

PENNSYLVANIA ORDERS
for Life-Sustaining Treatment (POLST)

Name

Cardiopulmonary Resuscitation (CPR): No pulse and
no breathing.

- Attempt Resuscitation/CPR
 Do Not Attempt Resuscitation/DNR
(Allow Natural Death)

Medical Interventions: Pulse and/or is breathing

Comfort Measures Only

Do not transfer to hospital for life-sustaining treatment.

Transfer if comfort needs cannot be met in current location.

Limited Additional Interventions

Transfer to hospital, if indicated, and avoid intensive care.

Full Treatment

Transfer to hospital, if indicated, and include intensive care.

See POLST form for additional information

Print Name of Physician/NP/PA

Phone:

Physician/NP/PA Signature

Date:

This card is a summary of orders on the POLST form. The physician/NP/PA must sign both the POLST form and this card. Both the POLST form and this card are expected to be honored by health care professionals.

PENNSYLVANIA ORDERS
for Life-Sustaining Treatment (POLST)
Wallet Card

COALITION FOR QUALITY AT THE END-OF-LIFE (CQEL)

Information about POLST can be found at:

www.papolst.org or
<https://www.upmc.com/services/seniors/resources-for-caregivers/advance-care-planning/polst>
or contact the POLST Coordinator
at info@papolst.org