



Washington State Medical Association

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## Physician Orders for Life-Sustaining Treatment POLST Form

The Physician Orders for Life-Sustaining Treatment (POLST) form should be completed by the attending physician after discussion with patient/resident or surrogate decision-maker regarding patient preferences. The document may be completed by other health care professionals under the direction of the attending physician. The attending physician **must** sign the form and assume full responsibility for its accuracy.

### What is the POLST form?

It represents a way of summarizing wishes of an individual regarding life-sustaining treatment. These wishes may have already been expressed in another document, such as a Healthcare Directive or Durable Power of Attorney for Health care.

The form accomplishes two major purposes:

- It is portable from one care setting to another.
- It translates wishes of an individual into actual physician orders.

### Why is another form necessary?

The POLST form takes the previously expressed wishes of an individual and translate them into a set of physician orders for medical treatment that should be followed by health care providers in a variety of care settings. These include the site of an emergency, an emergency room, an acute care hospital, or a long-term facility. Moreover, the form represents a means of transferring the known wishes of an individual from one care setting to another, using a uniform document in each setting. This form reduces the need for repetitive end-of-life discussions, facilitates the process, and provides security for the individual and physician that the expressed wishes will be carried out. There is no other form that streamlines the process in this way.

### How is the form used?

In a health care facility, the form should be the first document in the clinical record. It should be recognized as a set of physician orders, to be implemented as any physicians orders would. In a non-institutionalized setting (such as a home), the form should be located in a prominent location. It will be recognized by emergency personnel as orders to be followed, in the same way the current EMS/No CPR form is used.

### How is the form transferred from one setting to another?

The original green form must be transferred with the individual to be valid. The institution may wish to keep a duplicated copy in the permanent medical record upon discharge.

### How may a form be obtained?

Additional forms are available by contacting Graham Short at the WSMA Seattle office – 206.441.9762/800.552.0612 or [gfs@wsma.org](mailto:gfs@wsma.org).



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*Physician Orders for Life-Sustaining Treatment*  
**POLST ORDER FORM**



**YES**, please send me the *POLST form*, free of charge: (specify quantity)

**POLST Form** \_\_\_\_\_ (25, 50, 100)

**Brochure** \_\_\_\_\_ (25, 50, 100)

*These are suggested quantities. If you need a specific amount, please write in the desired number.  
Please limit your order to 100 brochures.*

**PLEASE PRINT THE FOLLOWING:**

**Name** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_  
*(No PO Box addresses please)*

\_\_\_\_\_

**Phone** \_\_\_\_\_

Please fax completed form to **Graham Short** at **(206) 441-5863**, or call **(206) 441-9762**, email **gfs@wsma.org**