

(Example)

SENIOR LIVING:  
“POLICY TO ACCEPT POLST FORMS FROM  
TRANSFERRING FACILITIES AND PROVIDERS”

**Background:**

Currently the *Physician Orders for Life Sustaining Treatment* (POLST) form is being used in facilities throughout Pennsylvania. The form is a physician order for life sustaining treatment and is completed in conjunction with patients, or proxies as applicable, who want to make a patient’s advance care preferences known. The POLST form originated at the Center for Ethics in Healthcare at Oregon Health and Science University (<http://www.ohsu.edu/polst/index.shtml>) and is now being used widely in several states. The POLST complements the Advance Directive and Durable Power of Attorney for Health Care and helps to translate the patient’s care preferences into actionable medical orders. Unlike the Living Will which describes the medical preferences for end of life, the POLST defines the medical preferences for a single moment when those preferences could range from full or limited treatment to comfort care only.

**Goals:**

- 1) To promote efficient and effective transfer of care between facilities when residents are admitted or discharged from our facilities.
- 2) To help ensure a patient’s preferences for end of life care are honored.

**Policy:**

- 1) For patients who are being admitted to our facility, we will accept a POLST form that has been signed by a licensed physician or nurse practitioner, even if that physician or nurse practitioner is not on staff at this facility.
- 2) Upon receipt of a POLST form, the information on the form will be verified with the patient or responsible party to make sure it reflects their care wishes.
  - a. If a patient’s treatment preferences have changed, on the existing POLST form draw a line through sections A – F, write “VOID” in large letters and date the form. A new form should be completed as per facility policy.
  - b. If a patient’s treatment preferences have not changed, the existing POLST form will be placed on the resident’s chart and followed as per facility policy.