



Guidance Document for Illinois Health Care Professionals and Providers

**Illinois Department of Public Health (IDPH)
Uniform Practitioner Orders for Life-Sustaining
Treatment (POLST)**

January 2023

Executive Summary

POLST, a national, evidence-based program (www.polst.org), embraces an informed decision-making model that uses a standardized form containing practitioner orders to communicate the scope of emergency medical treatment determined by patient preferences. The POLST process and document are designed to promote patient autonomy by helping health care professionals understand and honor the treatment wishes of their patients.

To strengthen best practices considered in keeping with the National POLST model, Illinois periodically undertakes a review and revision of the “Illinois Department of Public Health Uniform Practitioner Orders for Life-Sustaining Treatment (POLST) Form” (a form originally titled, the IDPH Uniform DNR Advance Directive). The most recent version of the form is dated November 2022.

The IDPH POLST form is a signed medical order that documents the life-sustaining treatment wishes of seriously ill patients. The form accompanies the patient to ensure that treatment preferences are honored across all care settings.

The form is designed to ensure that seriously ill or frail patients can choose the treatments they want or do not want and that their wishes are documented and honored. The POLST model allows patients to choose: all possible life-sustaining treatment; selective life-sustaining interventions; or comfort-focused care. In cases when patients do not select comfort-focus care, comfort care is always provided in addition to other care choices patients make.

The IDPH POLST decision-making process and resulting medical orders are intended for patients who are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. The POLST form should not be used solely because a patient has a physical or developmental disability, chronic medical conditions or mental illness. Just as with any population, POLST is only appropriate if a person’s health deteriorates to the extent that death within one year would not be unexpected.

Use of the IDPH POLST form is completely voluntary. This form contains orders that can be revoked or changed at will by a patient or their legal representative. When a patient’s condition changes significantly, prior decisions about treatment should be revisited in consultation with the patient’s health care professional/provider, and based on the patient’s medical condition and preferences, consideration should be given to completing a new, updated POLST form.

The IDPH POLST form is intended to be completed after detailed discussion(s) between the patient and their health care professional/provider regarding: the patient’s current medical condition and prognosis; possible causes of deterioration and indicated medical responses/treatments; the risks, burdens, and benefits of those treatments; the patient’s own values and goals for treatment; the patient’s views on acceptable quality of life. When acceptable to the patient, someone close to them should be encouraged to participate with them and a health care professional/provider in a discussion about the POLST form.

Goals of care and treatment preference discussions are of primary importance to the POLST process, and the form serves as a potential guide for these discussions. Completed POLST forms are a product of and should reflect the discussions that preceded them. POLST forms must be signed by the patient or their legal representative and a qualified health care practitioner (QHCP). The completed form is an actionable medical order.

Except as otherwise provided by law, emergency medical service personnel, a health care provider, or a health care facility shall comply with a Department of Public Health Uniform POLST form, National POLST form, another state's POLST portable medical orders form, or an out-of-hospital Do Not Resuscitate (DNR) order sanctioned by a state in the United States that: (i) has been executed by an adult; and (ii) is apparent and immediately available. The form provides an immediate guide for first responders and emergency department staff about whether to initiate life-supporting care. Without these medical orders, emergency medical personnel are required to do everything they can to attempt to save a person's life.

This guidance document was developed by POLST Illinois in collaboration with state-wide stakeholders from emergency medical services, hospitals, hospices, physicians, nurses, care management and health care specialty organizations, and the Illinois Department of Public Health. This document provides background information to facilitate completing the IDPH Uniform POLST form. It does not provide legal or medical advice.

January 2023

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What is POLST?

People have the right to make their own health care decisions. Advance health care directives help people document their treatment preferences for situations when they lack decisional capacity and would be unable to communicate their wishes. The state of Illinois recognizes the “Illinois Department of Public Health Uniform Practitioner Orders for Life-Sustaining Treatment POLST form” as its uniform form.

Effective January 1, 2022, the state also legally recognizes as valid the National POLST form, another state’s portable medical orders form such as POLST, POST, MOLST, MOST), or an out-of-hospital Do Not Resuscitate (DNR) order sanctioned by a state in the United States (hereafter referred to as the “IDPH POLST” or “POLST” form). The POLST form sets directions for health care professionals in various settings so they may, in good faith, initiate or withhold life-sustaining treatments based on the directions expressed in the form.

Illinois legislation in 2012 called for revisions to the Illinois Department of Public Health (IDPH) Uniform DNR Advance Directive to meet requirements to be considered in keeping with the National Physician Orders for Life-Sustaining Treatment model. More recent legislation, in 2014, 2015 (PA’s 098-1110, 099-0319), 2017 and 2022 (PA 102-0140), has further revised the form to meet these standards. The form is now identified as: “Illinois Department of Public Health Uniform Practitioner Orders for Life Sustaining Treatment (POLST) Form”.

The POLST form is a summary of treatment preferences and medical orders for care that is easy to interpret in an emergency. The use of the form is intended to enhance the advance care planning process by translating the patient’s treatment wishes into a recognized medical order. The document presents orders in a concise manner that is easily understood. The POLST form facilitates record-keeping and ensures patient confidentiality (HIPAA-compliant) while ensuring the transfer of appropriate information among health care professionals and providers across multiple settings. Use of the POLST form is completely voluntary and its use is in accordance with Illinois law.

The medical orders contained in the POLST form direct the *initial* care of the patient by emergency providers. Once initial medical treatment has begun and the risks and benefits of further therapy are clear, the patient’s treatment wishes may change. In these circumstances, the patient’s directions for medical care and the POLST form should be revised to reflect new preferences and treatment choices. Depending on the state, a POLST form completed in Illinois may or may not be legally recognized in other states.

