

**OFFICE BROCHURE  
for**

**Physician Orders for Life-Sustaining Treatment  
(POLST) Form**

**Information for Patients and Family Members**

The POLST form is a new form being introduced in Washington state. The form is intended for any adult, eighteen years of age or older, with serious health conditions or who may expect to receive health care.

If you have a serious health condition, you need to make decisions about life-sustaining treatment. Your physician can use the POLST form to represent your wishes as clear and specific medical orders.

Your physician may use the POLST form to write orders that indicate what types of life-sustaining treatment you want or do not want at the end of life.

The POLST form ask for information about:

- your preferences for resuscitation
- medical conditions
- the use of antibiotics
- artificially administered fluids and nutrition.

The POLST form is voluntary and is intended to:

- help you and your physician discuss and develop plans to reflect your wishes;
- assist physicians, nurses, health care facilities and emergency personnel in honoring your wishes for life-sustaining treatment;
- direct appropriate treatment by Emergency Medical Services personnel.

**Frequently Asked Questions Regarding the POLST form?**

**Does the POLST form need to be signed?**

Yes. A physician must sign the bright green form in order for it to be a physician order that is understood and followed by other health care professionals.

**If I have a POLST form do I need an advanced directive too?**

If you have a signed POLST form, it is recommended that you also have an advanced directive, though it is not required. You may obtain more information about advanced directives from your physician.

### **What if my loved one can no longer communicate his/her wishes for care?**

If you are the designated health care representative, you can speak on behalf of your loved one. A physician can complete the POLST form based on your understanding of your loved one's wishes.

### **In what setting is the POLST form used?**

The completed POLST form is a physician order form that will remain with you if you are transported between care settings, regardless of whether you are in the hospital, at home or in a long-term care facility.

### **Where is my POLST form kept?**

If you live at home you should keep the original bright green POLST form in a prominent location (e.g., on the front of the refrigerator or on the back of the bedroom door, on a bedside table, or in your medicine cabinet). If you live at a long-term facility, your POLST form may be kept in your medical chart along with other medical orders.

### **How can I get a copy of the POLST form?**

From your physician. If your physician is not yet aware of, or needs more information about the POLST form, please have them contact Graham Short at the Washington State Medical Association at (206) 441-9762 or [gfs@wsma.org](mailto:gfs@wsma.org)

### **Organizations that Endorse the Use of the POLST Form**

Association of Washington Public Hospital Districts  
Washington State Department of Health  
Washington State Hospice  
Washington State Hospital Association  
Washington State Medical Association  
Regional Ethics Network of Eastern Washington and Northern Idaho