How do I obtain a copy of the POLST?

From your health care provider. If your health care provider is not yet aware of, or needs more information about POLST, please have them contact the Washington State Medical Association at 206.441.9762 or wsma@wsma.org.

Organizations that endorse the use of POLST

- ARNPs United of Washington State
- Association of Washington Public Hospital Districts
- National POLST
- Washington Academy of Physician Assistants
- Washington Health Care Association
- Washington Osteopathic Medical Association
- Washington State Department of Health
- Washington State Hospice & Palliative Care Organization
- Washington State Hospital Association
- Washington State Medical Association
- Washington State Nurses Association

More information about POLST can be found at the Washington State Medical Association website at wsma.org/polst.

WSMA Washington State Medical Association
Physician Driven, Patient Focused

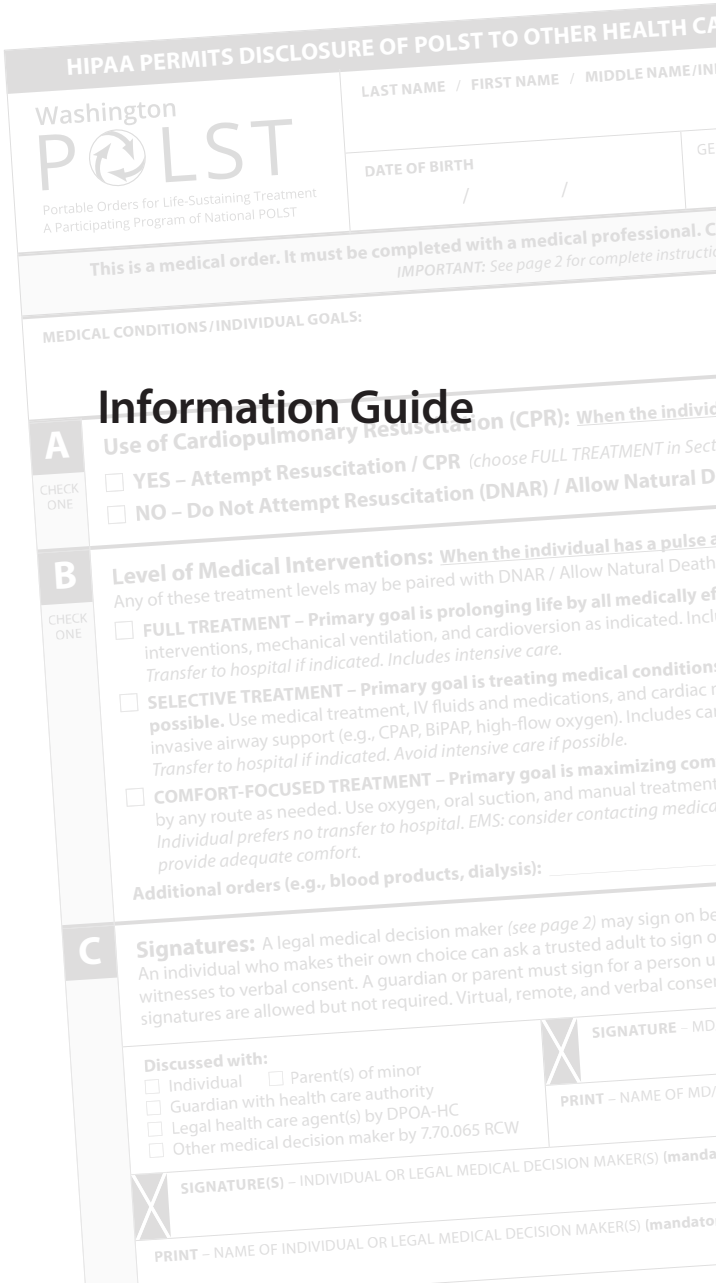
2001 6th Avenue, Suite 2700
Seattle, WA 98121
206.441.9762

Washington State Department of Health

Office of Community Health Systems
Emergency Medical Services & Trauma Section
P.O. Box 47853
Olympia, WA 98504-7853
360.236.2841 or 1.800.458.5281

Washington POLST

Portable Orders for Life-Sustaining Treatment



Information Guide

If you have a serious health condition, you should consider making decisions about life-sustaining treatment before you have a medical emergency. Your health care provider can use the POLST to represent your wishes as clear and specific medical orders.