While no form can address all the medical treatment decisions that may need to be made, the POLST form promotes the goal of supporting patient autonomy and enhancing quality of care and complements other advance health care directives such as a health care agent to direct care for situations where the individual is unable to express their treatment decisions. A health care agent may be appointed by completing

an Illinois Statutory Short Form Power of Attorney for Health Care or another equivalent document as permitted by the Illinois Power of Attorney Act ([755 ILCS 45/Art. IV](#)).

Because the form can be used to indicate *acceptance*, not just refusal of certain medically indicated treatments, health care professionals/providers should carefully examine the form for guidance.

In Summary:

- A POLST portable medical orders form, signed by the patient's qualified health care practitioner and either the patient or their legal representative, converts the patient's care choices into an *actionable medical order* that all other physicians, nurse practitioners, physician assistants, long-term care facilities, hospices, home health agencies, emergency medical services, hospital staff, and other provider staff are required by law to honor.
- A POLST form clarifies treatment interventions that seriously ill persons *would or would not want* in the event of a life-threatening emergency.
- POLST is both a document for guiding discussions about care in the event of life-threatening illness and a set of instructions that health care professionals and institutional providers are expected to honor when presented with a valid form.
- Health care professionals and institutional providers are legally protected from liability if, in good faith, they honor the instructions contained in the POLST form.
- The POLST form accompanies the patient to ensure that treatment preferences are honored across all care settings.

Who Should Have a POLST Form?

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

Examples of appropriate patients for engagement in POLST conversations

Patients with serious life-limiting medical condition(s) or advanced frailty:

- whose health care professional would not be surprised if they died within year; or
- who are at an increased risk of experiencing a medical emergency based on their current medical condition and who wish to make clear their treatment preferences, including about CPR, mechanical ventilation, ICU; or
- who have had multiple unplanned hospital admissions in the last 12 months, typically coupled with increasing frailty, decreasing function, and/or progressive weight loss.

In determining whether a POLST discussion and form are appropriate, a healthcare professional might ask themselves: "Would I be surprised if this patient died in the next 12 months?" If the answer is, "No, I would not be surprised," it is appropriate to consider a goals-of-care discussion and advance care planning with POLST.

Note: For patients with significant disabilities, health care professionals should consider approaching a patient about a POLST conversation only if this patient's level of functioning has become severely impaired because of a deteriorating health condition and when intervention will not significantly impact the process of decline.

Does the person have a disease process (not just their disability) that is an end-stage medical condition or terminal illness? If yes, they are appropriate to engage with the POLST process.

The POLST form may also be appropriate for patients who have strong preferences regarding specific medical interventions, such as the use of mechanical ventilation or long-term artificial nutrition. However, this form generally is not meant for individuals who are unlikely to be facing end-of-life decisions until their more distant futures. When the form is completed "too early," it is possible for it to represent "in theory" wishes that actually may be different from what an individual's wishes might be when living with an actual life-limiting condition. Completing the form in the context of a life-limiting condition tends to be a more accurate reflection of a patient's wishes.

Please see [National POLST Intended Populations and Guidance for Healthcare Professionals](#) for additional information.

How to Use the POLST Form

Overview

Completion of the POLST form is voluntary, and the goal of the form is to ensure that the patient receives the desired level of care. The Illinois Health Care Surrogate Act prohibits the execution of a POLST form as a requirement for admission to any facility or a precondition to the provision of services by any provider of health care services.

The POLST form may be completed after a discussion with the person regarding their overall goals of care and treatment preferences. If the person lacks decisional capacity to understand this conversation (reviewed in more detail on page 13 & 19), the discussion should take place with the person's appropriately delegated health care agent, health care surrogate, or legal guardian of person (referred to on the form as "legal representative"). It is recommended that the health care practitioners and other professionals who undertake conversations with individuals about end-of-life treatment choices have taken steps, typically through formal training, to ensure that they have acquired the appropriate skills to have these conversations.

The Illinois form must be signed by the person's qualified health care practitioner. A qualified health care practitioner is an individual who has personally examined the patient and who is licensed in the State of Illinois or in the state where the patient (who is an Illinois resident) is being treated, and who is a physician, advanced practice registered nurse, physician assistant, or resident with at least one year of graduate or specialty training in this State who holds an Illinois temporary license to practice medicine and is enrolled in a residency program accredited by the Liaison Committee on Graduate Medical Education or the Bureau of Professional Education of the American Osteopathic Association.

The POLST is a two-sided form. While bright pink paper is recommended for easier visibility, the form is still valid if it is completed on white or any other colored paper. Digital copies, faxed copies, or photocopies of the form are also valid. In general, fax or electronic signatures and telephone orders should only be used in accordance with facility/community policies to ensure that the patient does not lose the opportunity to complete or revise a POLST form.

The first page of the document contains the "Practitioner Orders for Life-Sustaining Treatment" and required signatures (Sections A - F). The second page of the form, which is informational only, provides additional information, including space to indicate the patient's health care contact information and space for the contact information and date of the professional who prepares the form with the patient or their legal representative for review. Only the front side needs to be completed and signed to be a valid, actionable POLST order.

The POLST form should reflect the patient's values and provides documentation of life-sustaining treatment orders that reflect their care preferences. It is recommended that institutions develop their own policies for storage of the document in an easily identifiable place.

- In institutional settings, it is recommended that the POLST form be easily located in the clinical record.
- In community settings, it is recommended that the form be placed inside a brightly colored envelope (to protect privacy) and placed where it can be easily seen by first-responders.
- A copy of the POLST form should be kept in the individual's medical record.
- A hard copy of the most recent signed form should accompany the individual upon transfer from one setting to another.
- The patient's agent and others who are in close contact with the patient could (with the patient's/agent's permission) keep an electronic copy on a digital device.

