



## Practitioner Orders for Life-Sustaining Treatment

THE 2022 ILLINOIS DEPARTMENT OF PUBLIC  
HEALTH (IDPH) UNIFORM PRACTITIONER ORDERS FOR LIFE-SUSTAINING  
TREATMENT (POLST) FORM

Training for Emergency Medical Services & First Responders

Version 4/23

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## DISCLAIMER

- Note that this presentation 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.




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## Objectives

By the end of this session, participants will:

- Understand the **POLST Model** and how a person's wishes are determined and documented in a standard form;
- Understand why IDPH revised the Illinois POLST form in 2022
- Understand how the sections of the 2022 form have changed from the 2017 version
- Advocate for patients by accurately interpreting IDPH POLST form instructions and taking appropriate action



## POLST Model Overview

## What is POLST?

- In Illinois - POLST stands for **Practitioner** Orders for Life Sustaining Treatment
- Must be executed by a *qualified health care practitioner* (QHCP):
  - Physician
  - Advanced Practice Registered Nurse
  - Physician Assistant
  - Resident in 2nd year or higher of residency program

**All must be licensed in Illinois OR if needed, the state where the Illinois resident is being treated.**
- NOT just a form, but a **process**
  - Approach to end-of-life planning based on thoughtful conversations with the patient/patient legal representative and healthcare professionals
  - Incorporates values, beliefs and priorities as these relate to prognosis & treatment choices

FULL TEXT of the Illinois Health Care Surrogate Act:  
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>



## Why does the POLST Form exist?

First responders need clear guidance for how to respond to a medical emergency in the field.

- Recognized IDPH standardized form for the entire State of Illinois
- Medical orders** - EMS providers and first responders must follow, so that treatment is in keeping with the patient's wishes.
  - If patient wishes are uncertain, contact medical control.
  - If orders are beyond scope of practice, contact medical control and/or consider transport.
- Original IDPH DNR form did not address pre-cardiac arrest emergencies (prior versions of forms are valid)



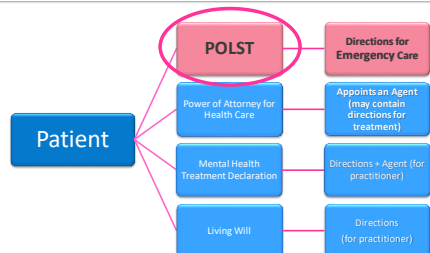
## Intended Use of POLST Form

The POLST decision-making process and resulting medical orders are intended for people of any age who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty.

- COMPLETING FORM IS VOLUNTARY:** The form cannot be required of any patient as a precondition of admission to a healthcare facility or the provision of care. A patient can void their form at will.
- The POLST form speaks for patients **ONLY** when they can't speak for themselves.
- Pediatric patients with a valid POLST form should be treated the same as an adult.



## Rely on POLST ONLY if Patient CANNOT Make Decisions



## What are the benefits of POLST?

### Promotes Person-Centered Care

- Allows the person, loved ones and providers to discuss and document the person's values and preferences for treatment in a medical emergency
- Protects individuals who live in the community from treatment that is inconsistent with their preferences
- Reduces medical errors by improving guidance during life-threatening emergencies



## 2022 Form Changes: Background

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

- Illinois Health Care Surrogate Act amended to remove witness signature requirement
- Make the form easier to understand, explain and implement

### Has the purpose of the form changed in making the revisions?

- No substantive changes
- Revisions enhance existing features and address information gaps
- More medically accurate

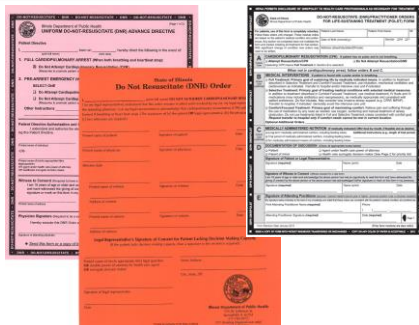
### Can the form be completed electronically?

