National POLST Collaborative

NATIONAL POLST FORM GUIDANCE

National POLST Collaborative | December 2025

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INTRODUCTION

The National POLST form was developed between 2017 and 2019 with funding from the Gordon and Betty Moore Foundation. The intent was to take the excellent information from the development and adoption of POLST by our state POLST programs and experts in the field of serious illness care to develop best-practice standards for POLST documentation. This model form and the research supporting it serve as a foundation for our continuing work improving care for the seriously ill. The National POLST form IS a model—it cannot be used as is, but must be adopted by a state in order to be actionable in that state. States have the legislative responsibility to govern end of life care. They must take into account existing legislation, regulation and local practice in concert with the concepts offered in the National POLST form.

Louisiana Physician Orders for Scope of Treatment Handbook for Health Care Professionals and Washington POLST Clinician Toolkit were utilized in the development of this guidance. Our thanks to them for these fine resources.

This POLST guidance is designed to help healthcare professionals (physicians, advanced practice professionals, nurses, social workers, and/or chaplains) engage with individuals, their families, and their legal surrogate decision makers to conduct a shared decision-making conversation and complete a POLST document meaningfully and effectively. It also provides details about treatment options to aid in care planning when treating a patient who presents with a valid POLST. Excerpts of the form are included, but we suggest you review this guide with a printed National POLST form, which can be found at the end of this guide.

POLST OVERVIEW

POLST is a set of ***portable medical orders*** designed to communicate an individual's treatment preferences about the level of medical treatment they want to receive and about emergency care when they lack the capacity to make or express decisions. POLST is voluntary, portable, and actionable. POLST, as a medical order set, is in effect immediately once it is completed and signed. Options selected on the POLST document should be reviewed by the provider and patient (or their legal surrogate decision maker) whenever a patient's condition changes, when the setting in which they are being cared for changes, or at least annually.

POLST AND CURRENT LAW

The POLST process and document originated in the late 1990s in Oregon, which generously supported the start of a national organization to share this work. The use of POLST spread through information sharing across states via the National POLST Paradigm, the early name of the National POLST Collaborative.

It is critical to recognize that states have the responsibility for law and regulation governing medical decision making. This means that each state should incorporate the evidence-based best practices developed through the work of the National POLST Collaborative, balanced with and considering specific state legislation, regulations, and local practice. Nearly all states have a POLST organization led by local experts and users. They look at the best practices in the context of the state legal and regulatory framework and recommend to clinicians in their state how to best implement and use POLST to improve care for patients facing serious, progressive illness, or frailty due to aging. Additionally, the National POLST Collaborative has consultative expertise available to help state programs.

INTENDED POPULATION

POLST is intended for individuals with a serious, chronic, or progressive illness, or advanced frailty due to aging. Examples of medical conditions in which a POLST should be considered include:

- Severe heart disease
- Metastatic cancer or malignant brain tumor
- Advanced lung disease
- Advanced kidney disease
- Advanced liver disease
- Advanced frailty
- Advanced neurodegenerative disease (e.g., dementia, Parkinson's disease, ALS)

More information can be found at this link on the National POLST Collaborative website: polst.org/wp-content/uploads/2020/03/2019.01.14-POLST-Intended-Population.pdf

HOW POLST DIFFERS FROM ADVANCE DIRECTIVES

Advance directives must be completed when the individual has decision-making capacity, and they are usually put into effect only when the person lacks decision-making capacity. Legal surrogate decision makers can complete POLST forms for individuals who lack capacity. Advance directives or advance care plans are legal documents, but they do not carry the force of a medical order. POLST order sets are actionable by all healthcare professionals, including emergency personnel in the event of an emergency, whereas an advance directive is not.

Here is a summary of the difference in use between advance directives and POLST:

	Advance Directive	**POLST**
Who is it for?	Every adult with decision-making capacity	Persons with life-limiting illness* or frailty due to aging *In some states, this includes minors.
What does it do?	Appoints a legal surrogate decision maker for the future and may specify treatment preferences	Specifies treatment choices and, with provider's signature, is an actionable medical order set
When does it apply?	When created, it applies to future health states, such as near death, or permanent coma.	When created, applies immediately
Whose responsibility is it?	Patients are responsible for sharing their directive with family members and reviewing periodically	Clinicians/health systems are responsible for ensuring the form goes with the patient upon transfer and keeping the form up to date

COMPLETING A POLST: SECTION BY SECTION

The front side of the POLST document contains the medical orders. The reverse side contains patient contact information and a description of how to use and void the document.