For the POLST form to be valid, it requires the signature of the patient, or the patient's legal representative if the patient lacks decisional capacity. The requirement that patients or their legal representatives review and sign the form provides a safeguard for patients that the orders on the form accurately convey the patient's preferences. This signature provides evidence that the responsible party agrees with the orders on the form.

To be a valid medical order, the POLST form must include:

- Patient name
- A designated preference in Section A
- Signatures:
 - Patient (or legal representative if patient lacks decisional capacity)
 - Qualified health care practitioner
- Date of signature by the practitioner

Using the IDPH POLST Form with non-English speakers

As a matter of justice, all individuals should be afforded the same access to POLST, regardless of their native language. To this end, health care translation services should be used when the patient and/or family/surrogate is discussing POLST and has limited English proficiency.

The IDPH POLST form is available in some languages other than English (see the [Illinois Department of Public Health – Advance Directives webpage](#) for up-to-date list). Translated versions are 4 pages total (2 double-sided pages) in length. The front sides of the pages are in the non-English language while the corresponding back sides of the pages are in English. The non-English language sides are for educational purposes

only. The POLST form should be completed, signed, and displayed in English so that emergency medical personnel can understand and follow the orders.

Qualified health care practitioners executing a POLST with a patient are strongly encouraged to document in the medical record the content of their POLST conversation with the patient or their representative, indicating that 1.) the conversation occurred in the patient's or representative's native language and 2.) the patient or their representative demonstrated understanding of the orders being selected on the form.

HIPAA

HIPAA confidentiality standards permit disclosure of the POLST form to other health care professionals and providers across treatment settings. The original form should stay with the person at all times and is the preferred document. However, an electronic copy on a digital device, photocopies, and faxes of the POLST form should be honored if they are the only version available in an emergency. Copies should be placed in the medical record in an easily accessible location.

Signing Practitioner

Sometimes a person is evaluated in a setting, such as a hospital emergency department, where the POLST form has been signed by a practitioner who is not on that setting's medical staff. Some emergency physicians and admitting physicians have been reluctant to automatically follow the POLST orders without first examining the patient and reassessing the person's determinations in the current clinical situation. It is important to recognize that POLST orders are intended for emergency situations and there may be a need to follow the orders before a complete reassessment and informed consent conversation can be completed. Health care professionals and providers are legally protected for following the medical orders set out in the POLST form in good faith. POLST orders must be followed until a review is completed by the accepting health care professionals and a conversation can take place with the patient or other appropriate decision-maker if the patient is unable to communicate their wishes.

In Summary:

- Completion of the POLST form is entirely voluntary.
- Health care professionals/providers, such as a nurse, social worker or chaplain, who do not fit the definition of "qualified health care practitioner" may assist the individual in preparing a POLST form; However, Illinois requires that it must be signed and dated by qualified health care practitioner who should review the form with the patient or their legal representative and attest that the orders represent the patient's treatment preferences.

- The POLST form has two sides: all of the orders are contained on the first side; while the back side contains contact information, document preparer information, information about other advance directives, and a summary of instructions for completing/voiding/reviewing the form. Only the completed front side is necessary to implement a POLST form.
- Bright pink paper is recommended for the original form; however, any color is valid.
- Digital electronic versions, copies, and faxes of a valid form are also valid.
- It is recommended that the original form, with both necessary signatures, travels with the patient when transferred from setting to setting. However, digital and photocopies are acceptable.
- HIPPA permits the disclosure of POLST information to other health care professionals and providers as necessary for treatment.
- Professionals/providers must follow the instructions of a valid form and are legally protected if they follow the instructions on the form in good faith.

Section by Section Review of the POLST Form

The POLST form is a two-sided document. The front side of the form contains the medical orders and signatures (Sections A-D). The back side includes an area for documentation of other advance directives and directions for health care professionals and providers. The back side is for informational purposes only. If multiple forms exist, the form with the most recent date is the form to be followed.

Patients may change their mind at any time. If a patient wishes to make changes to the form, it is recommended that a new form be created. The old form should be voided by writing "VOID" across the front of the form, along with the date that the form was voided.

POLST Form, Side One.

Sections A, E, and F must be completed in order to have a valid form.

Section A: Cardiopulmonary Resuscitation (CPR):

Patient has no pulse.

Section B: Medical Interventions:

Patient has a pulse and needs emergency treatment.

Section C: Additional Orders or Instructions

Section D: Options for Medically Administered Nutrition:

Food will always be offered by mouth if tolerated and if desired.

Section E: Documentation of Discussion:

Signature of the individual or their legal representative. (A witness signature is NOT required.)

Section F: Signature of Qualified Health Care Practitioner with Date

If no choices are indicated in sections B, all necessary life-sustaining treatment should be provided until such a time as the patient or legal representative can clarify the patient's wishes based on the patient's current state of health.

Section A: Orders for Patient in Cardiac Arrest (Patient with NO Pulse)

A <i>Required to Select One</i>	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 answers the question “Should we attempt CPR for this individual who is in cardiac arrest ?” This section provides instructions to first responders for those individuals whose hearts are not beating sufficiently to maintain life.

This form allows individuals to indicate that they will **accept CPR if in cardiac arrest**. This choice is an alternative to the option of refusing CPR. Therefore, the POLST form is MORE than a Do Not Attempt Resuscitation (DNAR) directive, and particular care should be taken to ensure an adequate translation of the patient’s wishes takes place during an emergency.

Section A does not apply to a patient in respiratory distress, because they have a pulse. Similarly, this section does not apply to a patient who has an irregular pulse or low blood pressure, because this patient has a pulse. For these situations, the emergency responder should refer to section B, described below, and follow the indicated orders.

If the "Attempt Resuscitation/CPR" box is checked, full CPR measures should be initiated with transfer to an appropriate treatment facility or level of care. The success of resuscitation is dependent on many variables, including the individual’s overall health and how long the brain has been deprived of oxygen.