- Form completed on a computer, tablet or other device are valid
- Both electronic and written signatures valid

FULL TEXT of the Illinois Health Care Surrogate Act:  
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>



## Prior Versions of IDPH Form Are All Valid



## Revisions to the Health Care Surrogate Act Expands Valid Form Types

### Valid Form Types:

- 2022 IDPH POLST form
- Previously completed Illinois POLST forms on prior form versions
- POLST, MOST, POST, MOLST endorsed by other states
- Out-of-Hospital DNAR Forms endorsed by other states
- **National POLST form**

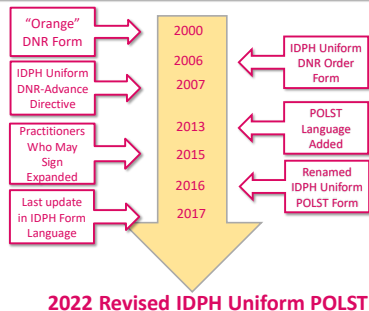
Follow most recently dated, valid form

FULL TEXT of the Illinois Health Care Surrogate Act:  
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>



## 2022 IDPH Uniform POLST

## Evolution of the IDPH Uniform POLST Form



## All Previous Versions are Still Valid

- Older versions of the Illinois form are still valid and should direct treatment.
- A valid form does not expire and should be honored.
- Form should always travel with patient and be readily accessible to healthcare professionals.



## 2022 Form Overview (page 1)

Patient identifiers plus sections A, E, & F are required.

Sections B, C, & D may be left blank – all indicated treatment used when decision unspecified.

The image shows the 2022 POLST Form Overview (page 1) with sections A through F highlighted in yellow. To the right of the form, there are blue arrows pointing to each section with corresponding labels:

- PATIENT INFORMATION
- A. ORDERS IF IN CARDIAC ARREST
- B. ORDERS IF NOT IN CARDIAC ARREST
- C. ADDITIONAL ORDERS/INSTRUCTIONS
- D. ORDERS FOR MEDICALLY ADMINISTERED NUTRITION
- E. SIGNATURE OF PATIENT OR LEGAL REP
- F. SIGNATURE OF QUALIFIED HEALTH CARE PRACTITIONER

## 2022 Form Overview (page 2)

Forms with incomplete information on page 2 are valid.

Forms missing page 2 altogether are valid.

The image shows the 2022 POLST Form Overview (page 2) with sections G through H highlighted in yellow. To the right of the form, there are blue arrows pointing to each section with corresponding labels:

- OTHER ADVANCE DIRECTIVES (check the EHR)
- HEALTHCARE PROFESSIONAL WHO HELPED COMPLETE FORM
- BASIC COMPLETION INSTRUCTIONS
- WHEN TO REVIEW THE FORM
- HOW TO REVOKE A COMPLETED FORM
- HCSA PRIORITY INFORMATION

### 3 Primary Medical Order Sections

#### A. If NO pulse: CPR wishes

- Attempt resuscitation
- Do Not Attempt resuscitation (DNAR)

#### B. If pulse present: Care wishes

- Full Treatment
- Selective Treatment
- Comfort-Focused Treatment

#### C. Additional Orders & Instructions

#### D. Medically Administered Nutrition

- Acceptable
- Trial Period
- None



### POLST '22 Section A Revisions

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 A is required for form to be valid; ONLY one box can be marked
  - If no box or both boxes are marked, form is invalid, and CPR should be initiated.
- ✓ The revision reinforces that this is a medical order that should be followed when the patient is in cardiac arrest.
- ✓ "CPR" used both with YES and NO – signals a binary choice
- ✓ Term "attempt" included in both options – manages expectations because CPR is often ineffective in saving the patient's life.



