Advanced Directives POLST

Section A	**Cardiopulmonary Resuscitation - Unresponsive, pulseless, not breathing**
	☐ Attempt CPR/Resuscitation (Selection of this option includes Full Treatment in Section B) ☐ Do not attempt CPR/Resuscitation (DNR)
Section B Please check One	**Medical Interventions- Patient has a pulse and is breathing**
	☐ **Comfort Measures Only** Provide treatments to relieve pain through the use of the following interventions (please check those measures to be included) ☐ Pain Medications by SL, SQ, PO, Topical, Buccal, Rectal routes ☐ Positioning ☐ Wound Care ☐ Oxygen ☐ Suction ☐ Manual treatment of airway obstruction (oral, nasopharyngeal airway insertion) ☐ Antibiotics (IM, Oral, Topical) ☐ Do Not Hospitalize **Treatment plan: Provide treatments for symptom management. Do Not Hospitalize** ☐ **Limited Treatment** In addition to care described in Comfort Measures Only, use the following interventions (please check those measures to be included) ☐ Antibiotics (IV, IM, Oral, Topical) ☐ Pain medications by IM, IV(and all above) ☐ IV Fluids ☐ Non Invasive Airway support (BiPAP, CPAP, O2 per NC) ☐ No intubation or mechanical ventilation ☐ Transfer to hospital if indicated **Treatment plan: Provide basic medical treatments. Do Not Intubate** ☐ **Full Treatment** In addition to care described in Comfort Measures Only and Limited Treatment, use the following interventions (please check measures to be included) ☐ Intubation ☐ Mechanical Ventilation ☐ Transfer to Hospital and ICU if indicated **Treatment Plan: Provide all treatments including advanced airway, breathing machine, vasopressor and invasive support as needed at higher level of care setting**
Section C Please check One	**Artificial Administered Nutrition**
	☐ Long term artificial feeding by tube ☐ Defined trial period of artificial feeding by tube _____ days ☐ No artificial feeding/nutrition by tube
Additional Treatment Orders	☐ Hemo/Peritoneal Dialysis ☐ Chemotherapy/Radiation Therapy ☐ _____

Patient/Surrogate Signature _____ Date _____

Health Care Provider Signature _____ Date _____

Additional Instructions for Completion

The POLST form is a living document that allows you to document your wishes prior to a life changing event. This document can be revoked or changed at any time by the patient or MPOA with the support of your medical provider.

Section A

This section only applies when the patient is unresponsive, is pulseless, and is not breathing. If the CPR box is checked, and full CPR measures should be carried out and 9-1-1 activated.
If the patient or patient's surrogate selects Attempt CPR/Resuscitation in Section A, Full treatment is required in Section B unless otherwise documented in detail (do not intubate, do not hospitalize, etc).

Section B

Care will be provided regardless of the choice selected in Section A. This section provides guidance in care provided when CPR is not required but the patient still has a medical emergency. This section lets healthcare providers and emergency personnel know what treatments the patient wants to have.

Comfort Measures Only/Allow Natural Death
The goal of this level of care is to maximize comfort through symptom management and implemented when the treatment goal is to maximize comfort and avoid undesired interventions.

Limited Treatment/Select Treatment
The goal of this level of care is to provide basic medical treatments as needed. Hospitalization may be included in this treatment plan if needed consistent with the plan to obtain treatments for reversible conditions or exacerbations of underlying disease to restore the patient to his/her current state of health. This level of treatment makes an attempt to avoid admission to the ICU and mechanical ventilation.

Full treatment
The goal of this level of care is to provide all treatments necessary (and medically appropriate) to keep the patient alive. This plan will include all life-sustaining treatments including intubation, mechanical ventilation, cardioversion, transfer to hospital with admission to the intensive care unit as indicated and no limitation in treatment.

Section C

Fluids and Nutrition will be provided in all circumstances when medically appropriate, and as indicated.

Additional Treatment Orders

This section provides additional options for continuing current treatments to manage existing chronic conditions/illness. This form is not for the documentation of the initiation of these additional treatments for acute conditions.