If the "Do Not Attempt Resuscitation/DNAR" box is checked, CPR should not be performed. If there is any question whether the patient still has a pulse, directions in Section B should be followed.

Section B: Orders for Patient Not in Cardiac Arrest (Patient has a Pulse)

B <i>Section may be Left Blank</i>	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.) <ul style="list-style-type: none"> <input type="checkbox"/> Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. <u>Utilize 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.
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In addition to orders for a full arrest situation, the POLST model allows individuals to specify the intensity of medical interventions when they experience a life-threatening emergency where they still have a pulse. The odds for success of such medical interventions are based on a number of variables but may be much higher than resuscitation for cardiac arrest, depending on the patient’s medical condition. If no box is marked in section B, all indicated treatments should be administered until such time as the patient or their legal representative can provide further guidance.

If the patient has marked “Attempt Resuscitation/CPR” in Section A, then “Full Treatment” must be chosen in Section B. The rationale for this is the following: A patient who is agreeable to "Attempt resuscitation/CPR" is accepting of all indicated interventions entailed in CPR, including intubation and mechanical ventilation. For this same patient, it would be illogical to decline intubation in a pre-arrest emergency since that condition may result in cardiac arrest and ultimately would require intubation anyway. For such a patient, intubation could prevent cardiac arrest, which would carry a worse prognosis. Professionals who are assisting individuals in completing a POLST form should take extreme care to ensure that orders in sections A and B do not conflict.

Conversely, just because an individual wishes *not* to be resuscitated in the event of a full cardiac arrest (DNAR in Section A), it does NOT mean that medical interventions should be withheld in a pre-arrest emergency (i.e.. a patient NOT in cardiac arrest) unless Comfort-Focused Treatment or Selective Treatment is marked, and the patient has a medical condition that falls under the scope of those instructions.

Control of pain and other symptoms should always be provided regardless of the indicated level of emergency medical treatment.

If Section B is left blank, then Full Treatment will be provided by default in case of non-cardiac arrest emergency.

Other instructions may be specified in Section C: Additional Orders or Instructions.

“Full Treatment”

The primary goal of “Full Treatment” is attempting to prevent cardiac arrest by using all indicated treatments including measures to make the patient comfortable. Selecting this option means all medical treatments needed to maintain and extend life are utilized, including but not limited to intubation, advanced airway interventions and mechanical ventilation and electrical cardioversion as indicated. Transfer to hospital and use of intensive care, as medically indicated, will be appropriate.

If an individual elects to Attempt CPR in Section A, Full Treatment must be selected in Section B.

“Selective Treatment”

The primary goal of “Selective Treatment” is treating medical conditions with limited medical measures including measures to make the patient comfortable. Note that this section is specific in saying “Do Not Intubate” or use invasive mechanical ventilation. The use of non-invasive forms of positive airway pressure, including CPAP and BiPAP is permissible, as well as use of IV fluids, antibiotics, vasopressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated.

This option is selected when patients would want hospitalization and treatments for reversible conditions or exacerbation of their underlying illness that might restore them to their current state of health. Hospitalization or antibiotics for pneumonia is an example of a selective treatment under this heading; vasopressors for sepsis may require ICU treatment even if full treatment is not selected.

“Comfort-Focused Treatment”

The primary goal of “Comfort-Focused Treatment” is maximizing comfort through symptom management while allowing natural death. Use medication by any route as needed to maintain comfort is permissible. Use oxygen, suctioning and manual treatment of airway obstruction should occur. 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 the current setting.

Even when patients prefer not to be transferred to a hospital, it is sometimes appropriate to transfer patients to the hospital to control their suffering when comfort needs cannot be met in the current location. Refer appropriate patients to hospice.

Section C: Additional Orders or Instructions

C <i>Section may be Left Blank</i>	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.]

Section C provides a place for the Qualified Health Care Practitioner to clarify Additional Orders or Instructions reflecting patient preferences. These orders are in addition to the orders in Section B and may address the preferences for treatments such as dialysis, surgery, blood transfusions, and other treatments. For example, a person may have underlying, chronic renal failure that does not currently require dialysis, and they may not want dialysis should the renal failure become more acute.

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 health care provider can consult with the patient's legal decision maker. Unless the person receiving care voices a preference about a specific emergency treatment, this section should be left blank.

It should be noted that EMS protocols may limit emergency responder ability to act on orders in this section. Patients may need to temper expectations for whether EMS providers can follow the orders in Section C.

Section D: Medically Administered Nutrition

D <i>Section may be Left Blank</i>	ORDERS FOR MEDICALLY ADMINISTERED NUTRITION. 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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These orders indicate the person's instructions regarding the use of medically administered nutrition for a situation where they cannot take adequate food or fluids by mouth. Oral fluids and nutrition must always be offered to the person if they are desired and if tolerated.

A person may indicate whether they would permit nutrition and hydration to be administered by any means including a new or existing surgically-placed tube (typically long term) if medically indicated. Alternatively, a person may indicate a trial period of medically administered nutrition and hydration to be administered but not through a surgically placed tube. Selecting this choice means that receiving nutrition through a tube would be acceptable to the person for only a certain amount of time but not indefinitely.

No medically administered nutrition should be provided for a person who refuses this treatment or if it is not medically indicated. If no choice is selected, provide standard of care.

Section E: Documentation of Discussion & Consent

E <i>Required</i>	Signature of Patient or Legal Representative. (eSigned 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.		
	<input checked="" type="checkbox"/>		
Relationship of Signee 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 type="checkbox"/> Parent of minor			

The form should be signed by the patient who has decisional capacity whenever possible. "Decisional capacity" means the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment coupled with the ability to reach and communicate an informed decision. If the patient lacks decisional capacity and is not expected to regain that capacity in time to make decisions, the patient's decisional capacity assessment should be documented in the medical record before the POLST form is signed by the individual's legal representative. A legal representative may be a POAHC or, if there is no agent, the properly appointed Surrogate (see the [Illinois Health Care Surrogate Act](#) for the full appointing instructions). More information on "decisional capacity" and the Illinois Health Care Surrogate Act can be found on page 19.