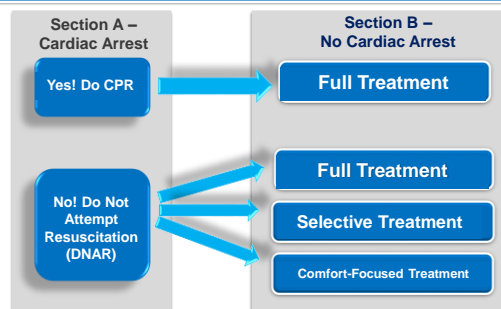
### Attempt CPR is the Default so... Why use the form to request CPR?

- Elderly and those with disabilities may fear they will not receive same emergency care as others
- May have created a POLST form marking Do Not Attempt Resuscitation (DNAR) box during a serious illness. May create a new form if health improves or they desire to reach a milestone moment; now selecting attempt CPR

**Do NOT** assume that the presence of a POLST form means DNAR



## Acceptable Options for a Valid Form



## POLST '22 Section B Revisions

B Section may be left blank	<p><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.)</p> <p><input type="checkbox"/> <b>Full Treatment:</b> Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. <u>Utilize intubation,</u> mechanical ventilation, cardiovascular, and all other treatments as indicated.</p> <p><input type="checkbox"/> <b>Selective Treatment:</b> Primary goal is treating medical conditions with limited medical measures. <u>Do not intubate</u> 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.</p> <p><input type="checkbox"/> <b>Comfort Focused Treatment:</b> Primary goal is maximizing comfort through symptom management. <u>Allow natural death.</u> 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.</p>
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- ✓ Section B may be left blank; if completed **ONLY** one box should be marked.  
If no box marked = Full Treatment as default
- ✓ Orders when patient in crisis/quickly declining but **has a pulse**
  - Instructs maximizing comfort is a goal regardless of which choice selected
  - Differentiates each option by stating primary goal first



## Section B: Full Treatment

B Section may be left blank	<p><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.)</p> <p><input checked="" type="checkbox"/> <b>Full Treatment:</b> Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. <u>Utilize intubation,</u> mechanical ventilation, cardiovascular, and all other treatments as indicated.</p> <p><input type="checkbox"/> <b>Selective Treatment:</b> Primary goal is treating medical conditions with limited medical measures. <u>Do not intubate</u> 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.</p> <p><input type="checkbox"/> <b>Comfort Focused Treatment:</b> Primary goal is maximizing comfort through symptom management. <u>Allow natural death.</u> 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.</p>
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- ✓ **Full Treatment:** *Transfer me to the hospital and provide all appropriate treatment. I want to live as long as possible.*
- ✓ Full Treatment **may** be marked when either CPR or DNAR selected in Section A
- ✓ If Yes to CPR is selected in Section A, Full Treatment is provided in Section B, even if that is not what is selected.





## Section B: Selective Treatment

**B** Section may be left Blank

**ORDERS FOR PATIENT NOT IN CARDIAC ARREST.** 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.)

☐ Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Include resuscitation, mechanical ventilation, cardioversion, and all other treatments as indicated.

☐ Selective Treatment: Primary goal is treating medical conditions with limited medical measures. 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.

☐ Comfort-Focused Treatment: Primary goal is maximizing comfort through symptom management. Allow natural death. 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.

✓ **Selective Treatment:** *Transfer me to the hospital for medical treatment, but I do not want to be on the ventilator.*

- ✓ Person could receive treatments such as:
- IV fluids; IV meds as appropriate
  - May use CPAP, BiPAP, BVM
  - Other treatments as needed to return to "baseline"



## Section B: Comfort-Focused Treatment

**B** Section may be left Blank

**ORDERS FOR PATIENT NOT IN CARDIAC ARREST.** 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.)

☐ Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Include resuscitation, mechanical ventilation, cardioversion, and all other treatments as indicated.

☐ Selective Treatment: Primary goal is treating medical conditions with limited medical measures. 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.

☐ Comfort-Focused Treatment: Primary goal is maximizing comfort through symptom management. Allow natural death. 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.

