

## What is POLST?

The POLST Form is a document that helps doctors, nurses, healthcare facilities and emergency personnel honor patient wishes regarding life-sustaining treatments in emergency situations.

The POLST form is voluntary and recommended for persons who have advanced chronic progressive illness and/or frailty, those who might die in the next year or anyone of advanced age with a strong desire to further define their preferences of care in their present state of health.

Even for those who have an advance directive, a POLST form is recommended.

The POLST form includes information about:

- preferences for resuscitation
- medical conditions
- preferences on the use of antibiotics
- preferences for artificially administered fluids and nutrition

The POLST form is completed by a doctor or other healthcare provider only after a discussion of end-of-life choices with a patient or his or her legal decision-maker. The form is then signed by the doctor, nurse practitioner or physician assistant and the patient or his or her legal decision-maker. It then becomes a medical order that is understood and followed by other healthcare professionals.



## In what setting is the POLST form used?

The POLST remains with and travels with the patient between care settings, home, hospital, long-term care or any other facility.

## Where is the POLST form kept?

In the home, the form is kept in a prominent place, such as the refrigerator, a bedside table or medicine cabinet. For patients who are in a healthcare facility, the form is kept in the medical chart.

## What are some of the terms used when POLST is discussed?

- **Artificial Nutrition**  
When a patient can no longer eat or drink by mouth, liquid food can be given to them by tube.
- **Cardiopulmonary Resuscitation (CPR)**  
Attempts to restart breathing and the heartbeat of a person who is not breathing and who has no heartbeat. Typically this involves “mouth-to-mouth” and forceful pressure on the chest. It can also involve electric shock or a plastic tube being placed in the windpipe to assist breathing.

## • Comfort Measures

Care undertaken with the primary goal of keeping a person comfortable, rather than prolonging life. With a POLST, a person who requests “comfort measures only” would be transferred to a hospital only if needed for his or her comfort.

## • Intravenous (IV) Fluids

Fluids administered through a small plastic tube directly into a vein, typically on a short-term basis.

## • Mechanical Ventilation/Respiration

The pumping of air in and out of the lungs through a tube in the throat. Used when a person is not able to breathe on his or her own.

## • Tube Feeding

Short-term basis: Fluids and liquid nutrients can be given through a tube in the nose that goes into the stomach.

Long-term basis: a tube inserted through a surgical procedure directly into the stomach.





## Information for Patients and Families

### Information on POLST

If you think a POLST is right for you or your loved one, talk to your healthcare provider. Your doctor, nurse, social worker or other healthcare professional is the best resource for information about POLST.

Additional information about POLST can be found at:

- [www.aging.pitt.edu/professionals/resources-polst.htm](http://www.aging.pitt.edu/professionals/resources-polst.htm)
- [www.polst.org](http://www.polst.org)

You may also contact:

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*Do you or a loved one have a serious health condition?*

*Make your wishes known to your doctors, nurses and other healthcare providers. They can complete a POLST form to help assure that your treatment choices are honored near the end-of-life.*



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The Pennsylvania Orders for  
Life-Sustaining Treatment (POLST) Form