



Guidance Document for Illinois Health Care Professionals and Providers

**Illinois Department of Public Health (IDPH)
Uniform Practitioner Orders for
Life Sustaining Treatment
(POLST)**

January, 2017

Executive Summary

Illinois has made revisions to its out-of-hospital emergency treatment form to align it with the same format now used by many of the states: the Physician Orders for Life-Sustaining Treatment form, or “POLST.” POLST, a national, evidence-based program (www.polst.org), embraces an informed decision-making model that uses a standardized form containing practitioner orders to communicate the scope of emergency medical treatment determined by patient preferences. The POLST process and document are designed to promote patient autonomy by helping health care professionals understand and honor the treatment wishes of their patients.

Illinois legislation in 2012 called for revisions to the Illinois Department of Public Health’s (IDPH) Uniform DNR Advance Directive to meet requirements to be considered in keeping with the National Physician Orders for Life-Sustaining Treatment model. More recent legislation, in 2014 and 2015 (PA’s 098-1110, 099-0319), has further revised the form to meet these standards. As of May, 2016 the form is now identified as: “Illinois Department of Public Health Uniform Practitioner Orders for Life Sustaining Treatment (POLST) Form”.

The IDPH POLST form is a signed medical order that documents the life-sustaining treatment wishes of seriously ill patients. The form accompanies the patient to ensure that treatment preferences are honored across all care settings.

The form is designed to ensure that seriously ill or frail patients can choose the treatments they want or do not want and that their wishes are documented and honored. The POLST paradigm allows patients to choose: all possible life-sustaining treatment; select life-sustaining interventions; or comfort-focus care only. In cases when patients do not select comfort-focus care, comfort care is always provided in addition to other care choices patients make.

The IDPH POLST form is intended for persons of any age for whom death within the next year would not be unexpected. The form is not intended for persons with disabilities or stable chronic medical conditions, unless their health deteriorates to the extent that death within a year would not be unexpected.

Use of the IDPH POLST form is completely voluntary. This form contains orders that can be revoked or changed at any time by patients or their legal representative. When a patient’s condition changes significantly, prior decisions about treatment should be revisited and consideration should be given to completing a new, updated POLST form.

The IDPH POLST form is intended to be completed after patients and their health care professionals/providers discuss together: the patient’s current medical condition(s) and prognosis; possible causes of deterioration and indicated medical responses/treatments; the risks, burdens and benefits of those treatments; and the patient’s own values and goals for treatment. The discussions are of primary importance to the POLST process as the form serves as a potential guide for these discussions. Completed forms are a product of the discussions and are signed by the patient or legal representative, an attending practitioner,

and a witness. The completed form is an actionable medical order.

Health care providers and professionals are required by law to honor treatment choices shown on the IDPH POLST form. The form provides an immediate guide for first responders and emergency department staff about whether to initiate life-supporting care. Without these medical orders, emergency medical personnel are required to do everything they can to attempt to save a person's life.

*This guidance document was developed by the POLST Illinois Committee of the Illinois Hospice and Palliative Care Organization. This document provides background information to facilitate completing the IDPH Uniform POLST form.
It does not provide legal or medical advice.*

Table of Contents

- Introduction: What is POLST? 1
- Who Should Have a POLST Form..... 3
- How to Use the POLST Form 4
- Section by Section Review of the POLST Form 7
 - Section A – Cardiopulmonary Resuscitation 8
 - Section B – Medical Interventions 9
 - Section C – Artificially Administered Nutrition..... 11
 - Section D – Documentation of Discussion..... 12
 - Section E – Signature of Attending Physician 13
- The Reverse Side of the POLST Form 14
- How the Power of Attorney and POLST Work Together..... 16
- Implementing a POLST Form 18
- POLST Use for Patients with Physical, Developmental or Significant Mental Health
Conditions..... 21
- Additional Considerations 23
- Glossary 24
- POLST Form..... 26
- Further Information 28

What is POLST?

People have the moral and legal right to make their own health care decisions. Advance health care directives help people document their treatment preferences for situations when they lack decisional capacity and would be unable to communicate their wishes. The state of Illinois recognizes the “Illinois Department of Public Health Uniform Practitioner Orders For Life-Sustaining Treatment POLST form” (hereafter referred to as the “IDPH POLST form” or “POLST”) as its uniform form. The POLST form sets directions for health care professionals in various settings so they may, in good faith, initiate or withhold life-sustaining treatments based on the directions expressed in the form.

The POLST form is recommended for patients for whom death within a year would not be unexpected. For these individuals, it is intended to augment, not replace, other advance directives such as the Power of Attorney for Health Care (POAHC).

The POLST form is a summary of treatment preferences and medical orders for care that is easy to interpret in an emergency situation. Use of the form is intended to enhance the advance care planning process by translating the patient’s treatment wishes into a recognized medical order. The document presents orders in a concise manner that is easily understood. The POLST form facilitates record-keeping and ensures patient confidentiality (HIPAA) compliant transfer of appropriate information among health care professionals and providers across multiple settings. Use of the POLST form is completely voluntary and its use is in accordance with Illinois law.

The medical orders contained in the POLST form direct the *initial* care of the patient by emergency providers. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, the patient’s treatment wishes may change. In these circumstances, the patient’s directions for medical care and the POLST form should be revised to reflect new preferences and treatment choices. Depending on the state, a POLST form completed in Illinois may or may not be legally recognized in other states. Similarly, POLST forms from other states may not be legally recognized by emergency medical technicians (EMTs) and paramedics prior to their consulting with EMS medical control.

While no form can address all the medical treatment decisions that may need to be made, the POLST form promotes the goal of supporting patient autonomy and enhancing quality of care and is expected to complement advance health care directives. The POLST decision-making process works best when the patient also has appointed a health care agent to direct care for situations where the individual is unable to express his or her treatment decisions. A health care agent may be appointed by completing an Illinois Statutory Short Form Power of Attorney for Health Care or other equivalent document as permitted by the Illinois Power of Attorney Act ([755 ILCS 45/Art. IV](#)).

The revised POLST version clarifies the full range of options that are available to individuals, including all treatment options, selective treatment or trial periods, or a request to only be kept as comfortable as possible while refusing aggressive medical treatments.

Because the form can be used to indicate *acceptance*, not just refusal of certain medically indicated treatments, health care professionals/providers should carefully examine the form for guidance.