This guide will review key elements of each section of the POLST by category:

- Patient Information
- Section A. Cardiopulmonary Resuscitation Orders
- Section B. Initial Treatment Orders
- Section C. Additional Orders or Instructions
- Section D. Medically Assisted Nutrition
- Section E. Patient or Patient Representative Signature
- Section F. Health Care Provider Signature

- Additional Contact Information
- Form Completion Details
- General Form Instructions

Step 1: Complete Patient Information

It is essential to complete this section as patient-identifying information will ensure correct identification of the individual.

Patient Information Section

Patient Information	Having a POLST form is always voluntary.
This is a medical order, not an advance directive. For information about POLST and to understand this document, visit: www.polst.org/form	Patient First Name:_____ Middle Name/Initial: _____ Preferred name: _____ Last Name: Suffix (Jr, Sr, etc): _____ DOB (mm/dd/yyyy): / / State where form was completed: _____ Gender: M F X Social Security Number's last 4 digits (optional): xxx-xx-_____

Step 2: Level of Care and Treatment Decisions

- **Note: Section A: Cardiopulmonary Resuscitation Orders are at the top of the POLST form in deference to emergency responders, who want to know immediately whether to initiate CPR during an arrest.**
- Starting POLST conversations with Section B: Initial Treatment Orders may build rapport for exploring difficult decisions by first exploring scenarios in which the individual has a pulse and/or is breathing. Section B translates the individual's goals of care into a level of care preference. Completing Section B first can help inform guidance on the CPR decision in Section A.
- Guide the individual in understanding the implications of their decisions within the context of their medical condition, prognosis, values, preferences, and goals.

Section B: Initial Treatment Orders

B. INITIAL TREATMENT ORDERS. Follow these orders if patient has a pulse and/or is breathing.	
Reassess and discuss interventions with patient or their surrogate regularly to ensure treatments are meeting patient's care goals. Consider a time-limited trial of interventions based on goals and specific outcomes.	
Pick 1	**FULL TREATMENTS** (required if choose YES CPR in Section A). Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care. **SELECTIVE TREATMENTS.** Goal: Attempt to restore function while avoiding intensive care if possible (e.g., ventilator, defibrillation). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Transfer to hospital if treatment needs cannot be met in current location. **COMFORT-FOCUSED TREATMENTS.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction and medications for comfort as needed. Avoid treatments listed in full or selective treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.

Treatment preferences and levels of care

Goals	Location of Care	Treatment Level (Section B)	Orders
Longevity	Hospital + ICU	Full Treatments	● Use all means to maintain life ● Allow invasive, aggressive measures ● Discuss time-limited trials
Maintain current function/level of independence	Hospital, basic care	Selective Treatments	● Treat treatable conditions ● Discuss all reasonable measures, including surgery
Quality of life/relief of symptoms	Stay at home, residential facility, hospice	Comfort-focused Treatments	● Arrange care at home if feasible ● Planning for end of life ● Transfer only if comfort cannot be achieved in current setting

How POLST orders translate into treatment

POLST Orders	Attempt CPR?	Intubate?	Transport?	Intensive Care?
Yes CPR + Full Treatments*	✓	✓	✓	✓
No CPR + Full Treatments	X	✓ *Yes – before cardiopulmonary arrest* X *No – during or after cardiopulmonary arrest*	✓	✓
No CPR + Selective Treatments	X	X	✓	X Unless required for selective or comfort treatments
No CPR + Comfort-focused Treatments	X	X	▲ *Only if comfort cannot be achieved in current setting*	X
*Note: Yes CPR in Section A requires selection of Full Treatments in Section B.				

