

2022 IDPH Uniform POLST Form Revisions

QUICK FACTS for Health Care Professionals

September 2022



You may be aware that legislation impacting the POLST form and guidance for using POLST in Illinois went into effect on January 1, 2022. This presented a prime opportunity for IDPH and stakeholders who regularly complete and implement POLST forms in Illinois to collaboratively revise and improve the form. This document outlines some key revisions (for informational/educational purposes only). Please see disclaimer.*

	Key Changes	Completing the POLST form	Interpreting the POLST form
Section A	<p>Section A has been reworded to clarify that the order in this section applies when the patient receiving care is in cardiac arrest.</p> <p>The instructions make clear that:</p> <ul style="list-style-type: none"> Section A is required for the form to be valid. If a person chooses YES CPR: Attempt Cardiopulmonary Resuscitation (CPR), then choosing Full Treatment in Section B is also required. 	Carefully review the wording for Section A, including the heading title, instructions, and treatment options.	Carefully review the wording for Section A, including the heading title, instructions, and treatment options.
Section B	<p>Section B has been reworded to clarify that the order in this section applies when the patient receiving care is NOT in cardiac arrest.</p> <p>The instructions make clear that:</p> <ul style="list-style-type: none"> Section B may be left blank. If Section B is left blank, Full Treatment should be provided. Maximizing comfort is a goal regardless of which treatment option is selected. 	Carefully review the wording for Section B, including the heading title, instructions, and treatment options.	Carefully review the wording for Section B, including the heading title, instructions, and treatment options.
Section C	<p>Section C is changed from the prior form.</p> <ul style="list-style-type: none"> Section C now provides a place for the Qualified Health Care Practitioner to clarify additional patient preferences that are in addition to the orders in Section B (e.g., withhold blood products; no dialysis). Sections C may be left blank. 	Orders in Section C should be limited to a treatment/s that might be considered during a medical emergency outside the hospital or before a provider can consult with the substitute decision maker. Unless the person receiving care voices a preference to avoid a specific emergency treatment, this section should be left blank.	EMS protocols may limit emergency responder ability to act on orders in this section.
Section D	<p>Section D is now the section for the <i>Orders for Medically Administered Nutrition.</i></p> <ul style="list-style-type: none"> The two options to receive medically administered nutrition are separated into surgically- and nonsurgically- placed tube options to better align with the way patients tend to express their preferences. Section D may be left blank. 	Carefully review the wording for Section D, including the heading title, instructions, and treatment options.	Carefully review the wording for Section D, including the heading title, instructions, and treatment options.

*Disclaimer: Note that this information provides clinical guidance for the POLST Model and should NOT be construed as medical or legal advice. For answers to legal questions, check with your organization’s legal counsel. FOR MORE INFORMATION: See the IL HCSA @ [755 ILCS 40/ Health Care Surrogate Act. \(ilga.gov\)](https://www.ilga.gov/legislation/ilcs/ilcs40.htm); go to polstil.org or email POLSTILLINOIS@GMAIL.COM.

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Section E	<p>Section E is now the section for the <i>Signature of Patient or Legal Representative</i>.</p> <ul style="list-style-type: none"> • BE AWARE- The Signature of a Witness to Consent has been removed. • The instructions for Section E note that electronically signed documents are valid. 	<p>There is no need to identify a witness over 18 years old to sign the form.</p> <p>A health care provider may obtain an electronic signature from the patient or their legal representative.</p>	<p>There is no need to verify that a witness has signed the form.</p> <p>A health care provider may act on a POLST form with an electronic signature in Section E.</p>
Section F	<p>Section F is now the section for the signature of a <i>Qualified Health Care Practitioner</i>. An individual who:</p> <ul style="list-style-type: none"> • Personally examined the patient • Licensed in Illinois or in the state where the patient is being treated • Physician licensed to practice medicine in all its branches, OR • Advanced practice registered nurse, OR • Physician assistant, OR • Resident with at least one year of graduate or specialty training <p>The instructions for Section F note that electronically signed documents are valid.</p>	<p>Signatures in Section F may be provided electronically.</p> <p>Signers should always discuss POLST orders with the patient or their legal representative.</p>	<p>A health care provider may act on POLST form with an electronic signature in Section F.</p>

OTHER IMPORTANT CHANGES:

- Patients are encouraged to have a trusted person with them when discussing a POLST form with a health care professional if they wish.
- Health care professionals are reminded that the IDPH POLST form should be completed only after a conversation with the patient or patient’s representative.
- The form notes that the POLST decision-making process and form are appropriate for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.
- Verbal/phone consent by the patient or legal representative are acceptable.
- Verbal/phone orders are acceptable with follow-up signature by a qualified health care practitioner in accordance with facility/community policy.
- Digital copies and photocopies, including faxes, on ANY COLOR paper are legal and valid.