In Summary:

- The IDPH Uniform POLST form, signed by the patient's authorized clinician, converts the patient's care choices into an *actionable medical order* that all other physicians, nurse practitioners, physician assistants, long-term care facilities, hospices, home health agencies, emergency medical services, and hospital and other provider staff are required by law to honor.
- A POLST form clarifies treatment interventions that seriously ill persons *would or would not want* in the event of a life-threatening emergency.
- POLST is both a document for guiding discussions about care in the event of life-threatening illness and a set of instructions that health care professionals and institutional providers are expected to honor when presented with a valid form.
- Health care professionals and institutional providers are legally protected from liability if, in good faith, they honor the instructions contained in a POLST form.
- The POLST form accompanies the patient to ensure that treatment preferences are honored across all care settings.

Who Should Have a POLST Form?

The POLST form is recommended for:

- Persons of any age for whom death within the next year would not be unexpected; and/or
- seriously ill or frail patients

A general rule of thumb for the health care professional/provider in determining whether a POLST discussion and form is appropriately integrated into the advance care planning process is the question: "Would I be surprised if this patient died in the next 12 months?" If the answer is, "No, I would not be surprised," it is appropriate to consider a goals-of-care discussion and advance care planning with POLST. A POLST conversation and completion of the POLST form is also recommended for hospitalized patients being discharged to a custodial nursing home or hospice program.

The POLST form may also be appropriate for patients who have strong preferences regarding specific medical interventions, such as the use of mechanical ventilation or long-term artificial nutrition.

However, this form generally is not meant for individuals who are unlikely to be facing end-of-life decisions until their more distant futures. When the form is completed "too early," it is possible for it to represent "in theory" wishes that actually may be different from what an individual's wishes might be when living with an actual life-limiting condition. Completing the form in the context of a life-limiting condition tends to be a more accurate reflection of a patient's wishes.

Unless it is the patient's preference, use of the POLST form to limit treatment is not appropriate for patients with chronic, stable medical conditions, or for persons with functionally disabling problems who have many years of life expectancy.

How to Use the POLST Form

Overview

Completion of the POLST form is voluntary, and the goal of the form is to ensure that the patient receives the desired level of care.

The POLST form may be completed after a discussion with the person regarding his or her overall goals of care and treatment preferences. If the person lacks decisional capacity to understand this conversation (reviewed in more detail on page 18), the discussion should take place with the person's appropriately delegated health care agent or health care surrogate (referred to on the form as "legal representative"). It is recommended that the physicians and other professionals who undertake conversations with individuals about end-of-life treatment choices have taken steps, typically through formal training, to ensure that they have acquired the appropriate skills to have these conversations.

The Illinois form must be signed by the authorized practitioner, who assumes responsibility for the medical indications of the orders and for ensuring that the orders accurately reflect the individual's wishes. With the most recent legislative changes, practitioners who are authorized to sign the form have been expanded beyond the attending physician to include advanced practice nurses, physician assistants, and residents who are in their second year or higher of training.

The POLST is a two-sided form. While bright pink paper is recommended for easier visibility, the form is still valid if it is completed on white or any other colored paper. All electronic copies, faxed copies, or photocopies of the form are also valid. In general, faxed or electronic signatures and telephone orders should only be used in accordance with facility/community policies to ensure that the patient does not lose the opportunity to complete or revise a POLST form.

The front of the document contains the "Practitioner Orders for Life-Sustaining Treatment" (Sections A - E). The other side of the form, which is informational only, provides additional information, including space to indicate the patient's health care contact information and space for the signature of the professional who prepares the form for review. Only the front side is necessary to implement a POLST form.

The POLST form should reflect the patient's values and provides documentation of life-sustaining treatment orders that reflect his or her care preferences. It is recommended that institutions develop their own policies for storage of the document in an easily identifiable place. In institutional settings, it is recommended that the POLST form be the first document in the clinical record. In other settings, it is recommended that the form be placed inside a brightly colored envelope (to protect privacy) and placed in an easily accessible location such as the outside of the kitchen refrigerator or on the inside of the front door. A copy of the POLST form should be kept in the individual's medical

record. The original form should accompany the individual upon transfer from one setting to another.

For the POLST form to be valid, it requires the signature of the patient, or the patient's legal representative if the patient lacks decisional capacity. The requirement that patients or their legal representatives review and sign the form provides a safeguard for patients that the orders on the form accurately convey the patient's preferences. This signature provides evidence that the responsible party agrees with the orders on the form.

To be a valid medical order, the POLST form must include:

- Patient name
- DNR indicated in Section A
- Signatures:
 - Patient (or legal representative if patient lacks decisional capacity)
 - Witness
 - Authorized practitioner
- Dated by the practitioner

HIPAA

HIPAA confidentiality standards permit disclosure of the POLST form to other health care professionals and providers across treatment settings. The original form should stay with the person at all times and is the preferred document. However, copies and faxes of the POLST form should be honored if they are the only version available in an emergency. Copies should be placed in the medical record in an easily accessible location.

Signing Practitioner

Sometimes a person is evaluated in a setting, such as a hospital emergency department, where the POLST form has been signed by a practitioner who is not on that setting's medical staff. Some emergency physicians and admitting physicians have been reluctant to automatically follow the POLST orders without first examining the patient and reassessing the person's determinations in the current clinical situation. It is important to recognize that POLST orders are intended for emergency situations and there may be a need to follow the orders before a complete reassessment and informed consent conversation can be completed. Health care professionals and providers are legally protected for good faith following of the medical orders set out in the POLST form. POLST orders must be followed until a review is completed by the accepting health care professionals and a conversation can take place with the patient or other appropriate decision-maker where the patient is unable to communicate his or her wishes.

In Summary:

- Completion of the POLST form is entirely voluntary.
- Health care professionals/providers may assist the individual in preparing a POLST form; Illinois requires that it must be signed and dated by an authorized practitioner.
- The POLST form has two sides: all of the orders are contained are on the first side; and the back side contains contact information, document preparer information, information about other advance directives, and a summary of instructions for completing/voiding/reviewing the form. Only the completed front side is necessary to implement a POLST form.
- Bright pink paper is recommended for the original form; however, any color is valid.
- Copies and faxes of a valid form are also valid.
- It is recommended that the original form contain all necessary signatures and that the original form travels with the patient when transferred from care setting to care setting. However, copies should be accepted.
- HIPPA permits the disclosure of POLST information to other health care professionals and providers.
- Professionals/providers must follow the instructions of a valid form and are legally protected if they follow the instructions on the form in good faith.