The signature of the patient or the legal representative provides evidence that the responsible party agrees with the orders on the form. In this respect, the requirement that patients or their legal decision-maker review and sign the form provides a safeguard for patients that the orders on the form accurately convey the patient's preferences.

Due to changes in Illinois law effective on January 1, 2022, the POLST form no longer requires the signature of one witness over the age of 18.

A completed form that does not contain the signature of the patient or their legal representative is NOT valid.

The professional completing the form should check the box(es) indicating with whom the orders were discussed. This is especially important when the form is being completed by the patient, so that future care health care professionals and providers will know that these orders represent the patient's known care choices.

Section F: Signature of Qualified Health Care Practitioner

F Required	Qualified Health Care Practitioner. 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 <i>(required)</i>	Phone
	Signature of Authorized Practitioner <i>(required)</i> To the best of my knowledge and belief, these orders are consistent with the patient's medical condition and preferences.	Date <i>(required)</i>
	<input checked="" type="checkbox"/>	

Illinois law requires the signature of an authorized “qualified health care practitioner” who assumes responsibility for the medical indications of the orders and for ensuring that they accurately reflect the individual patient’s values and treatment preferences. According to law, "qualified health care practitioner" means an individual who has personally examined the patient and who is licensed in the State of Illinois or in the state where the patient is being treated, and who is a physician, advanced practice registered nurse, physician assistant, or resident with at least one year of graduate or specialty training in this State who holds an Illinois temporary license to practice medicine and is enrolled in a residency program accredited by the Liaison Committee on Graduate Medical Education or the Bureau of Professional Education of the American Osteopathic Association. ([755 ILCS 40/10](#))

When completing the original form, a single original containing all of the required signatures is encouraged. In general, faxed or electronic signatures and telephone orders should only be used in accordance with facility/community policies to ensure that the patient does not lose the opportunity to complete or modify a form, as appropriate.

A completed form that does not contain the signature of an qualified health care practitioner is NOT valid.

The Reverse Side of the POLST Form

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

****THIS PAGE IS OPTIONAL – use for informational purposes****

Patient Last Name	Patient First Name	MI
<p><i>Use of the Illinois Department of Public Health (IDPH) Practitioner Orders for Life-Sustaining Treatment (POLST) Form is always voluntary. This order records a patient's wishes for medical treatment in their current state of health. The patient or patient representative and a health care provider should reassess and discuss interventions regularly to ensure treatments are meeting patient's care goals. This form can be changed to reflect new wishes at any time.</i></p> <p><i>No form can address all the medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows a person to document, in detail, future health care instructions and name a Legal Representative to speak on their behalf if they are unable to speak for themselves.</i></p>		
<p>Advance Directives available for patient at time of this form completion</p> <p> <input type="checkbox"/> Power of Attorney for Health Care <input type="checkbox"/> Living Will Declaration <input type="checkbox"/> Declaration for Mental Health Treatment <input type="checkbox"/> None Available </p>		
<p>Health Care Professional Information</p>		
Preparer Name		Phone Number
Preparer Title		Date Prepared

The POLST form includes an educational section for the patient and/or legal representative. This section is included to help patients know whom the POLST form is intended to serve and the role the POLST form plays in advance care planning.

If the individual has other advance directives, such as a Power of Attorney for Health Care, that information may be captured in the Advance Directive Information section. It is particularly helpful for future health care professionals/providers to know of any advance directives and to have the name and phone number of the preferred emergency contact.

At a future time, questions may arise when health care professionals who were not part of the original conversation attempt to interpret the orders on the form. For this reason, it is very helpful to have the name and phone number of the health care professional who assisted in the preparation of the original form. That name and phone number should be included in the Health Care Professional Information section.

Other Instructions Included on the Back of the 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.

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

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- A patient with capacity can void or revoke the form, and/or request alternative treatment.
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- 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.

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 |
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| 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. |

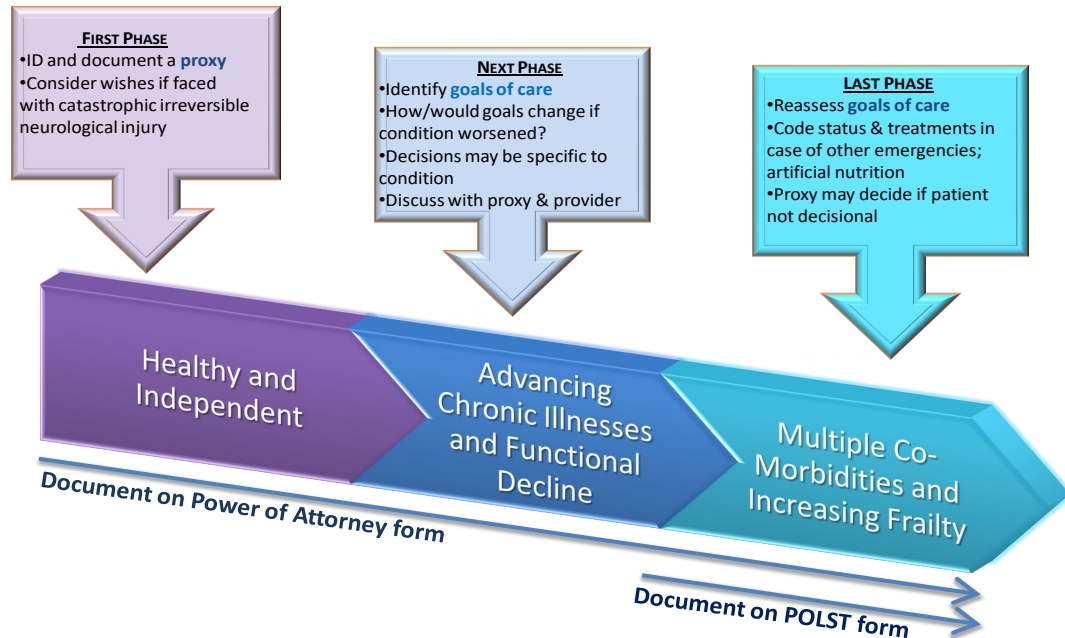
For more information, visit the IDPH Statement of Illinois law at <http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives>

**HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996)
PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT**

The Instruction for completing a POLST form indicates that:

- Verbal/phone consent by the patient or legal representative are acceptable when necessary.
- Digital copies of the form can be recognized as legal and valid.
- Forms with eSignatures are 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.

How the Power of Attorney for Health Care and POLST Work Together



The Power of Attorney for Health Care Document

Recommended for all decisional adults – regardless of their health status – the Power of Attorney for Health Care is the legal document for Illinois that allows individuals to:

- Appoint a proxy decision-maker, known as an agent, to make health care decisions for individuals who become unable to communicate for themselves; and
- Provide general, non-binding statements of preferences for end-of-life care to serve as guidance for the agent.

The agent should act in accordance with the patient's known or predicted preferences. If the patient's wishes are unknown and cannot be predicted, the decision-maker should act in the patient's best interest.

Key Differences between the Power of Attorney for Health Care and POLST

- The Power of Attorney for Health Care (POAHC) is not a medical order. Since EMTs and paramedics cannot limit care in an emergency with only a POAHC document, unwanted treatments may be initiated.
- The POLST is a medical order that directs the initial care of the patient by EMTs, paramedics and other first responders.
- A person uses the POAHC to appoint an agent to make medical decisions in situations when the person has lost decisional capacity. The POAHC agent may also communicate a person's treatment preferences to health care professionals and providers.
- POAHC documents are recommended for all decisional adults, regardless of their health status. In addition, POLST forms are recommended for patients with advanced illness or the frail elderly.

How the POAHC and POLST Work Together

The POLST form and the Power of Attorney for Health Care work together for patients engaging in the "last phase" of advance care planning to ensure that patient wishes are followed. The POLST form is not intended to replace a Power of Attorney for Health Care document or other medical orders.

Patients with decisional capacity can change the POLST form at any time to reflect changing circumstances and wishes. When treatment has been initiated and more medical information becomes available regarding diagnosis, prognosis, and potential outcomes, the patient's goals and preferences may change.

Implementing a POLST Model

The Patient Discussion

Advance care planning is an important means of promoting respect for self-determination and in improving end-of-life care. The POLST discussion is critical in this process for appropriate patients who would benefit from a POLST form (see page 3). The literature suggests that patients often wait for their health care professionals and providers to broach the topic. Even though multiple educational resources exist for advance care planning facilitation, many health care professionals and other care providers feel that they do not have the time or the skills to facilitate advance care planning/POLST discussions.

Ideally, the POLST form should be completed following discussion with the patient based on the patient's overall condition and treatment preferences. When acceptable to the patient, someone close to them should be encouraged to participate with them and a health care professional/provider in a discussion about the POLST form. Where the patient lacks decisional capacity, the discussion should occur with the patient's appropriate legal representative.

The POLST discussion may be facilitated by health care professionals/providers who have knowledge of end-of-life care issues and have been trained to conduct these conversations. In addition to physicians, advanced practice registered nurses and physician assistants, these may include nurses, social workers, chaplains, care managers, and ethicists. The same professional staff may also assist the patient or legal representative with the completion of the form; however, the form must be signed by a qualified health care practitioner.

When a Patient is Determined by a Physician to Lack Decisional Capacity to Complete a POLST

For a legal representative to be authorized to act on behalf of a non-decisional patient, a physician must determine, based on medical judgment, that the patient lacks decisional capacity. Illinois law defines "Decisional capacity" to mean "the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment and the ability to reach and communicate an informed decision in the matter as determined by the attending physician." (755 ILCS 40/10)

If the patient is determined by the physician to lack decisional capacity, the discussion should then involve the appropriate legal representative, who may include:

- The agent appointed by the Power of Attorney for Health Care, or (if there is no Power of Attorney, or the Power of Attorney agent is unavailable);

- The Surrogate, in hierarchical order, under the Illinois Healthcare Surrogate Act:
 - The patient’s guardian of the person
 - The patient’s spouse or partner of a registered civil union
 - Adult son or daughter of the patient
 - Either parent of the patient
 - Adult brother or sister of the patient
 - Adult grandchild of the patient
 - A close friend of the patient
 - The patient’s guardian of the estate

The Illinois Health Care Surrogate Act goes on to specify:

“Where there are multiple surrogate decision makers at the same priority level in the hierarchy, it shall be the responsibility of those surrogates to make reasonable efforts to reach a consensus as to their decision on behalf of the patient regarding the forgoing of life-sustaining treatment. If 2 or more surrogates who are in the same category and have equal priority indicate to the attending physician that they disagree about the health care matter at issue, a majority of the available persons in that category (or the parent with custodial rights) shall control, unless the minority (or the parent without custodial rights) initiates guardianship proceedings in accordance with the Probate Act of 1975. No health care provider or other person is required to seek appointment of a guardian.”
(755 ILCS 40/25(a))

If the patient has appointed an agent under the Power of Attorney for Health Care, the agent can make the same decisions regarding medical treatment as the patient could when they were decisionally capable. The POAHC agent is expected to make decisions that the patient would have made for themselves.

When the discussion and form are completed by a legal representative, it should be reviewed with a patient who has subsequently regained decisional capacity to ensure that the patient agrees to the orders.

