

**POLST**  
**Physician' Orders for Life Sustaining Treatment**  
**FACTS for Providers**

The physician order for life-sustaining treatment form (POLST) is used only **for patients with a serious illness or medical frailty when a physician would not be surprised if the patient died within one (1) year**. POLST complements an advance directive, if existing, by taking an individual's intentions regarding life-sustaining treatment and converting them into a medical order.

The hallmarks of a "signed" POLST are as follows:

1. Immediately actionable as medical orders on a standardized, conspicuous, clearly identifiable form (pink).
2. Recognized, adopted, and honored across treatment settings.
3. Addressing a range of life-sustaining treatment interventions along with patient's preferred intensity of treatment for each intervention.

The Arkansas Department of Health [prescribes the standardized POLST form](#). **The form must be signed and dated by the patient's physician and by the patient or the legal representative of the patient**. It is highly recommended that POLST is printed on bright pink paper so it is easily distinguishable and facilitates recognition by healthcare providers and healthcare facilities.

A legal representative may sign POLST on behalf of a patient who lacks capacity to do so, guided by the expressed or implied intentions of the patient. If the intentions of the patient are unknown and cannot be reasonably determined, a surrogate may make decisions on their behalf. **The patient and/or legal representative should have easy access to a copy of the signed POLST.**

The healthcare provider and a healthcare facility shall treat a patient in accordance with POLST. **POLST is valid in a healthcare facility, regardless of whether or not the physician who signed the form has clinical privileges at the healthcare facility**. A healthcare provider or facility is not required to comply with a POLST if the POLST requires medically ineffective health care or health care contrary to generally accepted healthcare standards applicable to a healthcare provider or facility. A healthcare provider or facility may decline to comply with an executed POLST based upon religious beliefs or moral convictions.

An executed POLST should be reviewed periodically by the patient's physician. The physician may conduct an evaluation of the patient; and in consultation with the patient or the legal representative of the patient, **issue a new POLST consistent with the patient's current information**. Once a new POLST has been executed, the previous POLST will be nullified. A patient with the capacity to make his or her own healthcare decisions may, at any time, request alternative treatment to the treatment that was ordered on the POLST. The legal representative of the patient who does not have the capacity to make his or her own healthcare decisions shall consult the treating physician of the patient prior to making a request to modify the orders reflected in the patient's POLST.

**POLST is not intended to replace an advance directive**. In executing a POLST, a patient or the legal representative of the patient when applicable, and the physician shall make a good-faith effort to locate and incorporate treatment preferences documented in a previously executed advance directive. In the event of a conflict between a POLST and an advance directive, the document executed most recently shall take precedence regarding the medical decision or treatment. If the patient filled out an advance directive and a surrogate filled out a POLST Form, the advance directive will take precedence.

**The signing of a POLST by a patient or legal representative of the patient is voluntary**. Any person or entity, including a healthcare provider, healthcare facility, employer, or health insurance carrier, shall not require an individual to execute a POLST as a condition of being insured for, or for receiving, healthcare services.

**A copy of an executed POLST has the same effect as the original POLST.**

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