

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. 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 Name

Date of Birth

Date Form Prepared

EMSA #111 B
(Effective 1/1/2009)

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Check
One

CARDIOPULMONARY RESUSCITATION (CPR):

Person has no pulse and is not breathing.

Attempt Resuscitation/CPR

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Patient Name (last, first, middle)		Date of Birth	Gender: M F
Patient Address			
Contact Information			
Health Care Decisionmaker	Address		Phone Number

Health Care Professional Preparing Form