Changes in Illinois law effective January 1, 2022, establish that legal representatives authorized under the Illinois Health Care Surrogate Act are restricted from withholding/withdrawing life-sustaining treatment unless one physician and one additional qualified health care practitioner have examined the patient and documented in the medical record that the patient lacks decisional capacity and has a “qualifying condition”. Other provisions of the Healthcare Surrogate Act also apply.

According to the Surrogate Act, a qualifying condition is: a terminal condition, permanent unconsciousness, or an incurable or irreversible condition that will ultimately cause the patient’s death despite life-sustaining treatment and such treatment imposes an inhumane or overwhelming burden. This restriction does not apply to agents under the Power of Attorney for Health Care.

When a Substitute Decision-Maker Considers Changes to an Existing IDPH POLST Form Previously Completed by a Decisional Patient

When a decisional patient completes a POLST form and subsequently becomes non-decisional, circumstances may arise that call for a reconsideration of the choices reflected on the form.

The patient's substitute decision-maker is responsible to update POLST instructions so that they are consistent with their understanding of the patient's preferences as the patient's health status changes. Extreme care should be exercised if a substitute decision-maker wishes to **reverse the direction of care** previously established by the patient.

A POAHC may make new decisions, but generally should be discouraged from overturning decisions already made by the patient unless there is evidence that the patient had faulty information, misunderstood the information given, or would have changed decisions based on current developments in their medical condition.

When a legal representative authorized under the IL Health Care Surrogate Act wishes to overturn a POLST form executed by the patient, special precautions should be taken. In accordance with legislative changes effective January 1, 2022, 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: (1) engage in consultation with a qualified health care practitioner; (2) consult the patient's advance directive, if available; and (3) 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.

IDPH POLST Form Transmission and Storage

In institutional settings, the POLST form should be easily accessible in the clinical record. It is important that institutions create policies to ensure easy access to the form in an emergency and protocols for transferring the form with the patient.

In the individual's home or residential facility, it is recommended that the form be kept in a readily available place known by caregivers and/or family members, such as a refrigerator or bedroom door. Some states recommend placing the POLST form in a brightly colored envelope on the refrigerator or on the inside of the front door. The color enhances visibility, while the envelope protects privacy.

It is recommended that the POLST form be on bright pink paper for easy identification, but the document on white or any color paper is recognized as valid. Electronic, photocopies and fax copies of the completed form are valid.

Identification of Existing IDPH POLST Forms/Prior Form Versions

A completed previous version of the IDPH form (labelled “IDPH Uniform DNR/POLST form”, “IDPH Uniform DNR form”, “IDPH Uniform DNR Advance Directive” or “IDPH Uniform DNR form”) remains valid unless replaced by a new completed form. The most recent version is honored.

When the older version of the form is signed by a patient who subsequently loses and is not expected to regain decisional capacity, any new form should capture the patient’s instructions as closely as possible.

POLST Use for Patients Near the End of Life with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Conditions

Special consideration is required when completing a POLST form for a patient with significant physical disabilities, developmental disabilities, and/or significant mental health condition(s). These patients have the right to the highest quality of care for their chronic disability and/or conditions at the end of their life.

Unfortunately, many patients with disabilities experience bias resulting in under-treatment and/or have their chronic health conditions mistaken for illnesses as they near the end of life. The challenge to the health care professional and provider is to discern when such a patient is transitioning from a stable chronic disability or condition to a terminal illness or situation. The POLST form should not be used solely because a patient has a disability, chronic health conditions or mental illness.

Evaluation of Condition, Capacity and Identifying Appropriate Decision-Maker

To ensure appropriate decisions are being made by or on behalf of every patient, a health care practitioner should:

- 1) Determine if the patient has a condition or status that warrants POLST form completion;
- 2) Determine if the patient has the capacity to contribute to their health care decisions; and
- 3) If the patient lacks decisional capacity, then determine the appropriate legal representative. It should not be assumed that a patient lacks capacity solely because they have a cognitive or psychiatric disability.

Assessment Process

1. Determine if the patient has a condition that warrants form completion.

An IDPH POLST form should be completed on the basis of a deteriorating, irreversible health condition. Health care professionals and providers can use several questions to determine if the form may be warranted:

- Does the patient have a disease process (not just their stable disability) that is terminal;

- Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias);
- Is the patient in a palliative care or hospice program; and/or
- Has this patient's level of functioning become more severely impaired as a result of a deteriorating health condition when intervention will not significantly affect the process of decline?

It is important to be mindful that it is for individuals or their legal representatives (where appropriate) to make quality of life determinations.

2. Determine if the patient has the capacity to make or contribute to their health care decisions.

A patient has decisional capacity if they understand basic information; appreciate the consequences of a decision; evaluate the information rationally; and can communicate a decision.

People with disabilities mirror the general population in that they have a wide range of abilities. Some people can make simple health care decisions, some can make complex ones. Many have the capacity to appoint a health care agent. All patients should be given the opportunity to participate in their decision-making to the full extent that their capacity will allow. Individuals should either appoint a health care agent or provide input regarding who should be appointed. Patients should be asked to provide input regarding their health care as much as possible.

Even when individuals have lost some of their capacity to make their own decisions, they may still express fears or other wishes that should continue to be respected during the decision-making process. To the greatest degree possible, patients should be involved in their health care decisions.

For those individuals who have never had decisional capacity, the process can be challenging. Family members, friends and staff working with the individual usually can assist in determining the patient's likes and dislikes, and they can help develop a plan that protects the individual's rights, best interests, and personal preferences.

3. Determine the appropriate substitute decision-maker.

The approach to identifying the appropriate substitute decision-maker for a patient who lacks decisional capacity is described on page 19-20.