Concepts to consider discussing with the patient about the treatment levels

- "Full Treatments" may include being in the ICU, having a breathing tube, and being on a ventilator.
- Time-limited trials are an important concept.
    - A statement such as, "Agree to prolong life with machines to allow time for family to arrive" is one example of this. If the individual has a specific duration in mind, it can be documented in Section C: Additional Orders.
    - Another example might be "Intubation ok up to 2 weeks, only if improvement is clear, otherwise transition to Comfort-focused Treatments."

- "Selective Treatments" may include returning to the hospital from home or a facility for acute symptom management and treatment with IV fluids, antibiotics, and cardiac monitoring as indicated. Intubation, advanced airway interventions, and mechanical ventilation are not appropriate. Use of intensive care is avoided if possible. A possible scenario for ICU admission with a Selective Treatments order is if a patient has septic shock and is treated with vasopressors in the ICU while avoiding intubation.

- Explaining what Comfort-focused Treatments means is also beneficial.
    - *It does not mean no care---r*ather it means providing whatever measures are needed to keep the patient comfortable, typically at home if that is feasible and desired. Keep in mind that some patients may wish to be at the hospital despite requesting comfort-focused treatments.
    - Comfort-focused treatments may include medications to manage pain and shortness of breath, ice or other moisteners to deal with dry mouth, and other palliative interventions.
- Consider talking about what might occur that would justify a trip to the hospital to regain comfort, such as a painful infection, a bad fall, or a fracture requiring surgical intervention.

Step 3: Cardiopulmonary Resuscitation Decision

- **Match resuscitation choices in Section A to the range of treatment options selected in Section B. A selection for YES CPR in Section A requires a selection of Full Treatments in Section B.** A selection of NO CPR in Section A may be paired with any of the options in Section B.
- Guide the individual in understanding the implications of having CPR in the context of their medical condition. Address how the decisions made for Section B: Initial Treatment Orders, affect resuscitation choices. Use their goal and the decision in Section B as a basis for making a recommendation about whether to attempt CPR. For instance, if the person has expressed an informed preference for Selective Treatments or Comfort-focused Treatments, begin the discussion of Section A by noting that CPR is not compatible with either of these preferences: "Because you would prefer to receive comfort-focused treatments and avoid any transfer to the hospital or use of aggressive interventions, that suggests you would prefer not to receive CPR if your heart or breathing stop. Is that right?"

Section A: Cardiopulmonary Resuscitation Orders

A. CARDIOPULMONARY RESUSCITATION ORDERS. Follow these orders if patient has no pulse and is not breathing.		
Pick 1	**YES CPR:** Attempt Resuscitation, including mechanical ventilation, defibrillation and chest compressions. (Requires choosing Full Treatments in Section B)	**NO CPR:** Do Not Attempt Resuscitation. (May choose any option in Section B)

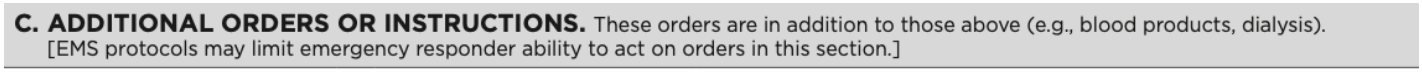
- Make sure the person understands that the request to perform or withhold CPR **ONLY** applies when their heart has stopped beating ***and*** they are not breathing. An order for "Do Not Attempt Resuscitation" does not mean "do nothing" or "just let me die" under any situation where their heart is still beating or they are still breathing. In those instances, healthcare professionals will do what is indicated in Section B.
- If an individual chooses "Full Treatments" in Section B:
    - Use shared decision making to discuss the expected outcomes of CPR, given their medical condition**.**
    - Realize that "Full Treatments" can be matched with "YES CPR" or "NO CPR." **NOTE: Choosing "Yes CPR" in Section A requires the selection of "Full Treatments" in Section B.**

- If an individual chooses “Selective Treatments” or “Comfort-focused Treatments” in Section B:
    - Discuss how their Section B decision is inconsistent with having CPR.
    - Make a medical recommendation: “NO CPR: Do Not Attempt Resuscitation” is indicated for these treatment preferences.
- If the patient’s heart stops while they are hospitalized, the in-hospital orders may vary from POLST: Hospital-based care can offer more immediate intervention and support. The POLST should be honored during admission to a hospital, but the admitting process should include a review of the patient’s goals in the context of their current medical condition, including any new risks they may be facing.
    - Sometimes, given the specifics of the patient’s condition and known goals, a new POLST is appropriate. This means voiding the previous document, done by writing VOID in large print across the front of the document and completing a new POLST, after discussion with the patient, if possible, or else with their legal surrogate decision maker. It is the responsibility of the clinician to ensure that the electronic medical record contains this newer POLST document. In electronic medical records systems, please refer to their instructions for voiding documents.

