**Physician Orders for Life-Sustaining Treatment**

**FIRST** follow these orders, **THEN** contact physician, nurse practitioner or PA-C. The POLST form is always voluntary. The POLST is a set of medical orders intended to guide medical treatment based on a person’s current medical condition and goals. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

### Medical Conditions/Patient Goals:

<table>
<thead>
<tr>
<th>Medical Conditions/Patient Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiopulmonary Resuscitation (CPR):</strong> Person has no pulse and is not breathing.</td>
</tr>
<tr>
<td><strong>Comfort interventions only</strong></td>
</tr>
<tr>
<td>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. <strong>Patient prefers no hospital transfer:</strong> EMS contact medical control to determine if transport indicated to provide adequate comfort.</td>
</tr>
<tr>
<td><strong>Limited additional interventions</strong></td>
</tr>
<tr>
<td>Includes care described above. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not use intubation or mechanical ventilation. May use less invasive airway support (e.g. CPAP, BiPAP). <strong>Transfer to hospital if indicated. Avoid intensive care if possible.</strong></td>
</tr>
<tr>
<td><strong>Full treatment</strong></td>
</tr>
<tr>
<td>Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <strong>Transfer to hospital if indicated. Includes intensive care.</strong></td>
</tr>
<tr>
<td><strong>Additional Orders:</strong> (e.g. dialysis, etc.) _________________________________________________________</td>
</tr>
</tbody>
</table>

### Signatures:
The signatures below verify that these orders are consistent with the patient’s medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

<table>
<thead>
<tr>
<th>Discussed with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
</tr>
<tr>
<td>Guardian with Health Care Authority</td>
</tr>
<tr>
<td>Health Care Agent (DPOAHC)</td>
</tr>
</tbody>
</table>

**Physician/ARNP/PA-C Signature** (mandatory)

| Date (mandatory) |

**PRINT —** Patient or Legal Surrogate Name

**Patient or Legal Surrogate Signature** (mandatory)

| Date (mandatory) |

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**SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED**

Revised 4/2014

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.

For more information on POLST visit [www.wsma.org/polst](http://www.wsma.org/polst).

See back of form for non-emergency preferences.
Completing POLST

• The POLST is usually for persons with serious illness or frailty.
• Completing a POLST form is always voluntary.
• The POLST must be completed by a health care provider based on the patient’s preferences and medical condition.
• POLST must be signed by a physician/ARNP/PA-C and patient, or their surrogate, to be valid. Verbal orders are acceptable with follow-up signature by physician/ARNP/PA-C in accordance with facility/community policy.

Using POLST

Any incomplete section of POLST implies full treatment for that section.

This POLST is valid in all care settings including hospitals until replaced by new physician’s orders.

The POLST is a set of medical orders. The most recent POLST replaces all previous orders.

The POLST does not replace an advance directive. An advance directive is encouraged for all competent adults regardless of their health status. An advance directive allows a person to document in detail his/her future health care instructions and/or name a surrogate decision maker to speak on his/her behalf. When available, all documents should be reviewed to ensure consistency, and the forms updated appropriately to resolve any conflicts.

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

SECTION A:

• No defibrillator should be used on a person who has chosen “Do Not Attempt Resuscitation.”

SECTION B:

• When comfort cannot be achieved in the current setting, the person, including someone with “Comfort Measures Only,” should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
• An IV medication to enhance comfort may be appropriate for a person who has chosen “Comfort Measures Only.”
• Treatment of dehydration is a measure which may prolong life. A person who desires IV fluids should indicate “Limited Additional Interventions” or “Full Treatment.”

SECTION D:

• Oral fluids and nutrition must always be offered if medically feasible.

Reviewing POLST

This POLST should be reviewed periodically whenever:

(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.

A competent adult, or the surrogate of a person who is not competent, can void the form and request alternative treatment.

To void this form, draw line through “Physician Orders” and write “VOID” in large letters. Any changes require a new POLST.