Additional Considerations

Using the IDPH POLST Form with Children

The form can be used to clarify treatment orders for children with advanced or serious illnesses. For a child, either custodial parent or a guardian has the authority and responsibility to consent or refuse consent to health care for minors who are unable to consent for themselves. Since arrests in most children are primarily respiratory, a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse, the child should be treated as directed under Section B.

Addressing POLST/Code Status Prior to Surgery or Other Invasive Procedures

Completion of this form requires discussion and consent from the patient or legal representative. Some procedures involve either embedded increased risk for cardiac arrest, procedural sedation, and/or the administration of anesthesia, which itself may involve some practices that could be viewed as “resuscitation” in other settings.

In general, if emergency treatment/DNAR orders are to be revoked or voided for the duration of an invasive procedure, consent is obtained from the patient or legal representative. In advance of the procedure, the health care professional should discuss the patient’s objectives in having that procedure and the appropriateness of the orders in light of the proposed procedure.

If consent is given for the orders to be revised prior to a procedure, the health care professional and the patient/legal representative should determine in advance when and how the orders are to be reinstated after the procedure. The individual(s) performing the procedure should be informed of these plans.

How the POLST form itself is managed during this time is determined by individual organizations and will be based in part on what the patient/legal representative’s wishes are for how the order is to be managed following the procedure.

Glossary

Qualified Health Care Practitioner: As of May 6, 2022, “qualified health care practitioners” authorized to sign the POLST medical orders includes: 1) physicians, advanced practice nurses, physician assistants, or licensed residents after completion of one year in a program, who are licensed in Illinois or in the state where the patient is being treated; and who (2) is selected by or assigned to the patient; and (3) has primary responsibility for treatment and care of the patient.

Decisional Capacity: The ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment coupled with the ability to reach and communicate an informed decision. An individual who lacks this capacity is sometimes called “non-decisional” or “incapacitated.”

IDPH Uniform POLST Form: This document is designed to help primary care and other physicians, health care professionals, long-term care facilities, hospitals, hospices, home health agencies, and emergency medical services know and honor a patient’s wishes regarding the use of life-sustaining treatments. In Illinois, POLST stands for Practitioner Orders for Life-Sustaining Treatment. This form is a signed medical order for documenting the life-sustaining treatment wishes of seriously ill patients.

Illinois Health Care Surrogate Act: The Illinois law that assists health care professionals and institutional providers in identifying, by defined hierarchy, the appropriate person to make decisions on behalf of a non-decisional patient who has not completed a Power of Attorney for Health Care document. For details see here: <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2111>

Power of Attorney for Health Care (POAHC): The Illinois legal document that allows individuals to:

- Appoint a proxy decision-maker, known as an agent/representative, to make health care decisions if an individual becomes unable to communicate for themselves; and
- Provide a general, non-binding statement of preferences for end-of-life care to serve as guidance for the agent.

For details see here:

<https://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=075500450HArt%2E+IV&ActID=2113&ChapterID=60&SeqStart=2600000&SeqEnd=-1>

Legal Representative: The individual identified as the appropriate person to make decisions on behalf of a non-decisional patient. The legal representative may be a legal

guardian of person, agent under power of attorney for health care, or surrogate under the Illinois Health Care Surrogate Act. This person serves as the “legal representative” in completion of a POLST form when the patient is non-decisional.

Substitute Decision-Maker: For the purpose of this document, this is a generic term that refers to the individual who is making medical decisions on behalf of a patient who has been determined to be non-decisional. When completing the POLST form, the appropriate substitute decision-maker is the patient’s “legal representative” as defined above.

POLST FORM – FRONT

■ 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 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.

PATIENT INFORMATION. For patients: Use of this form is completely voluntary.		
Patient Last Name	Patient First Name	MI
Date of Birth (mm/dd/yyyy)	Address (street/city/state/ZIP code)	
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).
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. Utilize intubation, mechanical ventilation, cardioversion, and all other treatments as indicated.	
	<input type="checkbox"/> 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.	
	<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.	
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.]	
D Section may be Left Blank	ORDERS FOR MEDICALLY ADMINISTERED NUTRITION. 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.	
E Required	Signature of Patient or Legal Representative. (eSigned 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.	
	<input checked="" type="checkbox"/>	
	Relationship of Signee 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 type="checkbox"/> Parent of minor	
F Required	Qualified Health Care Practitioner. 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 (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.	
	<input checked="" type="checkbox"/>	Date (required)

POLST FORM – BACK

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

THIS PAGE IS OPTIONAL – use for informational purposes		
Patient Last Name	Patient First Name	MI
<p><i>Use of the Illinois Department of Public Health (IDPH) Practitioner Orders for Life-Sustaining Treatment (POLST) Form is always voluntary. This order records a patient's wishes for medical treatment in their current state of health. The patient or patient representative and a health care provider should reassess and discuss interventions regularly to ensure treatments are meeting patient's care goals. This form can be changed to reflect new wishes at any time.</i></p> <p><i>No form can address all the medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows a person to document, in detail, future health care instructions and name a Legal Representative to speak on their behalf if they are unable to speak for themselves.</i></p>		
Advance Directives available for patient at time of this form completion		
<input type="checkbox"/> Power of Attorney for Health Care	<input type="checkbox"/> Living Will Declaration	<input type="checkbox"/> Declaration for Mental Health Treatment
<input type="checkbox"/> None Available		
Health Care Professional Information		
Preparer Name	Phone Number	
Preparer Title	Date Prepared	

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

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For more information, visit the IDPH Statement of Illinois law at <http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives>

**HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996)
PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT**

For more information on POLST, go to:

[Advance Directives \(illinois.gov\)](https://www.illinois.gov)
[POLST for Health Care Professionals - POLST](#)
[Home - POLST \(polstil.org\)](https://www.polstil.org)

You can also reach POLST Illinois by email at POLSTIllinois@gmail.com

January 2023

