setting
Resulting form	Health care power of attorney, living will	Medical orders based on shared decision-making
Becomes effective	Patient is incompetent, and; permanently unconscious or has end-stage medical condition	When signed and dated by doctor, CRNP, or PA and by patient or medical decision maker
Health care agent or surrogate role	Cannot complete	Can engage in discussion if patient lacks capacity
Portability responsibility	Patient/family	Provider
Periodic review	Patient/family responsibility	Provider responsibility

V. Resources

Description	Website
Prepare for Your Care. A step-by-step program with video stories to help patients have a voice in their medical care	www.prepareforyourcare.com
Allegheny County Bar Association and Allegheny County Medical Society healthcare power of attorney and living will form	https://www.acba.org/?pg=living-will
State specific advance directives	www.caringinfo.org/planning/advance-directives/by-state
Five Wishes advance directive document	https://fivewishes.org
MyDirectives helps users to create an emergency medical care plan for family and doctors	https://mydirectives.com
Pennsylvania Orders for Life Sustaining Treatment (POLST)	www.papolst.org
National POLST, an approach to end-of-life planning based on conversations between patients, loved ones, and healthcare professionals.	www.polst.org
“Hard Choices for Loving People”: A resource for professionals, patients and their families regarding end-of-life decisions	www.hardchoices.com
Finding Your Way – Medical Decisions When They Count Most	https://coalitionccc.org/CCCC/Resources/ACP-Tools-Conversation-Tools-Update.aspx