

**UPMC ST. MARGARET**  
**UPMC ST. MARGARET HARMAR OUTPATIENT CENTER**  
**Pittsburgh, Pennsylvania**  
**ADMINISTRATIVE POLICY MANUAL**

---

Subject: <b>POLST</b>	Policy No. <b>25-70</b>
<b>(Physician Orders for Life-</b>	Effective Date: <b>August 1, 2011</b>
<b>Sustaining Treatment)</b>	Reviewed/Revised: <b>3/08; 3/09</b>
File: <b>Patient Issues – 25</b>	Reviewed/Revised: <b>3/10; 7/11</b>

---

**POLICY**

A Physician Order for Life Sustaining Treatment (POLST) will be completed and provided for all patients transitioning to a skilled nursing facility.

**PROCEDURE**

The POLST form provides documentation of a patient's individual preferences toward life-sustaining treatment. Upon determination of transition of a patient to a skilled nursing facility:

1. The attending physician, resident or nurse practitioner will discuss options for life-sustaining treatment with the patient or decision maker.
2. The attending physician designee will complete and sign the POLST form
3. The patient or decision maker signature will be obtained on the POLST form following discussion by the physician.
4. The Health Unit Coordinator will make a copy of the completed POLST form.
5. The COPY of the POLST form will be retained for the acute care facility medical record and the original will accompany the patient upon transfer to the skilled nursing facility.
6. The original copy of the POLST should accompany the patient when they are transferred back to the Emergency Department, the medical unit or outpatient services at UPMC St. Margaret. A copy will remain at the skilled facility.
7. For patients who are admitted to UPMC St. Margaret, a POLST form that has been signed by a licensed physician or nurse practitioner, even if that physician or nurse practitioner is not on staff at this facility, will be accepted as a determination of the patient's individual preferences.
8. Upon receipt of a POLST form, the information on the form will be verified with the patient or responsible party to make sure it reflects their current care wishes.
  - a. If a patient's treatment preferences have changed, the physician will draw a line through sections A – E on the existing POLST form and write "VOID" in

large letters and date & sign the form. A new form should be completed at this time.

- b. If a patient's treatment preferences have not changed, the existing POLST form will be placed on the patient's chart and followed when providing treatment and care.
9. The POLST form should be reviewed if (1) the patient is transferred from one care setting or care level to another, (2) there is a substantial change in patient health status, or (3) the patient's treatment preferences change.

Reference:

Joint Commission Standard as found in the Accreditation Manual

**The Joint Commission. (2011). RI 01.05.01**, The hospital has written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services, in accordance with law and regulation. **The Joint Commission. Hospital Standards Manual 2011 E-dition.**

<http://smhiswebprd001.stmarg.upmc.edu/JCRAMP/Frame.aspx>

---

Teresa Petrick, President

Date: \_\_\_\_\_