



Practitioner Orders for  
Life-Sustaining Treatment

INTRODUCING THE 2022 ILLINOIS DEPARTMENT OF  
PUBLIC HEALTH (IDPH) UNIFORM POLST FORM

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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 why IDPH revised the Illinois POLST form
- Understand how the sections of the 2022 form have changed from the 2017 version
- Describe how to properly complete a valid 2022 form
- Recognize the importance of following the IL Health Care Surrogate Act regarding the POLST Model



## 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 accredited 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** - healthcare providers and first responders must follow, so that treatment is in keeping with the patient's wishes
- Original IDPH DNR form did not address pre-cardiac arrest emergencies (prior versions of forms are valid)



## What are the benefits of the POLST Model?

- Helps ensure appropriate care and treatment if a person experiences an acute deterioration of their health
- Shares 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



## Who should consider/discuss a 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.**

This includes but is not limited to people with:

- Severe Heart Disease
- Metastatic Cancer or Malignant Brain Tumor
- Advanced Lung, Renal or Liver Disease
- Advanced Frailty
- Advanced Neurodegenerative Disease  
(e.g., Dementia, Parkinson's Disease, ALS)



## What else to know about a POLST?

- Most people over age 65 are too healthy to have POLST orders.
- POLST is **not intended** for people with chronic, stable disability, who must not be mistaken for being at the end of life.
- The POLST form speaks for patients **ONLY** when they can't speak for themselves.
- The patient can void or change their POLST form at anytime as their disease and health changes.
- A patient without POLST orders receives FULL TREATMENT as the default, and this **may** be a reason not to complete the form.
- **The form goes with the patient from care setting to care setting.**



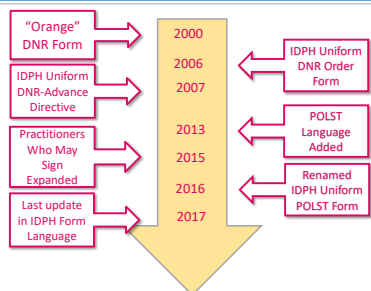
## How is a POLST Form different from a Power of Attorney for Health Care?

	POWER of ATTORNEY for HEALTH CARE	POLST Form
Who needs	All Decisional Adults	Serious Life-limiting Medical Condition
Who completes	Individual	Health Care Practitioner (patient or patient's legal representative signature also required)
Appoints a substitute decision maker	Yes	No
Real-time instructions for first responders	No	Yes



2022 IDPH Uniform POLST:

## Evolution of the IDPH Uniform POLST Form



**2022 Revised IDPH Uniform POLST**

## Common Questions

### Why were revisions made from the 2017 to the 2022 IDPH Uniform POLST form?

- Illinois Health Care Surrogate Act (HCSA) 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?

- Okay to complete on a computer, tablet or other device
- Both electronic and written signatures valid in accordance with Illinois law
- Always save in patient's EHR with copies printed for the patient and their legal representative

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



## Changes to HCSA Expanded Valid Form Types

### Valid Form Types:

- ✓ 2022 IDPH POLST form
- ✓ Previously completed Illinois POLST forms on any prior form versions
- ✓ POLST, MOST, POST, MOLST endorsed by other states
- ✓ Out-of-hospital DNAR order endorsed by other states
- ✓ **National POLST form\***
- ✓ Follow most recently dated, valid form.

\*Illinois now recognizes the National form as valid but has not adopted it for Illinois residents, so completing a National POLST form for Illinois residents is not recommended.



## HCSA Changes Reinforce Voluntary Participation

POLST form can't be a requirement for admission to any facility or a precondition to the provision of services

- Nursing facilities should never insist that individuals or their legal representative complete a POLST form as part of the admissions process.
- Not all residents of nursing facilities are appropriate candidates for a POLST form.
- The POLST form is optional; If a patient wants to receive all available life-sustaining treatment, they may choose not to have a POLST form.

Patients with capacity may void their form at will.



## 2022 Form Overview

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 diagram shows the 2022 POLST form with sections A through F highlighted in yellow. Arrows point from the sections to labels on the right:

- 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 diagram shows the 2022 POLST form page 2 with sections A through F highlighted in yellow. Arrows point from the sections to labels on the right:

- OTHER ADVANCE DIRECTIVES (link to 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

## 2022 Form Instructions

■ HIPAA PERMITS DISCLOSURE OF POLST TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT ■ VERSION REVISED SEPTEMBER 2022 ■

State of Illinois  
Department of Public Health

IDPH UNIFORM PRACTITIONER ORDER FOR  
LIFE-SUSTAINING TREATMENT (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 discussion-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.

