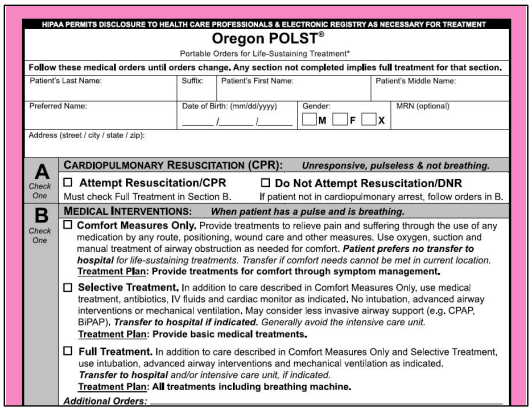
OREGON
POLST
PORTABLE ORDERS FOR LIFE-SUSTAINING TREATMENT®



HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY AS NECESSARY FOR TREATMENT

Oregon POLST®

Portable Orders for Life-Sustaining Treatment*

Follow these medical orders until orders change. Any section not completed implies full treatment for that section.

Patient's Last Name: | Suffix: | Patient's First Name: | Patient's Middle Name:

Preferred Name: | Date of Birth: (mm/dd/yyyy) _____ /_____ /_____ | Gender: ☐M ☐F ☐X | MRN (optional)

Address (street / city / state / zip):

A Check One — **CARDIOPULMONARY RESUSCITATION (CPR):** *Unresponsive, pulseless & not breathing.*

☐ **Attempt Resuscitation/CPR** Must check Full Treatment in Section B.

☐ **Do Not Attempt Resuscitation/DNR** If patient not in cardiopulmonary arrest, follow orders in B.

B Check One — **MEDICAL INTERVENTIONS:** *When patient has a pulse and is breathing.*

☐ **Comfort Measures Only.** Provide treatments to relieve pain and suffering through the use of any medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Patient prefers no transfer to hospital*** *for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.* **Treatment Plan: Provide treatments for comfort through symptom management.**

☐ **Selective Treatment.** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). ***Transfer to hospital if indicated.*** *Generally avoid the intensive care unit.* **Treatment Plan: Provide basic medical treatments.**

☐ **Full Treatment.** In addition to care described in Comfort Measures Only and Selective Treatment, use intubation, advanced airway interventions and mechanical ventilation as indicated. ***Transfer to hospital*** *and/or intensive care unit, if indicated.* **Treatment Plan: All treatments including breathing machine.**

Additional Orders:

POLST Can Help You and Your Loved Ones

What is a POLST form?

POLST stands for Portable Orders for Life-Sustaining Treatment.

It turns your wishes for medical treatment into medical orders when you are very sick.

Life support machines

Some people want to be on life support machines in the hospital. Other people want to stay at home with family when they are very sick. The choice is yours.

911 and emergency staff will follow these orders in an emergency.

What does a POLST do?

- ❖ It states the types of treatments you want or do not want when you are very sick or frail.
- ❖ It gives you more say over the medical treatment you get in an emergency.
- ❖ It guides medical treatment if you cannot say what treatments you want.

Who needs a POLST?

A POLST is for a person who is sick with a serious illness like advanced heart disease or cancer that has spread.

It is also for a person who is older and frail who might not want all types of treatment. It can be for a person who does not want to go to the Intensive Care Unit (ICU) or be on life support machines.

A doctor can help you know if you should have a POLST.

A POLST **is not** for an unexpected event like a car accident.

It **is** for when something happens to you because you are already so sick. For instance, if you were to stop breathing because of your illness.

How do you get a POLST form?

First, you can ask your doctor if POLST is right for you.

If you both agree, you fill out the POLST together.

Then your doctor signs it.

Do you need to have a POLST?

No. It is your choice to have a POLST.

No one can order you to have one. A doctor, a care facility or a health system can never require you to have a POLST.

What can you do next?

You can learn more about POLST at oregonpolst.org.

- ✓ You can watch videos on our website.
- ✓ You can talk with your loved ones.
- ✓ Then, when you are ready, you can schedule a visit with your doctor.

Doctor means someone who can sign a POLST.

POLST can be signed by a physician, nurse practitioner or physician associate.

The POLST does **not** replace an Advance Directive.

To learn more about Oregon's advance directive, visit:
oregon.gov/oha/PH/ABOUT/Pages/ADAC-Forms.aspx

This factsheet is from the Oregon POLST Coalition.

For more info, visit our website or call:

Oregon POLST Program oregonpolst.org 503-494-3965

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(11.15.2022 rev.– Current Factsheet English)