

## *Background*

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### **Why were revisions made to the IDPH Uniform POLST form?**

Earlier this year, new legislation eliminated the need for the “Signature of Witness to Consent” portion of the 2017 IDPH Uniform POLST form. This presented an opportunity for the Illinois Department of Public Health (IDPH) to work with stakeholders to improve the form in other ways.

The goals behind revising the IDPH POLST form were:

- To clarify and simplify the language on the form, so patients and HCPs can understand, discuss, and complete it more consistently to reflect the patient’s preferences for treatment.
- For HCPs to easily recognize and correctly follow POLST form orders, enabling them to honor patient treatment preferences.

### **Has the purpose of the 2022 IDPH Uniform POLST form changed?**

No. The revisions simply make the form more medically accurate and easier to use.

### **How should HCPs and EMS respond when the patient has an older version of the POLST form?**

ALL prior versions of the POLST form remain valid.

### **The open fields on the PDF version of the 2022 form look fillable. Is it acceptable to complete the form electronically?**

Yes, the form can be completed on a computer, tablet, or smartphone. Both [legal electronic](#) and written signatures are valid. The form should be saved in the patient's electronic health record and copies printed for the patient and their legal representative. A copy of the fully completed form should always travel with the patient and be displayed where EMS and first responders will see it.

### **What should HCPs do to implement the 2022 form?**

Carefully review the new form in its entirety.

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); go to [polstil.org](http://polstil.org) or email [POLSTILLINOIS@GMAIL.COM](mailto:POLSTILLINOIS@GMAIL.COM).

## Directions for using this FAQ

### How are sections/fields of the form referenced in this FAQ document?

A Required to Select One	ORDERS FOR PATIENT IN CARDIAC ARREST. Follow if patient has NO pulse.	
	<input type="checkbox"/> YES CPR: Attempt cardiopulmonary resuscitation (CPR). Utilize all indicated modalities per standard medical protocol. (Requires choosing Full Treatment in Section B.)	<input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation (DNAR).

Section Heading Title

Treatment Order Terminology

Section Banner

## Directory of Form Changes

### FRONT PAGE CHANGES

INSTRUCTIONS.....	Page 3
PATIENT INFORMATION.....	Page 4
SECTION A.....	Page 5
SECTION B.....	Page 6
SECTION C.....	Page 8
SECTION D.....	Page 9
SECTION E.....	Page 10
SECTION F.....	Page 12

### BACK PAGE CHANGES

COMPLETING A POLST FORM.....	Page 13
HEALTH CARE SURROGATE ACT PRIORITY ORDER.....	Page 14

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pg. 2

## *Instructions (top front page)*

### **2017 IDPH POLST Form**

**For patients, use of this form is completely voluntary.**

Follow these orders until changed. These medical orders are based on the patient's medical condition and preferences. Any section not completed does not invalidate the form and implies initiating all treatment for that section. With significant change of condition new orders may need to be written.

### **2022 IDPH POLST Form**

*For patients: Use of this form is completely voluntary. If desired, have someone you trust with you when discussing a POLST form with a health care professional. For health care providers: Complete this form only after a conversation with the patient or the patient's representative. The POLST decision-making process is 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. With significant change in condition, new orders may need to be written.*

### **What changed?**

The revised 2022 form instructions provide reminders about the POLST process and intended population. The language was included to educate anyone looking at the form that:

1. The form should be completed by a HCP and patient/patient representative together, and not a HCP or patient/patient representative alone.
2. Completing a POLST form requires a conversation between the HCP and patient or patient's representative.
3. Completing a POLST form is voluntary, and a patient may benefit from having a trusted person present for conversations about their goals of care/POLST if they wish.

Information about leaving a section of the form blank has moved to the relevant section on the 2022 form.