Step 4: Tailoring Orders for the Individual Patient

Section C: Additional Orders or Instructions

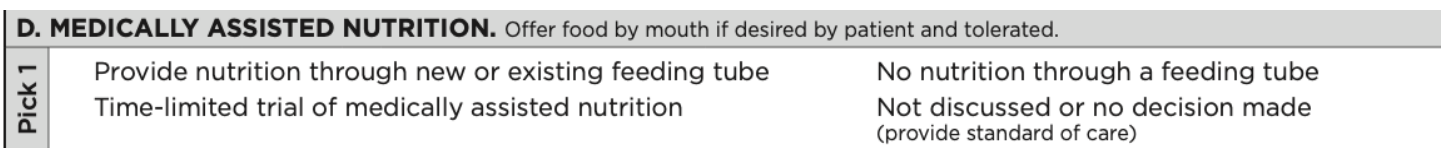
- **Sometimes, based on the discussion, additional orders or instructions may be applicable.** This can be a space to provide details about other interventions about which the individual might have strong preferences (e.g., blood products) or agreed-upon time-limited trials of nutrition/hydration, transfusions, or dialysis, as examples.



Step 5: Choices About Medically Assisted Nutrition

- This section is about preferences for medically assisted nutrition, otherwise known as artificial feeding or nutrition or tube feeding. Options are most often discussed in the context of other medical care, not during the delivery of emergency care. Individuals may also have stated wishes in their advance directives about provision of medically assisted nutrition when they are no longer able to make their own decisions**.** *As part of this conversation, review of advance directives to ensure consistency between them and POLST is highly recommended.*
- **Medically assisted nutrition has not been shown to prolong life in moderate to late-stage dementia, and it is associated with complications.**
- If a trial period is the choice selected, and the patient has a specific duration limit in mind, place the time duration of the trial in Section C: Additional Orders or Instructions.

Section D: Medically Assisted Nutrition



Step 6: Signatures

- Signatures are part of the confirmation process and **are required to make this portable order set valid.** It is helpful to summarize the discussion and check for agreement with the individual.
    - Helpful questions include: “Can you tell me your understanding of the decisions we discussed?” “Do these decisions make sense given your preferences?”
    - Also helpful is to ask open-ended questions such as, “What questions do you have?” and/or to revisit sections of the document.
    - Lastly, it can be helpful to suggest the individual take some time to reflect on the discussion and arrange a follow-up visit to finalize later.
- **To be considered complete and valid, these orders must be signed by either the individual or their legal surrogate decision maker *<u>and</u>* the clinician.**
- In Section E, the individual or their legal surrogate signs. If someone besides the patient is signing, it should be noted if they are acting as a surrogate decision maker on behalf of the patient in the blank designated “Authority,” and print their full name as well as signing.

Section E: Patient or Patient’s Surrogate Signature

E. SIGNATURE: Patient or Patient’s Surrogate (eSigned documents are valid)			
I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider. If signing as the patient’s surrogate, the treatments are consistent with the patient’s known wishes or in their best interest.			
(required) **X**			The most recently completed valid POLST form supersedes all previously completed POLST forms.
If other than patient, print full name:		Authority:	

Section F: Health Care Provider Signature

- In Section F, the clinician must sign this document providing their signature, printed full name, and their license number. **It is important to look at your specific state regulations about what type of clinician is authorized to sign these types of orders and, in cases where someone other than a physician signs (e.g., physician assistant or nurse practitioner), whether a supervising physician signature is recommended or required.**
- This signature attests that the signing healthcare provider had a conversation with the patient or their legal surrogate decision maker.