Section by Section Review of the POLST Form

The POLST form is a two-sided document. The front side of the form contains the medical orders and signatures (Sections A-E). The back side includes an area for documentation of other advance directives and directions for health care professionals and providers. The back side is for informational purposes only. If multiple forms exist, the form with the most recent date is the form to be followed.

Patients may change their mind at any time. If a patient wishes to make changes to the form, it is recommended that a new form be created. The old form should be voided by writing "VOID" across the front of the form, along with the date that the form was voided.

POLST Form, Side One.

Sections A, D, and E must be completed in order to have a valid form.

Section A: Cardiopulmonary Resuscitation (CPR):

Patient has no pulse and is not breathing.

Section B: Medical Interventions:

Patient has a pulse and/or is breathing and is in need of emergency treatment.

Section C: Options for Medically Administered Nutrition: *Food will always be offered by mouth if feasible and if desired.*

Section D: Documentation of Discussion:

Signature of the individual or his/her legal representative, and a witness.

Section E: Signature of Attending Practitioner.

If no choices are indicated in sections B and C, all necessary life-sustaining treatment should be provided until such time as the patient or legal representative (POAHC or surrogate) can clarify the patient's wishes based on the patient's current state of health.

Section A: CPR for Patient with no Pulse and Not Breathing

A Check One	CARDIOPULMONARY RESUSCITATION (CPR) If patient has no pulse and is not breathing.
	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR <i>(Selecting CPR means Full Treatment in Section B is selected)</i>

Section A answers the question “Should we attempt CPR for this individual who appears to have died?” This section provides instructions for those individuals whose hearts have completely stopped beating and who are not breathing.

Unlike previous versions of the form, this form allows individuals to indicate that they will **accept CPR if in cardiac arrest**. This choice is an alternative to the option of refusing CPR. Therefore, the POLST form is MORE than a DNR directive, and particular care should be taken to ensure an adequate translation of the patient’s wishes takes place during an emergency.

Section A does not apply to a patient in respiratory distress, because he or she is still breathing. Similarly, this section does not apply to a patient who has an irregular pulse or low blood pressure, because this patient has a pulse. For these situations, the emergency responder should refer to section B, described below, and follow the indicated orders.

If the "Attempt Resuscitation/CPR" box is checked, full CPR measures should be initiated with transfer to an appropriate treatment facility or level of care. The success of resuscitation is dependent on many variables, including the individual’s overall health and how long the brain has been deprived of oxygen.

If the "Do Not Attempt Resuscitation/DNR" box is checked, CPR should not be performed. If there is any question, if the patient still has a pulse or is breathing, directions in Section B should be followed. The dignity of the individual should be protected at all times.

Section B: Medical Interventions for Individuals with a Pulse and/or Still Breathing

B	MEDICAL INTERVENTIONS If patient is found with a pulse and/or is breathing.
Check One (optional)	<input type="checkbox"/> Full Treatment: Primary goal of sustaining life by medically indicated means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, mechanical ventilation and cardioversion as indicated. <i>Transfer to hospital and/or intensive care unit if indicated.</i> <input type="checkbox"/> Selective Treatment: Primary goal of treating medical conditions with selected medical measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV fluids and IV medications (may include antibiotics and vasopressors), as medically appropriate and consistent with patient preference. Do Not Intubate. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital, if indicated. Generally avoid the intensive care unit.</i> <input type="checkbox"/> Comfort-Focused Treatment: Primary goal of maximizing comfort. Relieve pain and suffering through the use of medication by any route as needed; use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. <i>Request transfer to hospital only if comfort needs cannot be met in current location.</i> Optional Additional Orders _____

In addition to orders for a full arrest situation, the POLST paradigm allows individuals to specify the intensity of medical interventions when they experience a life-threatening emergency where they still have a pulse or are still breathing. The odds for success of medical interventions are based on a number of variables, but may be much higher than resuscitation for full arrest, depending on the patient’s medical condition. If no box is marked in section B, all indicated treatments should be administered until such time as the patient or their legal representative can provide further guidance.

If the patient has marked “Attempt Resuscitation/CPR” in Section A, then “Full Treatment” must be chosen in Section B. The rationale for this is that when treatment for a deteriorating patient is withheld appropriate to the selected treatment plan of Comfort-Focused or Selective Treatment and the patient continues to deteriorate and proceeds to full arrest, it would not make medical sense to now initiate life-saving measures. In this situation, the purpose of marking Comfort-Focused or Selective Treatment would be defeated. Professionals who are assisting individuals in completing a POLST form should take extreme care to ensure that orders in sections A and B do not conflict.

Similarly, just because an individual wishes *not* to be resuscitated in the event of a full cardiac arrest (DNR in Section A), medical interventions should not be withheld from a patient who has a pulse or is still breathing unless Comfort-Focused Treatment or Selective Treatment is marked and the patient has a medical condition that falls under the scope of those instructions. In a study of POLST documents in Oregon, investigators found that half of the individuals who selected DNR in Section A still wanted some form of medical intervention in non-cardiac arrest circumstances.

Comfort care should always be provided regardless of the indicated level of emergency medical treatment. Other instructions may also be specified in Additional Orders. Additional orders may address issues such as dialysis, surgery, blood transfusions and other treatments.

Compared to previous versions of the form, the order of categories has been reversed, with the “Full Treatment” option appearing first, and the “Comfort-Focused Treatment” option appearing last.

“Full Treatment”

“Full Treatment” includes all described in Comfort-Focused and Selective Treatment categories, with no limitation of medically indicated treatment. All support measures needed to maintain and extend life are utilized, including intubation and mechanical ventilation. Use intubation, advanced airway interventions, mechanical ventilation and electrical cardioversion as indicated. Transfer to hospital and use of intensive care, as medically indicated, will be appropriate.

If an individual elects to Attempt CPR in Section A, Full Treatment must be selected in Section B.