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Practitioner Orders for  
Life-Sustaining Treatment

**IDPH Uniform POLST Form September 2022 Revision**  
**FAQs for Health Care Professionals (HCPs)**  
**October 2022**

## *Patient Information*

### **2017 IDPH POLST Form**

Patient Last Name	Patient First Name	MI
Date of Birth (mm/dd/yy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Address (street/city/state/ZIP code)		

### **2022 IDPH POLST Form**

<i>PATIENT INFORMATION. For patients: Use of this form is completely voluntary.</i>		
Patient Last Name	Patient First Name	MI
Date of Birth (mm/dd/yyyy)	Address (street/city/state/ZIP code)	

### **What changed?**

The field for “Gender” is removed from the form to avoid excluding gender nonconforming, nonbinary, and transgender patients.

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## Section A: Orders for Patient in Cardiac Arrest

### 2017 IDPH POLST form

<b>A</b> Check One	<b>CARDIOPULMONARY RESUSCITATION (CPR)</b> If patient has no pulse and is not breathing.	
	<input type="checkbox"/> <b>Attempt Resuscitation/CPR</b> (Selecting CPR means <b>Full Treatment</b> in Section B is selected)	<input type="checkbox"/> <b>Do Not Attempt Resuscitation/DNR</b>

### 2022 IDPH POLST Form

<b>A</b> Required to Select One	<b>ORDERS FOR PATIENT IN CARDIAC ARREST.</b> Follow if patient has NO pulse.	
	<input type="checkbox"/> <b>YES CPR:</b> Attempt cardiopulmonary resuscitation (CPR). Utilize all indicated modalities per standard medical protocol. (Requires choosing <b>Full Treatment</b> in Section B.)	<input type="checkbox"/> <b>NO CPR:</b> Do Not Attempt Resuscitation (DNAR).

### What changed?

**Section A – Section Heading Title:** The revision makes it clear that completing this section is required for the form to be valid and that one of the two options should be selected.

**Section A – Section Banner:** The revision reinforces that this is a medical order that should be followed when the patient is in cardiac arrest.

#### **Section A - Treatment Order Terminology:**

- The term “CPR” is used both with “YES” and “NO” options to clarify to the patient/patient representative that they are making a binary decision about CPR.
- The term “attempt” is included in both the “YES” and “NO” options to manage expectations, since CPR is often ineffective.

## Section B: Orders for Patient NOT in Cardiac Arrest

### 2017 IDPH POLST form

<b>B</b> Check One (optional)	<b>MEDICAL INTERVENTIONS</b> If patient is found with a pulse and/or is breathing.
	<input type="checkbox"/> <b>Full Treatment: Primary goal of sustaining life by medically indicated means.</b> In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, mechanical ventilation and cardioversion as indicated. <i>Transfer to hospital and/or intensive care unit if indicated.</i>
	<input type="checkbox"/> <b>Selective Treatment: Primary goal of treating medical conditions with selected medical measures.</b> In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV fluids and IV medications (may include antibiotics and vasopressors), as medically appropriate and consistent with patient preference. Do Not Intubate. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital, if indicated. Generally avoid the intensive care unit.</i>
	<input type="checkbox"/> <b>Comfort-Focused Treatment: Primary goal of maximizing comfort.</b> Relieve pain and suffering through the use of medication by any route as needed; use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. <b>Request transfer to hospital only if comfort needs cannot be met in current location.</b>
Optional Additional Orders _____	

### 2022 IDPH POLST Form

<b>B</b> Section may be Left Blank	<b>ORDERS FOR PATIENT NOT IN CARDIAC ARREST.</b> Follow if patient has a pulse. Maximizing comfort is a goal regardless of which treatment option is selected. (When no option selected, follow Full Treatment.)
	<input type="checkbox"/> <b>Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments.</b> Utilize intubation, mechanical ventilation, cardioversion, and all other treatments as indicated.
	<input type="checkbox"/> <b>Selective Treatment: Primary goal is treating medical conditions with limited medical measures.</b> Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, vasopressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated.
	<input type="checkbox"/> <b>Comfort-Focused Treatment: Primary goal is maximizing comfort through symptom management. Allow natural death.</b> Use medication by any route as needed. Use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.

### What changed?

**Section B – Section Heading Title:** The revision makes it clear that this section may be left blank, and the form is still valid.

**Section B – Section Banner:** The revision reinforces that this is a medical order that should be followed when the patient is NOT in cardiac arrest.