Your health care provider may use the POLST to write orders that indicate what types of life-sustaining treatment you want or do not want if you have a medical emergency and cannot speak for yourself.

The POLST will reflect your decisions about life-saving measures, such as CPR, and the care you want based on your medical conditions. The POLST can also reflect your preferences for other treatments, such as artificial nutrition.

The POLST is voluntary and is intended to:

- Help you and your health care provider discuss your condition, as well as develop plans to reflect your goals, values, and preferences.
- Direct appropriate treatment by emergency medical services personnel.
- Assist health care providers, nurses, health care facilities, and emergency personnel in honoring your wishes for life-sustaining treatment.

Frequently asked questions regarding the POLST

Does the POLST need to be signed?

Yes. Both the clinician—either a physician (MD, DO), a nurse practitioner (ARNP), or a certified physician assistant (PA-C)—and you must sign the form for it to be a valid medical order that is understood and followed by other health care professionals. If you are unable to sign, your legal medical decision-maker can sign a POLST on your behalf.

Is POLST required by law?

No. Completing a POLST should always be voluntary.

If I have a POLST do I need an advance directive too?

If you have a signed POLST, it is recommended that you also have an advance directive, though it is not required. For more information about advance directives, talk with your health care provider or visit: honoringchoicespnw.org.

What if I can no longer communicate my wishes for care?

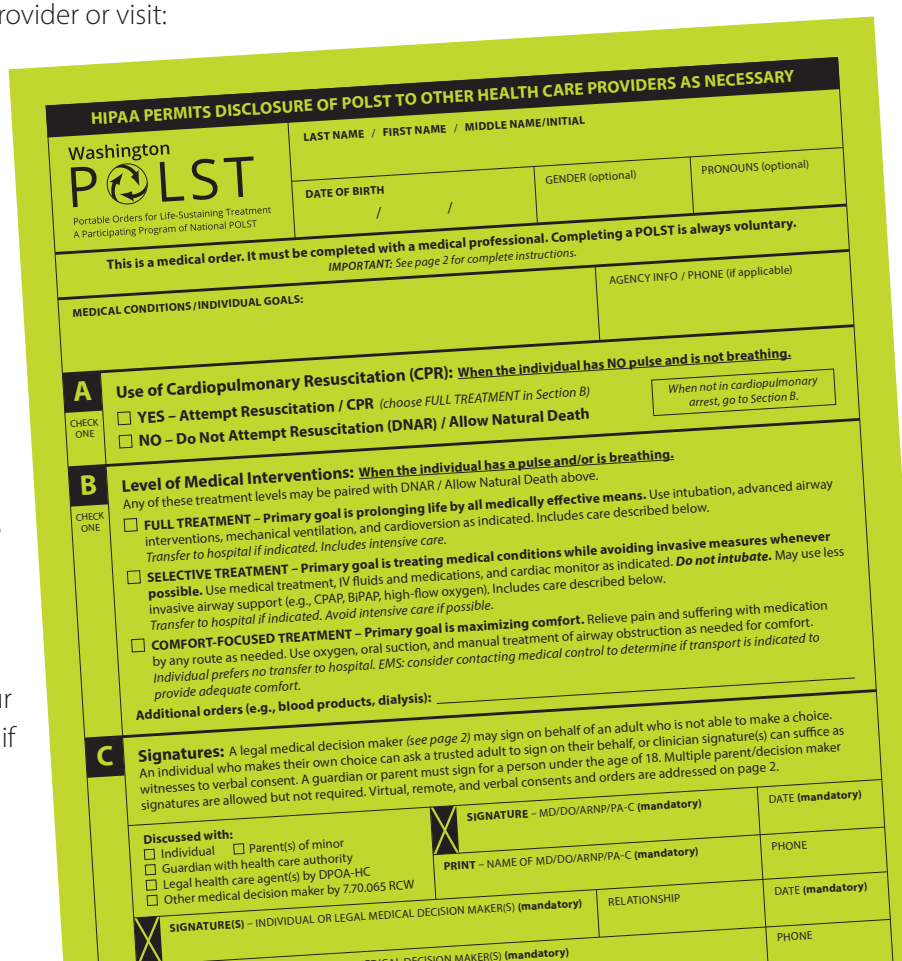
A legal medical decision-maker can speak on your behalf if you can no longer make your own decisions. With your health care provider, a legal medical decision-maker can complete the POLST on your behalf, based on their understanding of your wishes.

