

2010 Bi-annual final revisions to POLST form
(updated 02/04/2011)

Location on form	Revisions
Form header	<p>Remove the following sentence: “This is a Physician Order Sheet based on the person’s current medical condition and wishes.”</p> <p>Replace with: “The POLST is a set of medical orders intended to guide emergency medical treatment for persons with advanced life limiting illness based on their current medical condition and goals.”</p> <p>Make ‘Name/DOB’ section larger, more attention-grabbing (bolder, larger, darker border?)</p>
New section	<p>Move Section E ‘Medical Condition/Goals:’ under form header, eliminate label, increase width by a third.</p> <p>Increase font-size of ‘Medical Condition/Goals’ heading</p> <p>Enclose entire section in black border.</p> <p>Insert the word ‘Patient’ before ‘Goals’ in section heading</p> <p>Place a new vertical border 2/3 distance from the left border. This will create a new rectangular cell which should be given the header ‘Agency Info/Sticker’</p>
Section A	<p>Change the abbreviation ‘DNR’ to ‘DNAR’</p> <p>Above sentence that starts ‘When not in...’ add the following sentence in bold: “Choosing DNAR will include appropriate comfort measures and may still include the range of treatments below.”</p> <p>In the sentence that starts ‘When not in...’, delete ‘follow orders in B, C and D’ and replace with ‘go to part B.’ Bold this sentence.</p>

Section B	<p>In text after the first checkbox, starting with the sentence ‘Patient prefers...,’ insert the word ‘hospital’ between ‘no’ and ‘transfer’.</p>
Section C & D (New section D on back of form)	<p>Remove, and place on back side of form, above ‘Directions for Health Care Professionals,’ beneath ‘Other Contact Information.’</p> <p>Change to horizontal rows. Add additional row titled ‘Additional Orders (e.g. dialysis, blood products, etc. Attach additional orders if necessary)</p> <p>The (now) three rows should fall under one section heading: “Section D: Additional Patient Preferences (Optional)”. The section header should run horizontally at top of section.</p> <p>Add a signature line for medical professional filling out the form. For this new row, have the physician signature and date line take up the whole row. Place large black ‘X’ at the start of signature line for emphasis.</p> <p>The first section row, titled ‘Antibiotics,’ should contain the same information as the previous form’s section, except the ‘Additional Orders’ can be removed.</p>
New section C	<p>Move Section F ‘Signatures:’ under Section B, and relabel Section C.</p> <p>Where it reads: ‘Signatures: The signatures below verify that these orders are consistent with the patient’s medical condition, known preferences and best known information:’ replace the colon with a period, and add the following sentence: “If signed by surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.”</p> <p>After the signature boxes, add the row near the top of the current back side that states “Person has: ...” In this row, spell out the abbreviation ‘DPOAHC’ (Durable Power of Attorney for Health Care), moving it and the check box to the second line.</p>

	<p>Increase width of the ‘Patient or Legal Surrogate’ signature line (have it stretch to the left stopping at the grey area). Make a bit taller, with a darker border, and include a black, bold ‘X’ on the left hand side of the row, to increase the ease-of-identification. Add the same black, bold ‘X’ to the medical professional signature line.</p> <p>Above Patient/Legal Surrogate Signature row, add a new row with two cells. The first cell should be 4/5ths length of section and have the title “PRINT — Patient or Legal Surrogate Name”. The second cell should be 1/5th length of section and be titled ‘Phone Number.’</p>
<p>Revised border text</p>	<p>Where it reads ‘SEND FORM WITH PERSON...’ on front and back, add the word ‘ORIGINAL’ between ‘SEND’ and ‘FORM’</p> <p>Beneath the black border text on the front, where it reads ‘Use of original form...’, delete the sentence ‘Use of original form is strongly encouraged.’ After the sentence beginning ‘Photocopies and FAXes...’ add the following sentence: “May make copies for records.” Add this line to the back of form as well.</p> <p>On bottom right of form, put the following instruction: “OVER” and include an arrow pointing to the right</p>
<p>On back of form</p>	<p>In the section titled ‘Directions for...’, under ‘Completing POLST,’ delete the bullet starting ‘Use of original form...’ In third bullet point starting ‘POLST must be signed...’ add ‘AR’ to ‘NP’ and ‘-C’ to PA in both instances where the text occurs.</p> <p>Move the sponsor logos and revised date to the front bottom.</p> <p>In the ‘Using POLST’ section, above the bolded text that starts ‘Any incomplete section...’ add the following two paragraphs, in bold: “This POLST is effective across all settings including hospitals until replaced by new physician’s orders.”</p>

	<p>“The health care professional should inquire about other advance directives. In the event of a conflict, the most recently completed form takes precedence.”</p> <p>Under ‘Using POLST’ ‘Section A’, delete the text in parentheses that read ‘(including AEDs)’. Change the remaining text to “No defibrillator should be used on a person who has chosen “Do Not Attempt Resuscitation.”</p> <p>In the ‘Using POLST’ section, under ‘Section D’ move the bullet point starting “A person with capacity...”, and place under the ‘Reviewing POLST’ section, bolded, directly above the line of text starting ‘To void this form...’. Remove bullet.</p>