- Instructions communicate clearly that maximizing the patient's comfort is an important and universal goal of treatment regardless of what option the patient selects.
- Instructions inform the patient and HCP that *Full Treatment* is the default when Section B is left blank.

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pg. 6

**Section B - Treatment Order Terminology:**

- The goal statement for each option is changed to be medically accurate and clarify the intent of the patient's objective in selecting that option. The intent of the goal statement remains the same; it provides information to assist HCPs in aligning treatment choices to the patient's overall goal of care.
- Full Treatment Option-
  - The phrase, *"In addition to treatment described in Selective Treatment and Comfort-Focused Treatment,"* is removed because: 1) use of the phrase *"...and all other treatments as indicated"* to describe Full Treatment is inclusive of these and easier to explain/understand; 2) the instructions for Section B explain that comfort-focused treatment is always provided.
  - *"Utilize intubation"* is emphasized first because utilizing intubation differentiates Full Treatment.
  - The sentence, *"Transfer to hospital and/or intensive care unit if indicated."* is removed to avoid any confusion by patients, who should understand that transfer to the hospital reflects standard of care when Full Treatment is selected.
- Selective Treatment Option-
  - *"In addition to treatment described in Comfort-Focused Treatment,"* is removed because the instructions for Section B explain that comfort-focused treatment is always provided.
  - *"Do not intubate"* is emphasized first because prohibiting intubation is what differentiates Selective Treatment.
  - *"...as medically appropriate and consistent with patient preference."* is removed because it is unnecessary. Medically appropriate treatment is always the standard and the POLST order itself expresses the patient's preferences during a medical emergency.
  - *"Generally, avoid the intensive care unit."* is removed to avoid confusion by patients and HCPs. Patients are admitted to the intensive care unit in accordance with hospital protocol which is beyond the scope of POLST orders.
- Comfort-Focused Treatment Option-
  - *"Allow natural death"* is emphasized first to reflect what differentiates Comfort-Focused Treatment.

**Section B - Optional Additional Orders:** is moved to become Section C.

## Section C: Additional Orders or Instructions

### 2017 IDPH POLST Form

Not Pictured: On the 2017 form, SECTION C was the section for MEDICALLY ADMINISTERED NUTRITION.

### 2022 IDPH POLST Form

C Section may be Left Blank	Additional Orders or Instructions. These orders are in addition to those above (e.g., withhold blood products; no dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]

### What changed?

**Section C is different from the 2017 form.** Section C now provides a place for the Qualified Health Care Practitioner to clarify Additional Orders or Instructions reflecting patient preferences.

**Section C - heading title on left:** The revision makes it clear that this section may be left blank, and the form is still valid.

**Section C - instructions in the top banner:** The instructions clarify that these orders (e.g., withhold blood products; no dialysis) are in addition to the orders in Section B.

*“EMS protocols may limit emergency responder ability to act on orders in this section”* is included to temper expectations from patients and HCPs. EMS protocol may dictate whether EMS providers can follow the orders in Section C.

### What else do HCPs need to know?

- 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 HCP can consult with the patient’s substitute decision maker.
- Unless the person receiving care voices a preference to avoid a specific emergency treatment, this section should be left blank.
- EMS providers should review protocols to understand how these may limit emergency responder ability to act on orders in this section.

## Section D (formerly C): Orders for Medically Administered Nutrition

### 2017 IDPH POLST form (SECTION C)

<b>C</b> Check One (optional)	<b>MEDICALLY ADMINISTERED NUTRITION</b> (if medically indicated) Offer food by mouth, if feasible and as desired.	
	<input type="checkbox"/> Long-term medically administered nutrition, including feeding tubes.	Additional Instructions (e.g., length of trial period)
	<input type="checkbox"/> Trial period of medically administered nutrition, including feeding tubes.	
	<input type="checkbox"/> No medically administered means of nutrition, including feeding tubes.	