Language educates users about 3 things:

1. The form should be completed by a healthcare provider and the patient/legal representative together not one or the other alone.
2. Completing a POLST form requires a conversation between the qualified health care practitioner and patient/legal representative before signing.
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.



## 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 (DNR).

Section A is required for the form to be valid; one of the two options should be selected.

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



## POLST '22 Section B Revisions

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.)	
	<input type="checkbox"/> Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. <u>Include intubation</u> , mechanical ventilation, cardioversion, and all other treatments as indicated.	
	<input type="checkbox"/> Selective Treatment: 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.	
	<input type="checkbox"/> 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.	

- ✓ Section may be left blank
- ✓ If this section is completed ONLY one choice should be selected

- Orders when patient in crisis/quickly declining but **has a pulse**
- Instructs maximizing comfort is a goal regardless of which option is selected
- Full Treatment is the default if left blank
- Differentiates each option by stating primary goal first



## POLST '22 Section B Revisions

B	<p><b>Section B: Full and Selective Treatment</b> (When no selection made, provide standard of care.)</p> <p><b>Full Treatment:</b> Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Utilize intubation, mechanical ventilation, cardioversion, and all other treatments as indicated.</p> <p><b>Selective Treatment:</b> 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.</p> <p><b>Comfort-Focused Treatment:</b> 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.</p>
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### Full Treatment

Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Utilize intubation, 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.



## POLST '22 Section C Revisions

C	<p><b>Section C: 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.)</p>
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### Section C has changed from prior forms.

Section C can be used by the patient's Qualified Health Care Practitioner (QHCP) to indicate orders/instructions that are **in addition** to the orders in Section B.

- Treatments needed in a medical emergency outside of the hospital setting or before a provider can consult with a substitute decision-maker
- EMS protocol may dictate whether EMS providers can follow the orders in Section C.
- Unless patient voices a preference to avoid a specific emergency treatment, this section is best left blank



## POLST '22 Section D Revisions

D	<p><b>Section D: Orders for Medically Administered Nutrition</b> (Offer food by mouth if tolerated. (When no selection made, provide standard of care.)</p> <p><input type="checkbox"/> Provide artificial nutrition and hydration by any means, including new or existing surgically-placed tubes.</p> <p><input type="checkbox"/> Trial period for artificial nutrition and hydration but NO surgically-placed tubes.</p> <p><input type="checkbox"/> No artificial nutrition or hydration desired.</p>
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### Section D is now for "Orders for Medically Administered Nutrition" (formerly Section C)

- If section completed, **ONLY** one choice should be selected
- As before-
  - Food by mouth acceptable if tolerated
  - If no choice selected, provide standard of care
- The two options **to receive medically administered nutrition** are new –
  - Surgical placed tube okay
  - Nonsurgical placed tube okay, no surgically placed
- No artificial nutrition or hydration is still an option.



## POLST '22 Section E Revisions

Required	Signature of Patient or Legal Representative. (Signed documents are valid.)		
	<input checked="" type="checkbox"/> Printed Name (required) _____ Date _____ 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.		
	Relationship of Signer to Patient:	<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)
	<input type="checkbox"/> Patient <input checked="" type="checkbox"/> Parent of minor		

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

- The signer attests, "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."
- "Signature of Witness to Consent" field removed from form in compliance with recently amended Illinois Health Care Surrogate Act.
- Electronically signed document by patient or legal rep acceptable.

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	Qualified Health Care Practitioner. Physician, licensed resident (second year or higher), advanced practice nurse, or physician assistant. (Signed documents are valid.)	
	<input checked="" type="checkbox"/> Printed Authorized Practitioner Name (required) _____ Phone _____ 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. _____ Date (required) _____	
	<input checked="" type="checkbox"/>	

- Summarize treatment decisions and ensure patient/legal representative agreement before signing
- "Qualified Health Care Practitioner"
  - QHCP is an individual who: Personally examined patient and is licensed in IL, or in the state where the patient is being treated as a Physician, APRN, PA, or Physician Resident in 2nd year or higher of accredited residency program.
- Printed Name of QHCP, Signature of QHCP, Date QHCP signed
- Electronically signed document by QHCP acceptable.



## Electronic Signatures on POLST Forms

(20 ILCS 2310/2310-600/1.b-5) An electronic version of the Uniform POLST form under this Act may be created, signed, or revoked electronically using a generic, technology-neutral system in which each user is assigned a unique identifier that is securely maintained and in a manner that meets the regulatory requirements for a digital or electronic signature. Compliance with the standards defined in the Uniform Electronic Transactions Act or the implementing rules of the Hospital Licensing Act for medical record entry authentication for author validation of the documentation, content accuracy, and completeness meets this standard.