“Selective Treatment”

“Selective Treatment” includes the comfort-focused treatment, as well as IV fluids and cardiac monitoring and treatment as indicated. Note that this section is specific in saying “*Do Not Intubate. May consider less invasive airway support (e.g., CPAP, BiPAP).*” Transfer to hospital may be indicated, but use of intensive care generally should be avoided. This is selected when patients would want hospitalization and treatments for reversible conditions or exacerbation of their underlying illness that might restore them to their current state of health. Hospitalization or antibiotics for pneumonia is an example of a selective treatment under this heading; vasopressors for sepsis may require ICU treatment even if full treatment is not selected. Additional clarifying orders that reflect the patient's preferences can be written under “Additional Orders” or noted in this section and attached. For example, a person may have underlying chronic renal failure that does not require dialysis, and he or she may not want dialysis should the renal failure become more acute.

“Comfort-Focused Treatment”

Checking “Comfort-Focused Treatment” indicates a desire for **only** those interventions that maximize comfort through symptom management. Antibiotics may be used if they serve as a comfort measure. Examples of comfort measures may include the use of medication by any route, positioning, wound care, and oxygen, suction and manual treatment of airway obstruction (choking). Even when patients prefer not to be transferred to a hospital, it is sometimes appropriate to transfer patients to the hospital to control their suffering when comfort needs cannot be met in the current location. Refer appropriate patients to hospice.

Section C: Medically Administered Nutrition

C Check One <i>(optional)</i>	MEDICALLY ADMINISTERED NUTRITION (if medically indicated) Offer food by mouth, if feasible and as desired.	
	<input type="checkbox"/> Long-term medically administered nutrition, including feeding tubes.	Additional Instructions (e.g., length of trial period)
	<input type="checkbox"/> Trial period of medically administered nutrition, including feeding tubes.	_____
	<input type="checkbox"/> No medically administered means of nutrition, including feeding tubes.	_____

These orders indicate the person's instructions regarding the use of medically administered nutrition for a situation where he or she cannot take adequate food or fluids by mouth. Oral fluids and nutrition must always be offered to the person if they are desired and it is medically feasible.

If long-term nutrition by tube is medically indicated and desired by the person, then the appropriate box is checked. An option of a defined trial period of medically-administered nutrition by tube can allow time to determine the course of an illness or allow the person an opportunity to clarify his or her goals of care. Depending on the length of the trial period, less invasive forms of tube feeding should be considered before deciding on permanent placement options.

No medically-administered nutrition should be provided for a person who refuses this treatment or if it is not medically indicated. An example of "not medically indicated" would be for a nursing home resident with advanced dementia, as studies show that such individuals do not live longer with a permanent feeding tube and often experience discomfort due to the feeding tube.

Additional Instructions may be used to identify the individual's related values and beliefs about living. It may also include the preferred length of the trial period.

Section D: Documentation of Discussion

D	DOCUMENTATION OF DISCUSSION (Check all appropriate boxes below)		
	<input type="checkbox"/> Patient	<input type="checkbox"/> Agent under health care power of attorney	
	<input type="checkbox"/> Parent of minor	<input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list)	
	Signature of Patient or Legal Representative		
	Signature (<i>required</i>) _____	Name (print) _____	Date _____
Signature of Witness to Consent (Witness required for a valid form)			
I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.			
Signature (<i>required</i>) _____	Name (print) _____	Date _____	


The professional completing the form should check the box(es) indicating with whom the orders were discussed. This is especially important when the form is being completed by the patient, so that future care health care professionals and providers will know that these orders represent the patient’s known care choices.

The form should be signed by the patient who has decisional capacity whenever possible. "Decisional capacity" means the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment coupled with the ability to reach and communicate an informed decision. If the patient lacks decisional capacity, and is not expected to regain that capacity in time to make decisions, the patient’s decisional capacity assessment should be documented in the medical record before the POLST form is signed by the individual’s legal representative. A legal representative may be a POAHC or, if there is no agent, the properly appointed Surrogate (see the [Illinois Health Care Surrogate Act](#) for the full appointing instructions). More information on “decisional capacity” and the “Illinois Health Care Surrogate Act” can be found on page 18.

The signature of the patient or the Legal Representative provides evidence that the responsible party agrees with the orders on the form. In this respect, the requirement that patients or their legal decision-maker review and sign the form provides a safeguard for patients that the orders on the form accurately convey the patient’s preferences.

The form requires the signature of one witness over the age of 18 who attests that the patient or legal representative has had an opportunity to read the form, and has signed the form or acknowledged his or her signature or mark on the form in the presence of the witness. The IDPH has noted on its website that a “witness may include a family member, friend or health care worker.” A health care professional, other than the attending physician/authorized individual signing the medical orders, who is providing direct medical care to the patient often serves as the witness.

Section E: Signature of Attending Practitioner

E	Signature of Authorized Practitioner (physician, licensed resident (second year or higher), advanced practice nurse or physician assistant)	
	My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient's medical condition and preferences.	
	Print Authorized Practitioner Name <i>(required)</i>	Phone () _____ - _____
	Authorized Practitioner Signature <i>(required)</i>	Date <i>(required)</i>
Form Revision Date - April 2016		 Page 1 (Prior form versions are also valid.)

Illinois law requires the signature of an authorized “attending health care practitioner” who assumes responsibility for the medical indications of the orders and for ensuring that they accurately reflect the individual patient’s values and treatment preferences. According to law, "attending health care practitioner" means an individual who (1) is an Illinois licensed physician, advanced practice nurse, physician assistant, or licensed resident after completion of one year in a program; (2) is selected by or assigned to the patient; and (3) has primary responsibility for treatment and care of the patient. If more than one physician shares that responsibility, any of those physicians may act as the attending physician under this Act.” ([755 ILCS 40/10](#))

When completing the original form, a single original containing all of the required signatures is encouraged. In general, faxed or electronic signatures and telephone orders should only be used in accordance with facility/community policies to ensure that the patient does not lose the opportunity to complete or modify a form, as appropriate.

A completed form that does not contain the signature of an attending practitioner is NOT valid.

The Reverse Side of the POLST Form

THIS SIDE FOR INFORMATIONAL PURPOSES ONLY		
Patient Last Name	Patient First Name	MI
<p>Use of the Illinois Department of Public Health (IDPH) Practitioner Orders for Life-Sustaining Treatment (POLST) Form is always voluntary. This order records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows you to document, in detail, your future health care instructions and name a Legal Representative to speak for you if you are unable to speak for yourself.</p>		
Advance Directive Information		
I also have the following advance directives (OPTIONAL)		
<input type="checkbox"/> Health Care Power of Attorney <input type="checkbox"/> Living Will Declaration <input type="checkbox"/> Mental Health Treatment Preference Declaration		
Contact Person Name	Contact Phone Number	
Health Care Professional Information		
Preparer Name	Phone Number	
Preparer Title	Date Prepared	

The POLST form includes an educational section for the patient and/or legal representative. This section is included to help patients know who the POLST form is intended to serve and the role the POLST form plays in advance care planning.

If the individual has other advance directives, such as a Power of Attorney for Health Care, that information may be captured in the Advance Directive Information section. It is particularly helpful for future health care professionals/providers to know of any advance directives and to have the name and phone number of the preferred emergency contact.

In the future, questions may arise when health care professionals who were not part of the original conversation attempt to interpret the orders on the form. For this reason, it is very helpful to have the name and phone number of the health care professional who assisted in the preparation of the original form. That name and phone number should be included in the Health Care Professional Information section.

Other Instructions Included on the Back of the Form:

Completing the IDPH POLST Form

- The completion of a POLST form is always voluntary, cannot be mandated and may be changed at any time.
- A POLST should reflect current preferences of persons completing the POLST Form; encourage completion of a POAHC.
- Verbal/phone orders are acceptable with follow-up signature by authorized practitioner in accordance with facility/community policy.
- Use of original form is encouraged. Photocopies and faxes on any color of paper also are legal and valid forms.

Reviewing a POLST Form

This POLST form should be reviewed periodically and if:

- The patient is transferred from one care setting or care level to another, or
- or there is a substantial change in the patient's health status, or
- or the patient's treatment preferences change, or
- or the patient's primary care professional changes.

Voiding or revoking a POLST Form

- A patient with capacity can void or revoke the form, and/or request alternative treatment.
- Changing, modifying or revising a POLST form requires completion of a new POLST form.
- Draw line through sections A through E and write "VOID" across page if any POLST form is replaced or becomes invalid. Beneath the written "VOID" write in the date of change and re-sign.
- If included in an electronic medical record, follow all voiding procedures of facility.

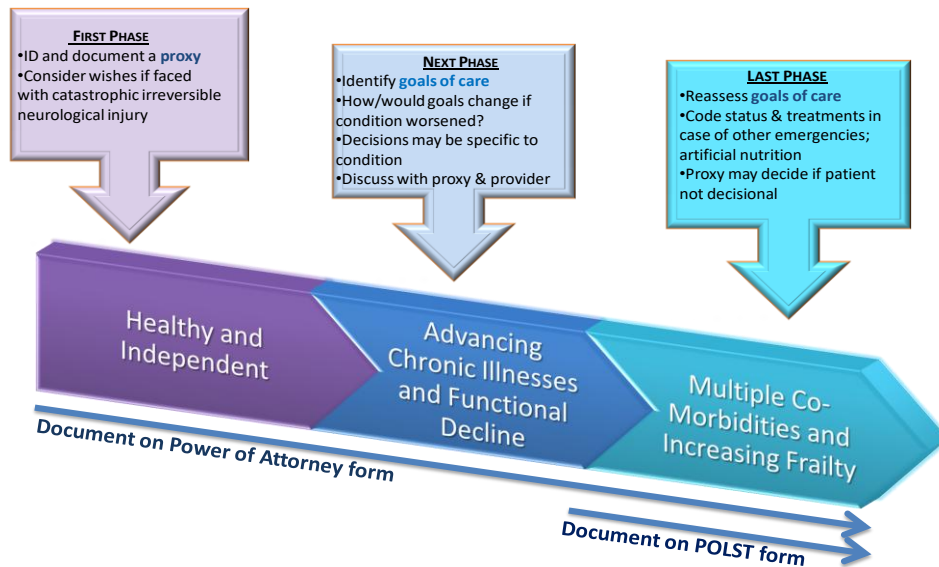
Illinois Health Care Surrogate Act (755 ILCS 40/25) Priority Order

- | | |
|--|---|
| 1. Patient's guardian of person | 5. Adult sibling |
| 2. Patient's spouse or partner of a registered civil union | 6. Adult grandchild |
| 3. Adult child | 7. A close friend of the patient |
| 4. Parent | 8. The patient's guardian of the estate |

For more information, visit the IDPH Statement of Illinois law at
<http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives>

HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT

How the Power of Attorney for Health Care and POLST Work Together



The Power of Attorney for Health Care Document

Recommended for all decisional adults – regardless of their health status – the Power of Attorney for Health Care is the legal document for Illinois that allows individuals to:

- Appoint a proxy decision-maker, known as an agent, to make health care decisions for individuals who become unable to communicate for themselves; and
- Provide general, non-binding statements of preferences for end-of-life care to serve as guidance for the agent.

The agent should act in accordance with the patient's known or predicted preferences. If the patient's wishes are unknown and cannot be predicted, the decision-maker should act in the patient's best interest.

Key Differences between the Power of Attorney for Health Care and POLST

- The Power of Attorney for Health Care (POAHC) is not a medical order. Since EMTs and paramedics cannot limit care in an emergency with only a POAHC document, unwanted treatments may be initiated.
- The POLST is a medical order that directs the initial care of the patient by EMTs, paramedics and other first responders.
- A person uses the POAHC to appoint an agent to make medical decisions in situations when the person has lost decisional capacity. The POAHC agent may also communicate a person's treatment preferences to health care professionals and providers.
- POAHC documents are recommended for all decisional adults, regardless of their health status. In addition, POLST forms are recommended for patients with advanced illness or the frail elderly.

How the POAHC and POLST Work Together

The POLST form and the Power of Attorney for Health Care work together for patients engaging in the "last phase" of advance care planning to ensure that patient wishes are followed. The POLST form is not intended to replace a Power of Attorney for Health Care document or other medical orders.

Patients with decisional capacity can change the POLST form at any time to reflect changing circumstances and wishes. When treatment has been initiated and more medical information becomes available regarding diagnosis, prognosis and potential outcomes, the patient's goals and preferences may change.

Implementing a POLST Form

The Patient Discussion

Advance care planning is an important means of promoting respect for self-determination and in improving end-of-life care. The POLST discussion is critical in this process for appropriate patients who should have a POLST form (see page 3). The literature suggests that patients often wait for their health care professionals and providers to broach the topic. Even though multiple educational resources exist for advance care planning facilitation, many health care professionals and other care providers feel that they do not have the time or the skills to facilitate advance care planning/POLST discussions.

Ideally, the POLST form should be completed following discussion with the patient based on the patient's overall condition and treatment preferences. Where the patient lacks decisional capacity, the discussion should occur with the patient's appropriate legal representative. It should be noted that studies consistently show that decisions made by proxies/representatives tend to be more medically aggressive and less accurate than the patient's stated preferences.

Decisional capacity is not "all or nothing;" the patient may be able to make some but not all decisions. Multiple educational resources exist for training in assessing decisional capacity. When the discussion and form are completed by a legal representative, it should be reviewed with a patient who has subsequently regained decisional capacity to ensure that the patient agrees to the provisions.

The POLST discussion may be facilitated by health care professionals/providers who have knowledge of end-of-life care issues and have been trained to conduct these conversations. In addition to physicians, these may include nurses, social workers, chaplains, care managers, and ethicists. The same professional staff may also assist the patient or legal representative with the completion of the form; however, the form must be signed by an authorized practitioner.

When a Patient is Determined by a Physician to Lack Decisional Capacity to Complete a POLST

For a legal representative to be authorized to act on behalf of a non-decisional patient, a physician must determine, based on medical judgment, that the patient lacks decisional capacity. Illinois law defines "Decisional capacity" to mean "the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment and the ability to reach and communicate an informed decision in the matter as determined by the attending physician." (755 ILCS 40/10)

If the patient is determined by the physician to lack decisional capacity, the discussion should then involve the appropriate legal representative, who may include:

- The agent appointed by the Power of Attorney for Health Care, or (if there is no Power of Attorney, or the Power of Attorney agent is unavailable);
- The Surrogate, in hierarchical order, under the Illinois Healthcare Surrogate Act:
 - o The patient's guardian of the person;
 - o The patient's spouse or partner of a registered civil union;
 - o Adult son or daughter of the patient;
 - o Either parent of the patient;
 - o Adult brother or sister of the patient;
 - o Adult grandchild of the patient;
 - o A close friend of the patient;
 - o The patient's guardian of the estate.

The Illinois Health Care Surrogate Act goes on to specify:

"Where there are multiple surrogate decision makers at the same priority level in the hierarchy, it shall be the responsibility of those surrogates to make reasonable efforts to reach a consensus as to their decision on behalf of the patient regarding the forgoing of life-sustaining treatment. If 2 or more surrogates who are in the same category and have equal priority indicate to the attending physician that they disagree about the health care matter at issue, a majority of the available persons in that category (or the parent with custodial rights) shall control, unless the minority (or the parent without custodial rights) initiates guardianship proceedings in accordance with the Probate Act of 1975. No health care provider or other person is required to seek appointment of a guardian." (755 ILCS 40/25(a))

If the patient has appointed an agent under the Power of Attorney for Health Care, the agent can make the same decisions regarding medical treatment as the patient could when he or she was decisionally capable. The POAHC agent is expected to make decisions that the patient would have made for him or herself.

Surrogates under the Illinois Health Care Surrogate Act are restricted from withholding/withdrawing life-sustaining treatment (Sections B and C) unless two physicians have documented in the medical record that the patient has a "qualifying condition."

According to the Surrogate Act, a qualifying condition is: a terminal condition, permanent unconsciousness, or an incurable or irreversible condition that will ultimately cause the patient's death despite life-sustaining treatment and such treatment imposes an inhumane or overwhelming burden. This restriction does not apply to agents under the Power of Attorney for Health Care.

IDPH POLST Form Transmission and Storage

In institutional settings, the form should be easily accessible in the clinical record. It is important that institutions create policies to insure easy access to the form in an emergency and protocols for transferring the form with the patient.

In the individual's home or residential facility, it is recommended that the form be kept in a readily available place known by caregivers and/or family members, such as a refrigerator or bedroom door. Some states recommend placing the POLST form in a brightly colored envelope on the refrigerator or on the inside of the front door. The color enhances visibility, while the envelope protects privacy.

It is recommended that the POLST form be on bright pink paper for easy identification, but the document on white or any color paper is recognized as valid. Electronic, photocopies and fax copies of the completed form are valid.

Identification of Existing IDPH POLST Forms/Prior Form Versions

A completed previous version of the IDPH form (labelled "IDPH Uniform DNR/ POLST form", "IDPH Uniform DNR form", "IDPH Uniform DNR Advance Directive" or "IDPH Uniform DNR form") remains valid unless replaced by a new completed form. The most recent version should be honored.

When the older version of the form is signed by a patient who subsequently loses and is not expected to regain decisional capacity, any new form should capture the patient's instructions as closely as possible.

When a Substitute Decision-Maker Considers Changes to an Existing IDPH POLST Form Previously Completed by a Decisional Patient

When a decisional patient completes a POLST form and subsequently becomes non-decisional, circumstances may arise that call for a reconsideration of the choices reflected on the form.

The patient's substitute decision-maker is responsible to update POLST instructions to be consistent with a patient's preferences as the patient's health status changes. Extreme care should be exercised if a substitute decision-maker wishes to **reverse the direction of care** previously established by the patient. A legal representative may make new decisions, but generally should not be permitted to overturn decisions already made by the patient unless there is evidence that the patient had faulty information, misunderstood the information given, or would have changed decisions based on current developments in his or her medical condition.

POLST Use for Patients Near the End of Life with Significant Physical Disabilities, Developmental Disabilities and/or Significant Mental Health Conditions

Special consideration is required when completing a POLST form for a patient with significant physical disabilities, developmental disabilities, and/or significant mental health condition(s). These patients have the right to the highest quality of care for their chronic disability and/or conditions at the end of their life.

Unfortunately, many patients with disabilities experience bias resulting in under-treatment and/or have their chronic health conditions mistaken for illnesses as they near the end of life. The challenge to the health care professional and provider is to discern when such a patient is transitioning from a stable chronic disability or condition to a terminal illness or situation. The POLST form should not be used solely because a patient has a disability or mental illness.

Evaluation of Condition, Capacity and Identifying Appropriate Decision-Maker

To ensure appropriate decisions are being made for the patient, the health care professional and provider should:

- 1) Determine if the patient has a condition or status that warrants POLST form completion;
- 2) Determine if the patient has the capacity to contribute to his or her health care decisions; and
- 3) If the patient lacks decisional capacity, then determine the appropriate legal representative. It should not be assumed that a patient lacks capacity solely because he or she has a cognitive or psychiatric disability.

Assessment Process

1. Determine if the patient has a condition that warrants form completion.

An IDPH POLST form should be completed on the basis of a deteriorating, irreversible health condition. Health care professionals and providers can use several questions to determine if the form may be warranted:

- Does the patient have a disease process (not just their stable disability) that is terminal;

- Is the patient experiencing a significant decline in health (such as frequent aspiration pneumonias);
- Is the patient in a palliative care or hospice program; and/or
- Has this patient's level of functioning become more severely impaired as a result of a deteriorating health condition when intervention will not significantly affect the process of decline?

It is important to be mindful that it is for individuals or their legal representatives (where appropriate) to make quality of life determinations.

2. Determine if the patient has the capacity to make or contribute to his or her health care decisions.

A patient has decisional capacity if he or she: understands basic information; appreciates the consequences of a decision; evaluates the information rationally; and can communicate a decision.

People with disabilities mirror the general population in that they have a wide range of abilities. Some people can make simple health care decisions, some can make complex ones. Many have the capacity to appoint a health care agent. All patients should be given the opportunity to participate to their decision-making to the full extent that their capacity will allow. Individuals should either appoint a health care agent or provide input regarding who should be appointed. Patients should be asked to provide input regarding their health care as much as possible.

Even when individuals have lost some of their capacity to make their own decisions, they may still express fears or other wishes that should continue to be respected during the decision-making process. To the greatest degree possible, patients should be involved in their health care decisions.

For those individuals who have never had decisional capacity, the process can be challenging. Family members, friends and staff working with the individual usually can assist in determining the patient's likes and dislikes, and they can help develop a plan that protects the individual's rights, best interests and personal preferences.

3. Determine the appropriate substitute decision-maker.

Approach to identifying the appropriate substitute decision-maker for a patient who lacks decisional capacity is described on page 17.

Additional Considerations

Using the IDPH POLST Form with Children

The form can be used to clarify treatment orders for children with advanced or serious illness. For a child, either custodial parent or a guardian has the authority and responsibility to consent or refuse consent to health care for minors who are unable to consent for themselves. Since arrests in most children are primarily respiratory, a child is more likely to be found with a pulse than an adult. If a child has any respiratory effort or pulse, the child should be treated as directed under Section B.

Using the IDPH POLST Form with an Interpreter

Health care translation services should be used when the patient and/or family/surrogate has limited English proficiency. The POLST form should be presented in English so that emergency medical personnel can understand and follow the orders. The IDPH POLST form is available in Spanish, and could be used under this circumstance for educational purposes.

Addressing POLST Prior to Surgery or Other Invasive Procedures

Completion of this form requires discussion and consent from the patient or legal representative. If the POLST orders are to be revoked or suspended for the duration of an invasive procedure, consent must be obtained from the patient or legal representative. In advance of the procedure, the health care professional should discuss the patient's objectives in having that procedure and the appropriateness of the orders in light of the proposed procedure. If consent is given for the orders to be revised prior to a procedure, the health care professional and the patient/legal representative should determine in advance when and how the orders are to be reinstated after the procedure. The individual(s) performing the procedure should be informed of these plans.

Glossary

Authorized Practitioner: As of July, 2015, “attending health care practitioners” authorized to sign the POLST medical orders has been expanded to include: 1) Illinois licensed physicians, advanced practice nurses, physician assistants, or licensed residents after completion of one year in a program, who are; (2) is selected by or assigned to the patient; and (3) has primary responsibility for treatment and care of the patient.

Decisional Capacity: The ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment coupled with the ability to reach and communicate an informed decision. An individual who lacks this capacity is sometimes called “non-decisional” or “incapacitated.”

Health Care Professionals/Health Care Providers: The distinction between these phrases varies. For the purpose of this document, these phrases are used interchangeably to refer to a patient’s institutional providers and health care professionals.

IDPH Uniform POLST Form: This document is designed to help primary care and other physicians, health care professionals, long-term care facilities, hospitals, hospices, home health agencies and emergency medical services know and honor a patient’s wishes regarding use of life-sustaining treatments. In Illinois, POLST stands for Practitioner Orders for Life-Sustaining Treatment. This form is a signed medical order for documenting the life-sustaining treatment wishes of seriously ill patients.

Illinois Health Care Surrogate Act: The Illinois law that assists health care professionals and institutional providers in identifying, by defined hierarchy, the appropriate person to make decisions on behalf of a non-decisional patient who has not completed a Power of Attorney for Health Care document.

Power of Attorney for Health Care (POAHC): The Illinois legal document that allows individuals to:

- Appoint a proxy decision-maker, known as an agent/representative, to make health care decisions if an individual becomes unable to communicate for themselves; and
- Provide a general, non-binding statement of preferences for end-of-life care to serve as guidance for the agent.

Legal Representative: The individual identified as the appropriate person to make decisions on behalf of a non-decisional patient. The legal representative may be a legal guardian, agent under power of attorney for health care, or surrogate under the Illinois Health Care Surrogate Act. This person serves as the “legal representative” in completion of a POLST form when the patient is non-decisional.

Substitute Decision-Maker: For the purpose of this document, this is a generic term that refers to the individual who is making medical decisions on behalf of a patient who has been determined to be nondecisional. When completing the POLST form, the appropriate substitute decision-maker is the patient’s “legal representative” as defined below.

POLST FORM – FRONT

HIPAA PERMITS DISCLOSURE OF POLST TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT			
	State of Illinois Illinois Department of Public Health		IDPH UNIFORM PRACTITIONER ORDER FOR LIFE-SUSTAINING TREATMENT (POLST) FORM
	For patients, use of this form is completely voluntary. Follow these orders until changed. These medical orders are based on the patient's medical condition and preferences. Any section not completed does not invalidate the form and implies initiating all treatment for that section. With significant change of condition new orders may need to be written.		
	Patient Last Name	Patient First Name	MI
	Date of Birth (mm/dd/yy)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	Address (street/city/state/ZIPcode)		
A	CARDIOPULMONARY RESUSCITATION (CPR) If patient has no pulse and is not breathing.		
Check One	<input type="checkbox"/> Attempt Resuscitation/CPR <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (Selecting CPR means Full Treatment in Section B is selected)		
When not in cardiopulmonary arrest, follow orders B and C.			
B	MEDICAL INTERVENTIONS If patient is found with a pulse and/or is breathing.		
Check One (optional)	<input type="checkbox"/> Full Treatment: Primary goal of sustaining life by medically indicated means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, mechanical ventilation and cardioversion as indicated. <i>Transfer to hospital and/or intensive care unit if indicated.</i>		
	<input type="checkbox"/> Selective Treatment: Primary goal of treating medical conditions with selected medical measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV fluids and IV medications (may include antibiotics and vasopressors), as medically appropriate and consistent with patient preference. Do Not Intubate. May consider less invasive airway support (e.g. CPAP, BiPAP). <i>Transfer to hospital, if indicated. Generally avoid the intensive care unit.</i>		
	<input type="checkbox"/> Comfort-Focused Treatment: Primary goal of maximizing comfort. Relieve pain and suffering through the use of medication by any route as needed; use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location.		
	Optional Additional Orders _____		
C	MEDICALLY ADMINISTERED NUTRITION (if medically indicated) Offer food by mouth, if feasible and as desired.		
Check One (optional)	<input type="checkbox"/> Long-term medically administered nutrition, including feeding tubes. Additional Instructions (e.g., length of trial period) _____		
	<input type="checkbox"/> Trial period of medically administered nutrition, including feeding tubes. _____		
	<input type="checkbox"/> No medically administered means of nutrition, including feeding tubes. _____		
D	DOCUMENTATION OF DISCUSSION (Check all appropriate boxes below)		
	<input type="checkbox"/> Patient <input type="checkbox"/> Agent under health care power of attorney		
	<input type="checkbox"/> Parent of minor <input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list)		
	Signature of Patient or Legal Representative		
	Signature (required)	Name (print)	Date
	_____	_____	_____
	Signature of Witness to Consent (Witness required for a valid form) I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.		
	Signature (required)	Name (print)	Date
	_____	_____	_____
E	Signature of Authorized Practitioner (physician, licensed resident (second year or higher), advanced practice nurse or physician assistant)		
	My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient's medical condition and preferences.		
	Print Authorized Practitioner Name (required)	Phone	
	_____	() _____ - _____	
	Authorized Practitioner Signature (required)	Date (required)	Page 1
	_____	_____	
Form Revision Date - April 2016 (Prior form versions are also valid.)			
SEND A COPY OF FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED • COPY ON ANY COLOR OF PAPER IS ACCEPTABLE • 2016			

POLST FORM – BACK

HIPAA PERMITS DISCLOSURE OF POLST TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT										
THIS SIDE FOR INFORMATIONAL PURPOSES ONLY										
Patient Last Name	Patient First Name	MI								
<p>Use of the Illinois Department of Public Health (IDPH) Practitioner Orders for Life-Sustaining Treatment (POLST) Form is always voluntary. This order records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form can address all the medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows you to document, in detail, your future health care instructions and name a Legal Representative to speak for you if you are unable to speak for yourself.</p>										
Advance Directive Information										
I also have the following advance directives (OPTIONAL)										
<input type="checkbox"/> Health Care Power of Attorney <input type="checkbox"/> Living Will Declaration <input type="checkbox"/> Mental Health Treatment Preference Declaration										
Contact Person Name	Contact Phone Number									
Health Care Professional Information										
Preparer Name	Phone Number									
Preparer Title	Date Prepared									
<p>Completing the IDPH POLST Form</p> <ul style="list-style-type: none"> • The completion of a POLST form is always voluntary, cannot be mandated and may be changed at any time. • A POLST should reflect current preferences of persons completing the POLST Form; encourage completion of a POAHC. • Verbal/phone orders are acceptable with follow-up signature by authorized practitioner in accordance with facility/community policy. • Use of original form is encouraged. Photocopies and faxes on any color of paper also are legal and valid forms. 										
<p>Reviewing a POLST Form</p> <p>This POLST form should be reviewed periodically and if:</p> <ul style="list-style-type: none"> • The patient is transferred from one care setting or care level to another, or • or there is a substantial change in the patient's health status, or • or the patient's treatment preferences change, or • or the patient's primary care professional changes. 										
<p>Voiding or revoking a POLST Form</p> <ul style="list-style-type: none"> • A patient with capacity can void or revoke the form, and/or request alternative treatment. • Changing, modifying or revising a POLST form requires completion of a new POLST form. • Draw line through sections A through E and write "VOID" across page if any POLST form is replaced or becomes invalid. Beneath the written "VOID" write in the date of change and re-sign. • If included in an electronic medical record, follow all voiding procedures of facility. 										
<p>Illinois Health Care Surrogate Act (755 ILCS 40/25) Priority Order</p> <table border="0"> <tr> <td>1. Patient's guardian of person</td> <td>5. Adult sibling</td> </tr> <tr> <td>2. Patient's spouse or partner of a registered civil union</td> <td>6. Adult grandchild</td> </tr> <tr> <td>3. Adult child</td> <td>7. A close friend of the patient</td> </tr> <tr> <td>4. Parent</td> <td>8. The patient's guardian of the estate</td> </tr> </table>			1. Patient's guardian of person	5. Adult sibling	2. Patient's spouse or partner of a registered civil union	6. Adult grandchild	3. Adult child	7. A close friend of the patient	4. Parent	8. The patient's guardian of the estate
1. Patient's guardian of person	5. Adult sibling									
2. Patient's spouse or partner of a registered civil union	6. Adult grandchild									
3. Adult child	7. A close friend of the patient									
4. Parent	8. The patient's guardian of the estate									
<p>For more information, visit the IDPH Statement of Illinois law at http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives</p>										
<p>HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996) PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT</p>										
<p>IOCI 16-425</p>		<p>Page 2</p>								
<p>SEND A COPY OF FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED • COPY ON ANY COLOR OF PAPER IS ACCEPTABLE • 2016</p>										

For more information on POLST, go to:
<http://www.idph.state.il.us/public/books/advin.htm>
<http://www.polst.org/>
www.polstil.org

January, 2017