### 2022 IDPH POLST Form (SECTION D)

<b>D</b> Section may be Left Blank	<b>ORDERS FOR MEDICALLY ADMINISTERED NUTRITION.</b> Offer food by mouth if tolerated. (When no selection made, provide standard of care.)	
	<input type="checkbox"/> Provide artificial nutrition and hydration by any means, including new or existing surgically-placed tubes.	
	<input type="checkbox"/> Trial period for artificial nutrition and hydration but NO surgically-placed tubes.	
	<input type="checkbox"/> No artificial nutrition or hydration desired.	

### What changed?

**Section D is different from the 2017 form.** Section D is now the place for the Qualified Health Care Practitioner to indicate ORDERS FOR MEDICALLY ADMINISTERED NUTRITION.

**Section D – Section Heading Title:** The revision makes it clear that this section may be left blank, and the form is still valid.

**Section D – Section Banner:** The sentence about offering food by mouth is rephrased from “*if feasible and as desired*” to “*if tolerated*.” This better explains to patients that HCPs will not withhold food by mouth so long as the patient can and wants to eat.

**Section B - Treatment Order Terminology:** The options presented in the 2022 IDPH POLST form better capture high-level decisions about the patient’s desire for a surgical (typically long term) vs. non-surgical (typically short term) option.

**Section E (formerly D): Signature of Patient or Legal Representative**

**2017 IDPH POLST form (SECTION D)**

<b>D</b>	<b>DOCUMENTATION OF DISCUSSION</b> (Check all appropriate boxes below)			
	<input type="checkbox"/> Patient	<input type="checkbox"/> Agent under health care power of attorney		
	<input type="checkbox"/> Parent of minor	<input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list)		
	<b>Signature of Patient or Legal Representative</b>			
	Signature ( <i>required</i> )	Name (print)	Date	
<b>Signature of Witness to Consent</b> (Witness required for a valid form) I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.				
Signature ( <i>required</i> )			Name (print)	Date

**2022 IDPH POLST Form (SECTION E)**

<b>E</b> <i>Required</i>	<i>Signature of Patient or Legal Representative. (eSigned documents are valid.)</i>		
	<input checked="" type="checkbox"/> Printed Name ( <i>required</i> )	Date	
	Signature ( <i>required</i> ) <i>I have discussed treatment options and goals for care with a health care professional. If signing as legal representative, to the best of my knowledge and belief, the treatments selected are consistent with the patient's preferences.</i>		
	<input checked="" type="checkbox"/>		
	Relationship of Signee to Patient: <input type="checkbox"/> Patient <input type="checkbox"/> Parent of minor	<input type="checkbox"/> Agent under Power of Attorney for Health Care	<input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list)

**What changed?**

**Section E – Section Heading Title:** The revision makes it clear that completing this section is required for the form to be valid.

**Section E – Section Banner:** The revision makes it clear that electronically signed documents are valid.

**Section E – Other:**

- The signer attests that, *"I have discussed treatment options and goals for care with a health care professional. If signing as legal representative, to the best of my knowledge and belief, the treatments selected are consistent with the patient's preferences."* This helps protect patients from signing forms without first discussing their health conditions, prognosis, treatment goals, and treatment options with a health care professional.


- The ***“Signature of Witness to Consent”*** field is removed from the form in compliance with the revised Illinois Health Care Surrogate Act.
- Information about the Relationship of Signee to Patient is moved to the bottom of Section E.

#### **What else do HCPs need to know?**

- There is no longer any need to identify a witness over 18 years old to sign the revised form.
- An electronic signature from the patient or their legal representative is acceptable in place of a written signature.
- HCPs should follow POLST forms with an electronic signature in Section E.