In what setting is the POLST used?

The completed POLST is a portable medical order form that remains with you if you are transported between care settings. It can be honored in your home, in long-term care facilities, and if you are admitted to a hospital.

Where is the POLST kept?

If you live at home, you should keep the original bright green POLST in a prominent location (e.g., on the front of the refrigerator, on the back of the bedroom door, on a bedside table, in your medicine cabinet). Your POLST should also be kept in your medical chart along with other medical orders. Your legal medical decision-maker(s) should have a copy as well. Digital copies (e.g., pictures of POLST) are valid. You and your health care agent can keep a picture of the POLST in your phone.



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Washington POLST
Portable Orders for Life-Sustaining Treatment
A Participating Program of National POLST

LAST NAME / FIRST NAME / MIDDLE NAME/INITIAL

DATE OF BIRTH / / | GENDER (optional) | PRONOUNS (optional)

This is a medical order. It must be completed with a medical professional. Completing a POLST is always voluntary.
IMPORTANT: See page 2 for complete instructions.

MEDICAL CONDITIONS / INDIVIDUAL GOALS:

AGENCY INFO / PHONE (if applicable)

A CHECK ONE — **Use of Cardiopulmonary Resuscitation (CPR):** When the individual has NO pulse and is not breathing.
☐ YES – Attempt Resuscitation / CPR *(choose FULL TREATMENT in Section B)*
☐ NO – Do Not Attempt Resuscitation (DNAR) / Allow Natural Death
When not in cardiopulmonary arrest, go to Section B.

B CHECK ONE — **Level of Medical Interventions:** When the individual has a pulse and/or is breathing.
Any of these treatment levels may be paired with DNAR / Allow Natural Death above.
☐ **FULL TREATMENT – Primary goal is prolonging life by all medically effective means.** Use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. Includes care described below.
Transfer to hospital if indicated. Includes intensive care.
☐ **SELECTIVE TREATMENT – Primary goal is treating medical conditions while avoiding invasive measures whenever possible.** Use medical treatment, IV fluids and medications, and cardiac monitor as indicated. ***Do not intubate.*** May use less invasive airway support (e.g., CPAP, BiPAP, high-flow oxygen). Includes care described below.
Transfer to hospital if indicated. Avoid intensive care if possible.
☐ **COMFORT-FOCUSED TREATMENT – Primary goal is maximizing comfort.** Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction, and manual treatment of airway obstruction as needed for comfort.
Individual prefers no transfer to hospital. EMS: consider contacting medical control to determine if transport is indicated to provide adequate comfort.
Additional orders (e.g., blood products, dialysis): _____

C **Signatures:** A legal medical decision maker *(see page 2)* may sign on behalf of an adult who is not able to make a choice. An individual who makes their own choice can ask a trusted adult to sign on their behalf, or clinician signature(s) can suffice as witnesses to verbal consent. A guardian or parent must sign for a person under the age of 18. Multiple parent/decision maker signatures are allowed but not required. Virtual, remote, and verbal consents and orders are addressed on page 2.

Discussed with:
☐ Individual ☐ Parent(s) of minor
☐ Guardian with health care authority
☐ Legal health care agent(s) by DPOA-HC
☐ Other medical decision maker by 7.70.065 RCW

X **SIGNATURE** – MD/DO/ARNP/PA-C **(mandatory)** | DATE **(mandatory)**
PRINT – NAME OF MD/DO/ARNP/PA-C **(mandatory)** | PHONE
X **SIGNATURE(S)** – INDIVIDUAL OR LEGAL MEDICAL DECISION MAKER(S) **(mandatory)** | RELATIONSHIP | DATE **(mandatory)**
PHONE