

# Physician Orders for Life-Sustaining Treatment (POLST)

**FIRST** follow these orders, **THEN** contact physician, nurse practitioner or PA-C. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.

Last Name /First/Middle Initial

Date of Birth

Last 4 #SSN

Gender

M  F

**A CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing.  
 CPR/Attempt Resuscitation     DNR/Do Not Attempt Resuscitation (Allow Natural Death)  
 When not in cardiopulmonary arrest, follow orders in **B, C** and **D**.

**B MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.  
 **COMFORT MEASURES ONLY** 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.    **Patient prefers no transfer: EMS contact medical control to determine if transport indicated to provide adequate comfort.**  
 **LIMITED ADDITIONAL INTERVENTIONS** 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).    **Transfer to hospital if indicated. Avoid intensive care if possible.**  
 **FULL TREATMENT** Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.    **Transfer to hospital if indicated. Includes intensive care.**  
*Additional Orders: (e.g. dialysis, etc.)* \_\_\_\_\_

**C ANTIBIOTICS:**  
 No antibiotics. Use other measures to relieve symptoms.  
 Determine use or limitation of antibiotics when infection occurs, with comfort as goal.  
 Use antibiotics if life can be prolonged.  
*Additional Orders:* \_\_\_\_\_

**D ARTIFICIALLY ADMINISTERED NUTRITION:**  
Always offer food and liquids by mouth if feasible.  
 No artificial nutrition by tube.  
 Trial period of artificial nutrition by tube.  
 (Goal: \_\_\_\_\_)  
 Long-term artificial nutrition by tube.  
*Additional Orders:* \_\_\_\_\_

**E MEDICAL CONDITION/GOALS:**

**F SIGNATURES:** The signatures below verify that these orders are consistent with the patient's medical condition, known preferences and best known information:

**Discussed with:**

- Patient                       Parent of Minor
- Legal Guardian
- Health Care Agent (DPOAHC)
- Spouse/Other:

PRINT — Physician/ARNP/PA-C Name

Phone Number

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

Date

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

Date

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