Illinois General Assembly - Illinois Compiled Statutes (ILCS)



## 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

## Completing the POLST form

#### Completing the BPH 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 POLST.
- 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.

#### This page 2 guidance has 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 Illinois resident is being treated**.

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



## Review and Revision of POLST

#### Reviewing a POLST Form

This POLST form should be reviewed periodically and in light of the patient's ongoing needs and desires. These include:

- transfers from one care setting or care level to another;
- changes in the patient's health status or use of implantable devices (e.g., ICDs/cerebral stimulators);
- the patient's ongoing treatment and preferences; and
- a change in the patient's primary care professional.

#### This page 2 guidance has not changed.

The POLST conversation should be held before documenting new treatment decisions or confirming current treatment decisions.



## Voiding or Changing a POLST

### Voiding or revoking a POLST Form

- A patient with capacity can void or revoke the form, and/or request alternative treatment.
- Changing, modifying, or revising a POLST form requires completion of a new POLST form.
- Draw line through sections A through E and write "VOID" across page if any POLST form is replaced or becomes invalid.
- Beneath the written "VOID" write in the date of change and re-sign.
- If included in an electronic medical record, follow all voiding procedures of facility.

This page 2 guidance has not changed.



## Health Care Surrogate Decision Maker

### 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. |

This page 2 guidance has changed

- Reflects the priority order outlined in the Illinois Health Care Surrogate Act.

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



## The HCSA Sets Guidelines for Surrogate to Change a POLST

Before voiding or revoking a Department of Public Health Uniform POLST form, National POLST form, or another state's POLST portable medical orders form **executed by the individual**, that individual's **legally authorized surrogate decision maker** shall first:

- Engage in consultation with a qualified health care practitioner;
- Consult the patient's advance directive, if available; and
- Make a good faith effort to act consistently, at all times, with the patient's known wishes, using substituted judgment as the standard. If the patient's wishes are unknown and remain unknown after reasonable efforts to discern them, the decision shall be made on the basis of the patient's best interests as determined by the surrogate decision maker.
- A qualified health care practitioner shall document the reasons for this action in the patient's medical record. This process does not apply to an individual wanting to revoke his or her own POLST form.



## Guide for POLST Decision Makers

		WHO IS THE DECISION MAKER		
		Patient with Decisional Capacity (or who regains capacity)	Healthcare Power of Attorney (patient without decisional capacity)	Health Care Surrogate (patient without decisional capacity or POA-HC)
WHAT ACTION IS BEING TAKEN	Creating a New POLST	<ul style="list-style-type: none"> <li>Voluntary</li> </ul>	<ul style="list-style-type: none"> <li>Establish patient lacks decisional capacity</li> <li>Voluntary</li> <li>If patient wishes are known or documented in advanced directives decisions are based on substituted judgement</li> <li>If patient wishes are not known decisions are based on the best interest of the patient</li> </ul>	<ul style="list-style-type: none"> <li>Establish patient lacks decisional capacity, has a qualifying condition, AND has NO POA-HC</li> <li>Voluntary</li> <li>If patient wishes are known or documented in advanced directives, decisions are based on substituted judgement</li> <li>If patient wishes are not known, decisions are based on the best interest of the patient</li> </ul>
	Voiding OR Revoking an Existing POLST	<ul style="list-style-type: none"> <li>Voluntary/At will</li> <li>Decisions should be reviewed or revisited in light of patient's ongoing needs and desires</li> </ul>	<ul style="list-style-type: none"> <li>Establish patient lacks decisional capacity</li> <li>If patient wishes are known or documented in advanced directives decisions are based on substituted judgement</li> <li>If patient wishes are not known decisions are based on the best interest of the patient</li> </ul>	<ul style="list-style-type: none"> <li>Establish patient lacks decisional capacity, has a qualifying condition, AND has NO POA-HC</li> <li>When prior POLST was created by the patient:               <ul style="list-style-type: none"> <li>Changes must occur in consultation with the attending practitioner</li> </ul> </li> <li>Encourage "substituted judgement standard" based on POLST form patient signed</li> <li>New information known about the patient's wishes and condition must be documented in EHR</li> </ul>

Questions?

## POLST Resources

For POLST Illinois information:  
[polstillinois@gmail.com](mailto:polstillinois@gmail.com)  
[www.polstil.org](http://www.polstil.org)

National POLST Program  
[www.polst.org](http://www.polst.org)



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