PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

Name ________________________________

Resuscitation: (patient has no pulse & is not breathing)

☐ Resuscitate  ☐ Do Not Attempt Resuscitation (DNR)

Medical Interventions: (has a pulse and/or is breathing)

☒ Comfort Measures Only  ☐ Limited Interventions
☐ Advanced Interventions  ☐ Full Treatment

Antibiotics:

☒ No antibiotics except as needed for comfort
☐ No IV/IM antibiotics  ☐ Full Treatment

orders continue on the other side
The POLST document and wallet card are completed by the medical provider, who must sign both forms to make the wallet card valid. It is recommended that the completed wallet card be laminated in plastic for durability and to prevent alteration.

An existing card should be destroyed if the POLST document is updated. A new wallet card can be completed to match the new medical orders.

Artificially Administered Fluids and Nutrition:

- [ ] No feeding tube/IV fluids
- [ ] Full treatment
- [ ] No long-term feeding tube/IV fluids

Discussed with:

- [ ] Patient / Resident
- [ ] Spouse
- [ ] Other
- [ ] Agent of DPOA
- [ ] Court-appointed Guardian

I have completed the following forms:

- [ ] Durable Power of Attorney for Healthcare Decisions
- [ ] Court-Appointed Guardian

Physician Signature

PRINT name

Phone

PRINT patient name

Pt / surrogate signature

Date