F. SIGNATURE: Health Care Provider (eSigned documents are valid) **Verbal orders are acceptable with follow up signature.**			
I have discussed this order with the patient or his/her surrogate. The orders reflect the patient’s known wishes, to the best of my knowledge. [Note: Only licensed health care providers authorized by law to sign POLST form in state where completed may sign this order]			
(required) **X**		Date (mm/dd/yyyy): required	Phone # : ( )
Printed Full Name:			License/Cert. #:
Supervising physician signature:	N/A		License #:

Step 7: Additional Contact Information (Reverse Side of POLST Form)

It is optional, but very helpful, to record the patient's emergency contact information, whether the contact person is serving as a legal surrogate, the name and phone of the patient's primary care provider, and hospice information if the patient is enrolled in a hospice.

Contact Information (Back Side of Form)

Contact Information (Optional but helpful)		
Patient's Emergency Contact. (Note: Listing a person here does not grant them authority to be a legal surrogate. Only an advance directive or state law can grant that authority.)		
Full Name:	Legal Surrogate Other emergency contact	Phone #: Day: ( ) Night: ( )
Primary Care Provider Name:	Primary Care Provider Phone #: ( )	
Patient is enrolled in hospice	Name of Agency:	
	Agency Phone: ( )	

- It is also helpful to confirm that review of the patient's completed advance directives has occurred, or to note if, for some reason, advance directives (e.g., Medical Power of Attorney, directive to physicians and families or surrogate decision makers, living will) were not reviewed**. It is a best practice to ensure that the choices noted on the advance directives and the POLST are consistent.**
- Identify who participated in the discussion and name any individual who serves as part of the healthcare team who assisted in conducting the conversation. This allows for easier understanding about questions the patient/family/surrogate or the physician and care team members may have.

Form Completion Information (Back Side of Form)

Form Preparation Information (Optional but helpful)			
Reviewed patient's advance directive to confirm no conflict with POLST orders: (A POLST form does not replace an advance directive or living will)	Yes; date of the document reviewed: _____ Conflict exists, notified patient (if patient lacks capacity, noted in chart) Advance directive not available No advance directive exists		
Check everyone who participated in discussion:	Patient with decision-making capacity Parent of Minor Surrogate		Court Appointed Guardian Other: _____
Professional Assisting Health Care Provider w/ Form Completion (if applicable)	Full Name:	Date (mm/dd/yyyy):	Phone #: ( )
This individual is the patient's:	Social Worker Nurse Other: _____		Chaplain

At the bottom of the back side of the form, there is an informational section that contains other completion instructions and reminders. Finally, some institutions like to record other patient identifying information such as a barcode or Medical Record Number.

Form Information/Instructions (Back Side of Form)

Form Information & Instructions

COMPLETING A POLST FORM

- Provider should document basis for this form in the patient's medical record notes.
- Patient's Surrogate is determined by applicable state law and, in accordance with state law, may be able execute or void this POLST form only if the patient lacks decision-making capacity.
- Only licensed health care providers authorized to sign POLST forms in their state or D.C. can sign this form. See www.polst.org/state-signature-requirements-pdf for who is authorized in each state and D.C.
- Original (if available) is given to patient; provider keeps a copy in medical record.
- Last 4 digits of SSN are optional but can help identify / match a patient to their form.
- If a translated POLST form is used during conversation, attach the translation to the signed English form.

USING A POLST FORM

- Any incomplete section of POLST creates no presumption about patient's preferences for treatment. Provide standard of care.
- No defibrillator (including automated external defibrillators) or chest compressions should be used if "No CPR" is chosen.
- For all options, use medication by any appropriate route, positioning, wound care and other measures to relieve pain and suffering.

REVIEWING A POLST FORM

- This form does not expire but should be reviewed whenever the patient:
  (1) is transferred from one care setting or level to another;
  (2) has a substantial change in health status;
  (3) changes primary provider; or
  (4) changes his/her treatment preferences or goals of care.

MODIFYING A POLST FORM

- This form cannot be modified. If changes are needed, void form and complete a new POLST form.

VOIDING A POLST FORM

- If a patient or patient's surrogate (for patients lacking capacity) wants to void the form: destroy paper form and contact patient's health care provider to void orders in patient's medical record (and POLST registry, if applicable). State law may limit patient's surrogate authority to void.
- For health care providers: destroy patient copy (if possible), note in patient record form is voided and notify registries (if applicable).

