



EMSA #111 B
(Effective 1/1/2016)*

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name:	Date Form Prepared:
--------------------	---------------------

Patient First Name:	Patient Date of Birth: IlowNatural Deat
---------------------	---

--

B

Check One

MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

Full Treatment – primary goal of prolonging life by all medically effective means.

In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

Trial Period of Full Treatment.

Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.

In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

Request transfer to hospital only if comfort needs cannot be met in current location.

Comfort-Focused Treatment – primary goal of maximizing comfort.

Relieve pain and suffering in hospital by anyat" „0Ð , w •1è•À À W€pÚ áí#0•Æ†q„0Ð , w Þ\$

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY**Patient Information**

Name (last, first, middle):

Date of Birth:

Gender:

M **F****NP/PA's Supervising Physician**

Name:

Preparer Name (if other than signing Physician/NP/PA)

Name/Title:

Phone #: