

POLST: Physician Orders for Life-Sustaining Treatment

Patient Name

Date of Birth

Medical Record #

A. Cardiopulmonary Resuscitation (CPR):

☐ Attempt Resuscitation/CPR ☐ Do Not Attempt Resuscitation (DNR/no CPR)

B. Medical Interventions:

☐ Full Treatment ☐ Limited Interventions ☐ Comfort Measures Only

C. Artificially Administered Nutrition:

☐ Long-term Artificial Nutrition, including feeding tubes ☐ Trial Period of Artificial Nutrition ☐ No Artificial Nutrition by Tube

D. Additional Orders or Instructions

Signatures

_____ Patient or Surrogate Signature

_____ Physician/NP/PA Signature