Additional Forms can be obtained by going to www.polst.org/form.

As permitted by law, this form may be added to a secure electronic registry so health care providers can find it.

State Specific Info	For Barcodes/ID Sticker/Medical Record #

NATIONAL POLST FORM COVER SHEET AND INSTRUCTIONS

National POLST Collaborative

NOTICE

This is the National POLST Form and can only be used in states that have adopted it. Check with your POLST Program (www.polst.org/map) to determine if your state uses this version.

National POLST Form

The National POLST Form is a portable medical order. Health care professionals should complete this form only after a conversation with their patient or the patient's surrogate (a substitute health-care decision-maker for a patient who lacks decision-making capacity. The name for this person varies by state but includes health care agent, patient representative, proxy, etc. The term "surrogate" is used for consistency in this document). The POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty (www.polst.org/guidance-appropriate-patients-pdf).

This form should be obtained from a health care provider.
It should not be provided to patients or their surrogates to complete.

Printing the National POLST Form

1. Do not alter this form.
2. This National POLST form must be adopted by the state before it can be completed in that state as a valid POLST form. Find your POLST Program contact at www.polst.org/map – this is because some states have added information on page 2, have added a border, or have requirements about the color of the form.
3. Print BOTH pages as a double-sided form on a single sheet of paper.

NATIONAL POLST FORM, FRONT SIDE

HIPAA PERMITS DISCLOSURE OF POLST ORDERS TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT WHENEVER TRANSFERRED OR DISCHARGED

National POLST Form: A Portable Medical Order

Health care providers should complete this form only after a conversation with their patient or the patient's authorized surrogate. The POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty (www.polst.org/guidance-appropriate-patients-pdf).

Patient Information	**Having a POLST form is always voluntary.**
This is a medical order, not an advance directive. For information about POLST and to understand this document, visit: www.polst.org/form	Patient First Name: _____ Middle Name/Initial: _____ Preferred name: _____ Last Name: Suffix (Jr, Sr, etc): _____ DOB (mm/dd/yyyy): / / State where form was completed: _____ Gender: M F X Social Security Number's last 4 digits (optional): xxx-xx-_____

A. CARDIOPULMONARY RESUSCITATION ORDERS. **Follow these orders if patient has no pulse and is not breathing.**

Pick 1		
	YES CPR: Attempt Resuscitation, including mechanical ventilation, defibrillation and chest compressions. (Requires choosing Full Treatments in Section B)	**NO CPR:** Do Not Attempt Resuscitation. (May choose any option in Section B)

B. INITIAL TREATMENT ORDERS. **Follow these orders if patient has a pulse and/or is breathing.**

Reassess and discuss interventions with patient or their surrogate regularly to ensure treatments are meeting patient's care goals. Consider a time-limited trial of interventions based on goals and specific outcomes.

Pick 1

- **FULL TREATMENTS** (required if choose YES CPR in Section A). Goal: Attempt to sustain life by all medically effective means. Provide appropriate medical and surgical treatments as indicated to attempt to prolong life, including intensive care.
- **SELECTIVE TREATMENTS.** Goal: Attempt to restore function while avoiding intensive care if possible (e.g., ventilator, defibrillation). May use non-invasive positive airway pressure, antibiotics and IV fluids as indicated. Transfer to hospital if treatment needs cannot be met in current location.
- **COMFORT-FOCUSED TREATMENTS.** Goal: Maximize comfort through symptom management; allow natural death. Use oxygen, suction and manual treatment of airway obstruction and medications for comfort as needed. Avoid treatments listed in full or selective treatments unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.

C. ADDITIONAL ORDERS OR INSTRUCTIONS. These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]

D. MEDICALLY ASSISTED NUTRITION. Offer food by mouth if desired by patient and tolerated.

Pick 1		
	Provide nutrition through new or existing feeding tube Time-limited trial of medically assisted nutrition	No nutrition through a feeding tube Not discussed or no decision made (provide standard of care)

E. SIGNATURE: Patient or Patient's Surrogate **(eSigned documents are valid)**

I understand this form is voluntary. I have discussed my treatment options and goals of care with my provider.
If signing as the patient's surrogate, the treatments are consistent with the patient's known wishes or in their best interest.

