



POLST ILLINOIS KEY CONCEPTS

1. **POLST stands for Practitioner Orders for Life-Sustaining Treatment.** The IDPH POLST form is a signed medical order for documenting the life-sustaining treatment wishes of seriously ill patients. **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. POLST is not intended for persons with chronic, stable disability, who should not be mistaken for being at the end of life. POLST would only be appropriate for such persons if their health deteriorates such that death within a year would not be unexpected.
2. **POLST is designed to honor the the treatment wishes of persons with advanced illness or frailty.** The POLST paradigm allows patients to choose all possible life-sustaining treatment, selected life-sustaining interventions, or comfort-focused treatment only. **Comfort measures are always provided no matter what other choices patients make.**
3. While other Advance Care Plans/Advance Directives are more philosophical and intended for the future, POLST is for seriously ill individuals approaching death, who may need **"in case of emergency" plans in the form of medical orders.**
4. **POLST forms are signed by the patient or patient representative, an authorized practitioner and a witness.** Authorized clinicians include: attending physician, advanced practice nurse, physician assistant, second year or above resident.
5. Health care providers and professionals are **required by law to honor treatment choices** shown on the POLST form.
6. **The POLST form travels with the patient** to assure that treatment preferences are honored across settings of care. It provides an immediate guide for first responders and emergency department staff about whether to even begin life-supporting care. Without a POLST form, emergency medical personnel will do everything they can try to save a person's life.
7. **Having a POLST form is completely voluntary. These orders can be revoked or changed by patients at any time.** When a patient's condition changes significantly, earlier decisions about treatment should be revisited and a new, updated POLST form completed.
8. **A POLST form should be completed only after meaningful conversations among the patient, practitioners and family.** The form itself serves as a guide for these discussions related to each person's unique medical condition and goals, and a documentation of the results of these discussions.
9. **The POLST Illinois Task Force is a volunteer coalition of doctors, nurses, clergy, social workers, attorneys, paramedics, and administrators from hospitals, emergency medical systems, hospices, and long term care facilities.** The Task Force supports every person in exercising his or her right to accept or decline medical treatment. For more information, go to: www.polstil.org or www.polst.org.



THE IDPH POLST FORM

In Illinois, POLST stands for “Practitioner Orders for Life-Sustaining Treatment”. A POLST form is a signed medical order that accompanies the patient to assure that a patient’s treatment preferences are honored across settings of care. The POLST paradigm is newer to Illinois but is a nationally recognized best practice. For more information on the National POLST Initiative, go to www.polst.org. For Illinois information go to www.polstil.org.

POLST is designed to:

- Help health care professionals know and honor the life-sustaining treatment wishes of their patients.
- Promote a patient’s autonomy by creating medical orders that reflect the patient’s Rx preferences.
- Facilitate appropriate treatment by emergency medicine and EMS personnel.

Health care professionals and providers are required **by law** to honor treatment choices shown on a POLST form, and are protected from liability if they do so in good faith. Use of the form is **voluntary**. The Illinois form may not be legally recognized in other states.

The POLST form allows patients to indicate whether they **accept or refuse CPR**. It is critical, therefore, that the provider read a completed form carefully, as it is **no longer possible to equate the mere existence of the form with a DNR choice**.

This form is **NOT** intended to replace a power of attorney for health care (POAHC) form, but to be used **IN ADDITION** to the POAHC form for appropriate patients.

A POLST discussion and use of the POLST form would be appropriate for:

- Persons of any age for whom death within the next year would not be expected
- Patients with advanced illness or frailty

As a screening tool to determine whether a POLST discussion should be considered, providers should ask:

"Would I be surprised if this patient died or lost decision-making capacity in the next 12 months"? If the answer is, "No I would not be surprised," then a goals-of-care discussion about advance care planning following the POLST paradigm would be appropriate.

Unless it is the patient’s preference, use of the POLST form to limit treatment is **not appropriate** for patients with chronic, stable medical or functionally disabling problems who have many years of life expectancy.

The POLST form is also recommended for hospitalized patients being discharged to home with hospice, or to a custodial nursing home with or without hospice. It may also be appropriate for patients who have strong preferences regarding medically-administered nutrition.