✓ **Comfort-Focused Treatment:** *I want to be as comfortable as possible where I am but transfer me to the hospital if my pain or symptoms cannot be alleviated.*

- ✓ If patient is enrolled in hospice, ask caregiver to contact the hospice provider for help managing pain and other symptoms before transport to hospital.



## Section B Summary

**Just because there is a POLST form present and valid, it DOES NOT MEAN "Don't Treat"**

- ✓ All patients receive comfort-focused treatment regardless of selection in Section B.
- ✓ If any doubt about form validity or if questions, EMS can call medical control and ask for clarification from a physician.
- ✓ Transporting patients:
- Consult hospice nurse if applicable and feasible.
  - First responders are sometimes unable to make patients comfortable at home, so transfer to hospital is needed.
  - Make sure a copy of the POLST form goes with the patient when transported whether from a facility, a hospital or home.



## POLST '22 Section C Revisions

<b>C</b> Section may be left blank	<b>Additional Orders or Instructions.</b> 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.
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### Section C has changed from prior forms.

- ✓ Section C may be left blank
- ✓ Orders inserted by patient's Qualified Health Care Practitioner (QHCP) indicate orders/instructions **in addition** to Section B orders
  - Treatments needed in a medical emergency outside of the hospital setting or before a provider can consult with a substitute decision-maker
  - Examples:
    - Use of pain medications and antiemetics but no cardiac medications
    - No defibrillation, no oral airways or nasal airways
    - IV fluid for hydration only
- ✓ EMS protocol may dictate EMS ability to follow Section C orders



## POLST '22 Section D Revisions

<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.
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### Section D is now for "Orders for Medically Administered Nutrition" (formerly Section C)

Generally, EMS/first responders do not consult Section D.

- ✓ Section D may be left blank; ONLY one box should be marked
  - If no box marked = provide standard of care
- ✓ Same as before:
  - Food by mouth acceptable, if tolerated.
  - No artificial nutrition or hydration still an option
- ✓ Different from before: two options **to receive medically administered nutrition**
  - Surgical placed tube okay
  - Nonsurgical placed tube okay



## POLST '22 Section E Revisions

<b>E</b> Required	<b>Signature of Patient or Legal Representative.</b> (Signed documents are valid.) <input checked="" type="checkbox"/> Printed Name (required) Signature (required) 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.	Date
	<input checked="" 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)

### Section E is now for "Signature of Patient or Legal Representative" (formerly Section D)

- ✓ Signer attests to statement, prints and signs their name – Required.
- ✓ Electronically signed document by patient or legal representative acceptable
- ✓ "Signature of Witness to Consent" field removed per 2022 amendment to Illinois Health Care Surrogate Act.

FULL TEXT of the Illinois Health Care Surrogate Act:  
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>



## POLST '22 Section F - NEW

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

- ✓ "Qualified Health Care Practitioner" (QHCP)
- ✓ Printed Name of QHCP, Signature of QHCP, Date QHCP signed – Required.
- ✓ Electronically signed document by QHCP acceptable.



## Back Page – No EMS/First Responder action required

**Section F: Back Page**

**Completing the POLST Form:**

- 1. The POLST form is a legal document that must be completed by a qualified health care practitioner (QHCP) and signed by the patient or their authorized representative.
- 2. The POLST form is valid for 12 months from the date of completion.
- 3. The POLST form is valid if only the first page is completed.
- 4. The POLST form is valid if only the first page is completed.

**Using the POLST Form:**

- 1. The POLST form is used to document the patient's wishes regarding life-sustaining treatment.
- 2. The POLST form is used to document the patient's wishes regarding life-sustaining treatment.
- 3. The POLST form is used to document the patient's wishes regarding life-sustaining treatment.
- 4. The POLST form is used to document the patient's wishes regarding life-sustaining treatment.

**When to Complete the POLST Form:**

- 1. When the patient is in the hospital or a long-term care facility.
- 2. When the patient is in the hospital or a long-term care facility.
- 3. When the patient is in the hospital or a long-term care facility.
- 4. When the patient is in the hospital or a long-term care facility.

