

Summary of Changes to the POLST Form—November 2004

Note: the Oregon POLST form (2004v13) was used as the basis for the following revisions. To view the Oregon form, go to <http://www.ohsu.edu/ethics/polst/docs/sample.pdf>

<u>Front side</u>	
SECTION	CHANGE
Top of form	<ul style="list-style-type: none"> • Include HIPAA section. • Bold the words ‘first’ and ‘then’ in first sentence of opening instructions. • Spell out NP – nurse practitioner • Add PA-C.
Section A Cardiopulmonary Resuscitation	<ul style="list-style-type: none"> • Put CPR/DNR acronyms first • Add ‘Allow Natural Death’ next to Do Not Attempt Resuscitation • In the parens (DNR/no CPR) replace with ‘allow natural death’
Section B Medical Interventions	<ul style="list-style-type: none"> • Add the word ‘oral’ before ‘suction’ as a qualifier. • Replace the line beginning with ‘Do not transfer’ with ‘Patient prefers no transfer: EMS contact medical control to determine if needed for comfort.’ • After ‘Additional Orders:’ add ‘(e.g. dialysis, etc.)’
Section C Antibiotics	<ul style="list-style-type: none"> • To second line add ‘with comfort as goal’
Section D Artificially Administered Nutrition	<ul style="list-style-type: none"> • In second option, delete ‘defined’, add ‘(Goal: _____)’
Section E Summary of Medical Condition and Signatures	<ul style="list-style-type: none"> • Delete ‘Medical Condition and Signatures’ from section title and replace with ‘Goals.’ • Include Durable Power of Attorney for Health Care as choice under “Discussed with:” • Delete ‘Medical Condition’ in second box, top right, and replace with the text from the original Washington POLST form that read ‘The basis for these orders is:....’ • Delete ‘Office Use Only’ box. • Replace bottom two rows with original Washington form’s signature boxes, include ARNP and PA-C.
Bottom of form	<ul style="list-style-type: none"> • Add the following sentence: “Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid.”

Back side

CHANGE

- Include HIPAA section
- Eliminate top section titled “Signature of Person, Parent of Minor,…”
- In Contact Information section, replace “Surrogate” with “Name of Guardian, Surrogate or other Contact Person”

In ‘Directions for Health Care Professionals’ section...

- In second bullet item under ‘Completing POLST’, include PA-C
- In seventh bullet item under ‘Using POLST’, include the word ‘may’
- In eighth bullet item under ‘Using POLST’, include the parens (if patient lacks capacity)

In ‘Reviewing POLST’ section...

- In first sentence add ‘and a new POLST completed if necessary when:’

- Reinstate the ‘Review of this POLST form’ section from original Washington version.