

Frequently Asked Questions for Individuals and Caregivers

1. What does POLST stand for?

POLST stands for "Practitioner Orders for Life-Sustaining Treatment."

2. What is the POLST Program?

POLST is a program you and your health care provider can choose to use to make sure your treatment wishes are followed in a serious medical emergency or at the end of your life.

3. What information is included on the POLST form?

Some of the decisions that can be found on the POLST form are:

- If your heart and breathing stop, would you want the emergency team to try to start them again (this is called CPR - cardiopulmonary resuscitation)?
- Would you want to be put on a machine (called a ventilator) to help you with breathing if you could not breath on your own?
- Would you want to be fed through a tube if you could no longer eat?

4. Is POLST required by law?

Filling out a POLST form is your choice. In Illinois, healthcare providers must do what a POLST form says by law. If you do not have a POLST form, the emergency team will try to keep you alive with all treatments available.

5. Who should have a POLST form?

The POLST form is recommended for:

- A patient who is very sick or frail, and may not live more than a year
- Someone living with dementia who may lose the ability to make his/her own decisions

6. Does the POLST form replace a Healthcare Power of Attorney or Living Will?

No. The POLST form does not replace a Power of Attorney form or any other legal document such as a Living Will. Experts recommend that all adults should name someone to make healthcare decisions for them by using a Healthcare Power of Attorney form.

7. How do I fill out a POLST form?

A POLST form is filled out only after talking with your doctor or another healthcare professional about your medical condition and potential problems that may happen to you. First, you will talk about your health and what is important to you. Then you will talk about the choices you have if there is an emergency, and you can't make your own decisions. Finally, your treatment wishes will be put on the form, which must then be signed by your doctor, nurse practitioner or physician assistant.

8. What should be done with the form after it is completed and signed?

The original POLST form **always stays with you**. If you move to another place (such as from a hospital to a nursing home), the original POLST form goes with you. Someone close to you can also keep a picture of your POLST form on their phone.

9. Can I change my POLST form once it is completed?

Yes. If you decide to change your POLST form, write "VOID" on the front side of the form. Then, you can complete a new form with your healthcare provider showing your changes. The form with the most recent date will be followed.

10. Does the POLST form expire?

No. However, it is recommended that you review it often, especially if there is a change in your health, you change your mind on what treatments you want or do not want, or you are moved from one care setting to another.

11. Who needs to see my POLST form?

Anyone who is taking care of your health care needs should be sent or given a copy of your POLST form. The doctor, PA or APN who signs your POLST form should keep a copy in your medical record, but make sure you also give a copy to your other health care providers, like your primary care provider or a specialist. The POLST form is portable, so it needs to go with you when you go to an emergency department, an outpatient surgery center, or the hospital. Someone close to you should also keep a copy as a picture on their smart phone.

It is also a good idea to make sure your family knows you have a POLST form. Sometimes family members have their own ideas about what types of treatment their loved ones would want. POLST makes sure that your family members, caregivers, and healthcare workers know exactly what treatments you do and do not want. No one must guess or argue.

12. What happens if I do not have a POLST form?

Emergency medical workers are required to do everything to keep you alive if a POLST form is not available. A POLST form helps healthcare workers and your loved ones know what treatments you would and would not want.

13. If I become too sick to complete a POLST form, can someone who knows me well complete a POLST form for me?

Ideally, your health care provider wants to know your wishes by speaking directly to you, so it is a good idea to talk to your doctor, nurse practitioner or physician assistant while you can. If something happens to you and you are unconscious, in a coma, or unable to communicate, the POLST form can be completed by the individual you trust to make medical decisions for you-- such as your *healthcare agent* (person you named on a healthcare power of attorney form), or surrogate (legal guardians, parents of a minor, and other decision-makers as defined by the Illinois Healthcare Surrogate Act list in order of priority).

14. Is the POLST form valid in other states?

The Illinois POLST form is valid in Illinois. If you are traveling to another state, it is recommended that you take your healthcare power of attorney form and your POLST form with you. Both documents, even if not legally binding in that state, will help healthcare providers know your wishes.

15. Is the POLST form available in other languages?

Currently, the Illinois POLST form is available in Spanish. Because the healthcare team must take immediate action in an emergency, it is a good idea to also fill out the form in English, even if you already filled a POLST form out in Spanish.