

(Example may be useful as guide in developing policies)

**Long-term-care: Administrative  
XYZ Facility Policy  
Administrative Policy and Procedure Manual**

**Section: Administration**

**Subject: POLST FORM (Physician Orders for Life-Sustaining Treatment)**

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**POLICY**

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All residents admitted to the HealthCare Center and Assisted Living Center will have a POLST form completed and on their chart. Residents of the independent community will be encouraged to have one completed.

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**PROCEDURE**

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The POLST form provides documentation of a resident's individual preferences toward life-sustaining treatment.

1. The POLST form should be the first document in the medical record.
2. The attending physician will complete the POLST form after discussing options for life-sustaining treatment with resident or surrogate decision maker.
3. The attending physician will complete and sign the form within seven (7) days of admission to the Health Care Center or the Assisted Living Center.
4. When a resident is transferred or discharged, a COPY of the POLST form will accompany the resident.
5. The original POLST form will remain in the Health Care Center medical record.
6. Review of the form for residents in the Health Care Center will be quarterly.
7. The form will be reviewed annually for residents residing in the Assisted Living Center and the independent community.