**When to Review the POLST Form:**

- 1. When the patient's condition changes.
- 2. When the patient's wishes change.
- 3. When the patient's wishes change.
- 4. When the patient's wishes change.

**For more information, visit the POLST website at [www.polst.org](http://www.polst.org).**

- Completing the back page of the POLST form is optional
- Form is valid if only first page.
- Information is helpful in identifying next of kin/emergency contact information.

## Applying POLST Forms in the Field

## Requirements for a Valid POLST Form

**THE SIGNATURE OF A  
“WITNESS TO CONSENT” IS NO  
LONGER PART OF THE IDPH  
POLST FORM.**

FULL TEXT of the Illinois Health Care Surrogate Act:  
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>

## Requirements for a Valid POLST Form

### REQUIRED

Patient Identifying Information

Section A

#### 2 Signatures:

- 1) Patient or legal substitute decision-maker
- 2) Qualified Health Care Practitioner

Date of Practitioner Signature

### NOT REQUIRED

All other information fields

All indicated treatment used  
where a decision is unspecified

**Pink** paper recommended to  
enhance visibility, but color does  
not affect validity of form

## Valid POLST Forms

- ✓ Properly executed prior versions of the IDPH Uniform DNR or the DNR/POLST Advance Directive are still valid. **Most recently dated is followed.**
- ✓ Photocopies or FAX of forms are valid.
- ✓ Picture of POLST form on electronic device is valid.
- ✓ Verbal/Phone:
  - Patient or legal representative verbal/phone consent acceptable
  - Verbal/phone orders by QHCP acceptable with a follow-up signature in accordance with facility/institutional policy

Each health care facility may have different policies on whether copies of DNR or POLST orders completed on a form other than an IDPH Uniform POLST Form are accepted as valid. It is advisable to check with a health care facility regarding its DNR or POLST policy.

**POLST**  
ILLINOIS  
Practitioner Orders for  
Life-Sustaining Treatment

### What if 2 or more POLST forms are present?

- Newest valid form voids past forms
- Follow instructions on form with most recent date and all required elements
- **EMS is not responsible for investigating presence of other forms - consider form presented to be most current and valid.**



### Who can revoke POLST orders?

- **Patient**, if able to make their own medical decisions, can revoke a POLST at any time
  - A POAHC/surrogate should generally not overturn decisions made, documented, and signed by a patient
- POAHC/Surrogate revocation may take time for EMS/first-responders to resolve
  - If any doubt or dispute, **call OLMC right away**
  - Start treatment while trying to sort this out or talking with Medical Control.
  - Don't withhold non-invasive treatment to determine the proper course of action. (BVM, oxygen, CPR, etc.)
- EMS responders are **legally protected** if they follow orders on a valid form in good faith



### What if a POAHC or Surrogate disputes a valid POLST order to which they previously consented?

#### Determine if person disputing order is the original consenting POAHC or surrogate

- If yes: The POAHC/surrogate may change the order and/or care wishes
- If no: Follow orders on the POLST form; contact On-Line Medical Control for further direction



## Legal Risk for EMS Following POLST Form

*"A health care professional who in good faith complies with a do-not-resuscitate order made in accordance with this Act is not, as a result of that compliance, subject to any criminal or civil liability, except for willful and wanton misconduct, and may not be found to have committed an act of unprofessional conduct."*

### Illinois Health Care Surrogate Act

FULL TEXT of the Illinois Health Care Surrogate Act:  
<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>




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## Document, Document, Document

- Where POLST form was found
- A call Medical Control
  - Time of call
  - Who first-responder talked with
  - What orders were given
- People present at the scene (family, bystanders, etc.)
- Discussion with family/others




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## QUESTION & ANSWER

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## POLST Resources

For POLST Illinois information:

polstllinois@gmail.com

1-855-765-7845

www.polstil.org

National POLST Program

www.polst.org

## Let's Review

## Check for understanding

**An unconscious adult presents in bed at home. The patient is struggling to breathe and has a weak pulse. An IDPH POLST form is on the fridge. What part of the form is most relevant right now?**

- A. Section A: Has the patient marked DNAR?
- B. Section B: How aggressively does the patient want to be treated?
- C. Section D: Has the patient consented to artificial nutrition?

