

Revisions to POLST form

December 2008

Location on form	Revisions
Form header	<p>Add the word ‘current’ so it reads ‘...based on the person’s current medical condition and wishes.’</p> <p>Add DOB/Last 4 SSN/Gender fields (see newly revised Oregon POLST form)</p>
Section B	<p>Corresponding to the Comfort Measures Only option, add the words ‘to provide adequate comfort’ so it reads ‘EMS contact medical control to determine if transport indicated to provide adequate comfort.’</p> <p>Corresponding to the Limited Additional Interventions option, delete the words ‘advanced airway interventions’</p> <p>Corresponding to the Limited Additional Interventions option, add the sentence ‘May use less invasive airway support (e.g. CPAP, BiPAP) before the sentence beginning ‘Transfer to hospital...’</p>
Section E	Change to read ‘Section F’
New section	<p>Add a new ‘Section E’ after current Section D</p> <p>Title new Section E ‘Medical Condition/Goals:’ After colon, leave blank.</p>
Section F (new)	<p>Delete current title ‘Summary of Goals and Signatures’</p> <p>Change to read: ‘Signatures: The signatures below verify that these orders are consistent with the patient’s medical condition, known preferences and best known information:’</p> <p>(Add the following check boxes:)</p> <p>Patient Parent of Minor Health Care Agent (DPOAHC) Legal Guardian Spouse/Other (specify) _____</p>

	<p>On patient signature line, delete the word ‘Resident’ and ‘for Health Care’”</p>
<p>Other Contact Information</p>	<p>Add a third row to this section, beneath the second row.</p> <p>Third row should contain the following:</p> <p>‘Person has:’</p> <p>Then three check boxes, one for each of the following: Health care directive (living will) DPOAH Living will registry</p> <p>Then the text: ‘Encourage all advance care planning documents to accompany POLST.’</p>
<p>Directions for Health Care Professionals (back of form)</p>	<p>For the sections titled ‘Completing POLST’ and ‘Using POLST’, replace with the Oregon versions (see newly revised Oregon form).</p> <p>Under ‘Completing POLST’ (from the Oregon form), add the words ‘and medical indications’ so that it reads ‘Should reflect person’s current preferences and medical indications.’</p> <p>Under ‘Reviewing POLST,’ delete the words ‘and a new POLST completed if necessary when’ and replace with the word ‘whenever’ so that it reads ‘This POLST should be reviewed periodically whenever:’</p> <p>Under ‘Reviewing POLST,’ after the sentence beginning ‘To void this form...’ add the sentence ‘Any changes require a new POLST.’</p>