

Transferable Physician Order for Life-Sustaining Treatment Policy

POLICY:

_____ (Name of health care facility or home health agency) complies with the Transferable Physician Order for Life Sustaining Treatment.

PROCEDURE:

1. On admission, the _____ (Name of position of person responsible) determines if the individual has a completed and signed blue transferable Physician Order for Life Sustaining Treatment (POLST) form.
2. If the individual does not have a completed and signed POLST form, the _____ (Name of position of person responsible) provides the individual with a blank POLST form and the following information:
 - a. The individual's physician or nurse practitioner documents the individual's preferences for life-sustaining treatment and signs the POLST form, or
 - b. The _____ (Name of position of person responsible) may assist the individual in preparing the POLST form
 - (i) The preparer reviews the POLST form in detail with the individual or the person who has the legal decision making authority, and documents the treatment preferences.
 - (ii) The preparer signs and prints his/her name as the preparer below Section E of the POLST form.
 - (iii) The preparer informs the individual that the POLST form is not valid without the signature of the physician or nurse practitioner.
 - (iv) The preparer notifies the individual's physician or nurse practitioner to review and sign the POLST form.
3. The _____ (Name of position of person responsible) places the completed and signed POLST form in the font of the individual's clinical record.

4. The facility and/or its employees that make a good faith effort to follow the instructions in the POLST form are not subject to any Department of Health sanction as a result of those good faith efforts.
5. If the individual is transferred or discharged to another facility, the _____(Name of position of person responsible or designee) sends the original Physician order for Life Sustaining Treatment form with the individual.

***Note: This is a sample policy and procedure. Each facility/agency may modify this sample as appropriate.