## Answer

**Answer is B. Because the patient still has a pulse, section A does not apply now.**

Section D discusses medically administered nutrition and is not immediately relevant here.



## Check for understanding

**You are called to an emergency in a person's home and find a man lying in his own bed. He has no pulse.**

**The neighbor has already started CPR. The IDPH POLST form is on the fridge. What instructions are you looking for?**

- A. Section A: has the patient marked DNAR?
- B. Section B: how aggressively does the patient want to be treated?
- C. Section D: has the patient consented to artificial nutrition?



## Answer

**Answer is A. Patient does not have a pulse so sections B and D would not apply now.**

If the neighbor is not a healthcare provider, they would not be expected to know about or follow the POLST form. If the neighbor has not restored breathing or a pulse, the EMS provider would still follow the POLST instructions under section A.





## Check for understanding

A patient presents in cardiac arrest and his wife provides two forms, one earlier IDPH DNR Advance Directive/POLST form, dated 3/16/15 and one revised IDPH POLST form dated 3/27/2019. The options chosen on the two forms conflict. What should you do?

- A. Provide the more aggressive treatment indicated, just in case.
- B. Ask the patient's wife to resolve the difference between the forms.
- C. Provide the treatment indicated in the most recently dated POLST form.



## Answer

**Answer is C. Provide the treatment indicated in the most recently dated POLST form.**

Newest valid form voids past forms. Follow instructions on form with most recent date and all required elements.



## Check for understanding

An unconscious female presents on the floor at home. The patient is having a seizure and has a pulse. The patient's husband shows you her IDPH Uniform POLST form where "Yes CPR" is selected in Section A, and Comfort-Focused Care is selected in Section B. What should you do?

- A. Provide Full Treatment as indicated and within your scope of practice.
- B. Provide Comfort-Focused Treatment only.
- C. Contacting OLMC for assistance before doing anything.



## Answer

**A person who chooses "Yes CPR" in Section A of IDPH Uniform POLST form will receive all medically indicated treatments in a pre-arrest emergency, i.e. Full Treatment in Section B, even if they chose Comfort Focused Treatment or Selective Treatment on the form.**

A patient wanting to have CPR when in cardiac arrest will have the highest chance of survival if cardiac arrest is prevented by any means in the first place. Therefore, it would not make sense to provide only comfort-focused treatment up until a person goes arrests and then provide CPR.

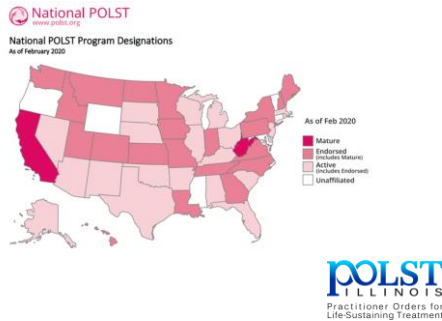


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**ADDENDUM SLIDES**

## Where did POLST come from?



## Why would a person need a POLST form?

- Helps ensure appropriate care and treatment if a person experiences an acute deterioration of their health
- Helps share goals-of-care preferences and instructions amongst family caregivers or when transferring sites of care (e.g., nursing home, paramedics, hospital, home)
- Allows loved-ones to contact 911 in a critical medical emergency without fear of patient receiving unwanted treatment if death is imminent



## How is a POLST Form different from a Power of Attorney for Health Care?

	POWER of ATTORNEY for HEALTH CARE	POLST Form
<b>Who needs</b>	All Decisional Adults	Serious Life-limiting Medical Condition
<b>Who completes</b>	Individual	Health Care Practitioner
<b>Appoints a substitute decision maker</b>	Yes	No
<b>Real-time instructions for first responders</b>	No	Yes