## Section F (formerly E): Signature of Qualified Health Care Practitioner

### 2017 IDPH POLST form (SECTION E)

<b>E</b>	<b>Signature of Authorized Practitioner</b> (physician, licensed resident (second year or higher), advanced practice nurse or physician assistant)		
	My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient's medical condition and preferences.		
	Print Authorized Practitioner Name <b>(required)</b>	Phone	
	_____	( ) _____ - _____	
	Authorized Practitioner Signature <b>(required)</b>	Date <b>(required)</b>	 Page 1
	_____	_____	

### 2022 IDPH POLST Form (SECTION F)

<b>F</b> <i>Required</i>	<b>Qualified Health Care Practitioner.</b> Physician, licensed resident (second year or higher), advanced practice nurse, or physician assistant. (eSigned documents are valid.)	
	<input checked="" type="checkbox"/> Printed Authorized Practitioner Name <b>(required)</b>	Phone
	Signature of Authorized Practitioner <b>(required)</b> <i>To the best of my knowledge and belief, these orders are consistent with the patient's medical condition and preferences.</i>	Date <b>(required)</b>
	<input checked="" type="checkbox"/> _____	_____

### What changed?

**A "Section F" is added to the form.**

**Section F – Section Heading Title:** The revision makes it clear that completing this section is required for the form to be valid.

**Section F – Banner Instructions:**

- The term "Authorized Practitioner" is changed to "Qualified Health Care Practitioner" to reflect the definition used in the Illinois Health Care Surrogate Act.  
"Qualified Health Care Practitioner" is defined as an individual who: 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
- The revision makes it clear that an electronic signature from a qualified health care practitioner is acceptable in place of a written signature.

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pg. 12

## *Back Page Instructions: Completing the IDPH POLST Form*

### **2017 IDPH POLST form**

#### **Completing the IDPH POLST Form**

- The completion of a POLST form is always voluntary, cannot be mandated and may be changed at any time.
- A POLST should reflect current preferences of persons completing the POLST Form; encourage completion of a POAHC.
- Verbal/phone orders are acceptable with follow-up signature by authorized practitioner in accordance with facility/community policy.
- Use of original form is encouraged. Photocopies and faxes on any color of paper also are legal and valid forms.

### **2022 IDPH POLST Form**

#### Completing the IDPH POLST Form

- The completion of a POLST form is always voluntary, cannot be mandated, and may be changed at any time.
- A POLST should reflect current preferences of persons completing the POLST Form; encourage completion of a POAHC.
- Verbal/phone consent by the patient or legal representative are acceptable.
- Verbal/phone orders are acceptable with follow-up signature by authorized practitioner in accordance with facility/community policy.
- Use of the original form is encouraged. Digital copies and photocopies, including faxes, on ANY COLOR paper are legal and valid.
- Forms with eSignatures are legal and valid.
- A qualified health care practitioner may be licensed in Illinois or the state where the patient is being treated.

#### **What changed?**

- Verbal/phone consent by the patient or legal representative are now noted as acceptable.
- Digital copies are added to the identified ways a copy of the form can be legal and valid.
- Forms with eSignatures are now noted as legal and valid.
- In accordance with revisions to the Illinois Health Care Surrogate Act, a qualified health care practitioner may be licensed in Illinois or the state where the patient is being treated.

#### **What else do HCPs need to know?**

- Organizations should consider developing a policy for capturing verbal/phone consent by the patient or their legal representative.
- Begin recognizing digital copies of fully completed forms.
- Begin recognizing fully completed forms with eSignatures.
- Qualified health care practitioners who are licensed in another state and caring for an Illinois resident, may sign the Illinois (IDPH) POLST form.

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## *Back Page Information: IL Health Care Surrogate Act Priority Order*

### **2022 IDPH POLST Form**

#### Illinois Health Care Surrogate Act (755 ILCS 40/25) Priority Order

- |  |  |
|--|--|
| 1. Patient's guardian of person                            | 5. Adult siblings  |
| 2. Patient's spouse or partner of a registered civil union | 6. Adult grandchildren   |
| 3. Adult children  | 7. A close friend of the patient   |
| 4. Parents   | 8. The patient's guardian of the estate  |
|  | 9. The patient's temporary custodian appointed under subsection (2) of Section 2-10 of the Juvenile Court Act of 1987 if the court has entered an order granting such authority pursuant to subsection (12) of Section 2-10 of the Juvenile Court Act of 1987. |

### **What changed?**

The list was revised to accurately reflect the Illinois Health Care Surrogate Act.

### **What else do HCPs need to know?**

Ensure that your organization's policies and procedures reflect the IL Health Care Surrogate Act priority order.