Key Messages

- POLST stands for Physicians Orders for Life-Sustaining Treatment.

- POLST converts patient preferences for medical treatment into physician orders.

- The easily identifiable POLST form, printed on bright pink paper, contains information about the use of CPR, tube feeding, antibiotics, and the desired level of life sustaining interventions. The POLST form itself serves as a guide for these discussions related to each person’s unique medical condition and goals.

- POLST forms are designed to travel with the patients across different settings of care (home, hospital, nursing home, hospice, etc.) It provides an immediate guide for first responders and emergency department staff about whether to even begin life-supporting care.

- POLST allows patients to choose all possible life-sustaining treatment, limited life-sustaining interventions, or comfort care only. Comfort measures are always provided no matter what other choices patients make.

- POLST is intended for persons of any age for whom death within the next year would not be unexpected. This includes patients with advanced illness or frailty.

- Having a POLST is completely voluntary. POLST orders can be revoked or changed by patients at any time.

- POLST forms are signed by the patient or patient representative and an attending physician.

- POLST is now being used in 16 states and pilot projects have begun in more than 30 states.

- Research shows that patients with a POLST are more likely to get the care they want, and not get interventions they wish to avoid.
Frequently Asked Questions

1. Why do I need a POLST form if I already have an advance directive?

POLST forms document a patient’s wishes in the form of a physician order. It minimizes confusion and clarifies treatment preferences for the healthcare team. POLST should compliment a patient’s advance directive not replace it.

<table>
<thead>
<tr>
<th>Advance Directive</th>
<th>POLST Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>For every adult (18+)</td>
<td>For the seriously ill</td>
</tr>
<tr>
<td>Broad outline</td>
<td>Specific, clear guidance</td>
</tr>
<tr>
<td>Needs to be retrieved</td>
<td>Travels with the patient</td>
</tr>
<tr>
<td>Based on future preferences</td>
<td>Based on current medical condition</td>
</tr>
<tr>
<td>Various forms</td>
<td>Standardized form</td>
</tr>
</tbody>
</table>

2. Is a POLST form the same as a “Do Not Resuscitate” (DNR) order?

No, a DNR order only address the withholding of CPR. POLST forms give the healthcare team detailed information about an individual’s preferences for various life-sustaining interventions. Also, a DNR is only valid in the healthcare setting in which it is written but a POLST form travels with the patient across settings of care.

3. Who should have a POLST form?

A POLST form is most appropriate for seriously ill persons with a life-threatening, terminal illness, or advanced frailty.

4. When should a POLST form be completed?

Ideally, a POLST form is completed when a patient has had a significant health decline. For many, this means at that point when it would not be surprising if the patient died within the next year. A good time to talk about POLST is when a person is diagnosed with a terminal illness or becomes frail.

5. What is happening in Florida regarding POLST? Can Florida residents get a POLST?

Not yet, but we are working on it. The Florida POLST Task Force is a coalition of doctors, professors, lawyers, clergy, social workers and many others. This group has been working locally and nationally to start a POLST program in Florida. Pilot projects are currently underway throughout the state. Florida POLST headquarters is currently located at the Florida State University Center for Innovative Collaboration in Medicine and Law. (See https://med.fsu.edu/?page=innovativeCollaboration.POLST)

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