(required) **X**			The most recently completed valid POLST form supersedes all previously completed POLST forms.
If other than patient, print full name:		Authority:	

F. SIGNATURE: Health Care Provider **(eSigned documents are valid)** **Verbal orders are acceptable with follow up signature.**

I have discussed this order with the patient or his/her surrogate. The orders reflect the patient's known wishes, to the best of my knowledge.
[Note: Only licensed health care providers authorized by law to sign POLST form in state where completed may sign this order]

(required) **X**		Date (mm/dd/yyyy): required	Phone # : ( )
Printed Full Name:			License/Cert. #:
Supervising physician signature:	N/A		License #:

A copied, faxed or electronic version of this form is a legal and valid medical order. This form does not expire. 2025

NATIONAL POLST FORM, BACK SIDE

National POLST Form – Page 2 ********ATTACH TO PAGE 1********

Patient Full Name:

Contact Information (Optional but helpful)

Patient's Emergency Contact. (Note: Listing a person here does not grant them authority to be a legal surrogate. Only an advance directive or state law can grant that authority.)

Full Name:	Legal Surrogate Other emergency contact	Phone #: Day: ( ) Night: ( )
Primary Care Provider Name:	Primary Care Provider Phone #: ( )	

Patient is enrolled in hospice	Name of Agency:
	Agency Phone: ( )

Form Preparation Information (Optional but helpful)

Reviewed patient's advance directive to confirm no conflict with POLST orders: (A POLST form does not replace an advance directive or living will)	Yes; date of the document reviewed: _____ Conflict exists, notified patient (if patient lacks capacity, noted in chart) Advance directive not available No advance directive exists		
Check everyone who participated in discussion:	Patient with decision-making capacity Parent of Minor Surrogate		Court Appointed Guardian Other: _____
Professional Assisting Health Care Provider w/ Form Completion (if applicable)	Full Name:	Date (mm/dd/yyyy):	Phone #: ( )
This individual is the patient's:	Social Worker Nurse Chaplain Other: _____		

Form Information & Instructions

COMPLETING A POLST FORM

- Provider should document basis for this form in the patient's medical record notes.
- Patient's Surrogate is determined by applicable state law and, in accordance with state law, may be able execute or void this POLST form only if the patient lacks decision-making capacity.
- Only licensed health care providers authorized to sign POLST forms in their state or D.C. can sign this form. See www.polst.org/state-signature-requirements-pdf for who is authorized in each state and D.C.
- Original (if available) is given to patient; provider keeps a copy in medical record.
- Last 4 digits of SSN are optional but can help identify / match a patient to their form.
- If a translated POLST form is used during conversation, attach the translation to the signed English form.

USING A POLST FORM

- Any incomplete section of POLST creates no presumption about patient's preferences for treatment. Provide standard of care.
- No defibrillator (including automated external defibrillators) or chest compressions should be used if "No CPR" is chosen.
- For all options, use medication by any appropriate route, positioning, wound care and other measures to relieve pain and suffering.

REVIEWING A POLST FORM

- This form does not expire but should be reviewed whenever the patient:
  (1) is transferred from one care setting or level to another;
  (2) has a substantial change in health status;
  (3) changes primary provider; or
  (4) changes his/her treatment preferences or goals of care.

MODIFYING A POLST FORM

- This form cannot be modified. If changes are needed, void form and complete a new POLST form.

VOIDING A POLST FORM

- If a patient or patient's surrogate (for patients lacking capacity) wants to void the form: destroy paper form and contact patient's health care provider to void orders in patient's medical record (and POLST registry, if applicable). State law may limit patient's surrogate authority to void.
- For health care providers: destroy patient copy (if possible), note in patient record form is voided and notify registries (if applicable).

Additional Forms can be obtained by going to www.polst.org/form.

As permitted by law, this form may be added to a secure electronic registry so health care providers can find it.

State Specific Info	For Barcodes/ID Sticker/Medical Record #

or more information, visit www.polst.org/form Copied, faxed or electronic versions of this form are legal and valid. 20