



## GUIDANCE FOR COMPLETING THE POLST FORM

1. Completion of a POLST form is always voluntary.
2. Any section of a POLST form which is not completed implies full treatment for interventions discussed in that section.
3. A POLST form may be executed/created:
  - a. when a patient has a serious illness or condition and the attending physician’s reasoned judgment is that the patient will die within the next 365 days OR
  - b. at any time if a person has been diagnosed with dementia or another progressive, degenerative disease or condition that attacks the brain and results in impaired memory, thinking, and behavior.
4. **If the patient has decision making capacity**, that patient chooses whether to complete and sign the POLST form with his or her physician. An authorized person may NOT sign the POLST form for a patient who has decision making capacity.
5. **If the patient lacks decision making capacity**, the POLST form may be signed by an “authorized person”, which includes, in the following order of priority:
  - a. the agent named on the patient’s durable power of attorney for health care or a health care agent named on the patient’s advance directive for health care
  - b. a spouse
  - c. a court-appointed guardian
  - d. son or daughter (age 18 or older)
  - e. parent
  - f. brother or sister (age 18 or older)
6. If an authorized person completes and signs the POLST form, treatment choices should be based in good faith on what the patient would have wanted if the patient understood his or her current circumstances.

## ADDITIONAL GUIDANCE FOR HEALTH CARE PROFESSIONALS

- I. **When a POLST form is signed by the Patient** and Attending Physician, all orders may be implemented without restriction.
- II. **When a POLST form is signed by the patient’s Health Care Agent** and Attending Physician:
  - i. **If Section A indicates Allow Natural Death – Do Not Attempt Resuscitation**, this order may be implemented when the patient is a “candidate for non-resuscitation”\* as defined in Georgia Code Section 31-39-2(4). However, a concurring physician signature is NOT required per Georgia Code Section 31-92-4(c).
  - ii. **Orders in Sections B, C and D may be implemented without restriction.**
- III. **When a POLST form is signed by an Authorized Person (other than the patient’s Health Care Agent)** and Attending Physician:
  - i. **If Section A indicates Allow Natural Death – Do Not Attempt Resuscitation**, this order may be implemented when the patient is a “candidate for non-resuscitation”\* as defined in Georgia Code Section 31-39-2(4). A concurring physician signature is REQUIRED per Georgia Code Section 31-39-4(c).
  - ii. **Orders in B, C, or D may be implemented when patient is:**
    - a. in a terminal condition OR
    - b. state of permanent unconsciousness OR
    - c. diagnosed with dementia or another progressive, degenerative disease or condition that attacks the brain and results in impaired memory, thinking and behavior.
- IV. **The status of resuscitation orders during surgery or other invasive procedures should be reviewed** by the physician with the patient or patient’s “authorized person” (as defined above).
- V. Copies of the original POLST form are valid.
- VI. The POLST form shall remain effective unless revoked by the attending physician upon the consent of the patient or the patient’s authorized person.
- VII. An attending physician who issues an order using the POLST form and who transfers the patient to another physician shall inform the receiving physician and the health care facility, if applicable, of the order.
- VIII. A health care facility may impose additional administrative or procedural requirements regarding a patient’s end of life care decisions, including the use of a separate order form. If the patient is in a health care facility, the attending physician should check with the facility to ensure these orders are valid.

\* Georgia Code Section 31-92-2(4) defines a “candidate for non-resuscitation” to mean a patient who, based on a reasonable degree of medical certainty:

- (A) has a medical condition which can reasonably be expected to result in the imminent death of the patient;
- (B) is in a non-cognitive state with no reasonable possibility of regaining cognitive functions; or
- (C) is a person for whom CPR would be medically futile in that such resuscitation will likely be unsuccessful in restoring cardiac and respiratory function or will only restore cardiac and respiratory function for a brief period of time so that the patient will likely experience repeated need for CPR over a short period of time or that such resuscitation would be otherwise medically futile.

## SUBSEQUENT REVIEW OF THE POLST FORM

This form should be reviewed when (i) the patient is transferred from one care setting or care level to another (ii) released to return home (iii) there is substantial change in the patient’s health status, or (iv) the patient’s treatment preferences change. If this POLST is voided, replaced, or becomes invalid, then draw a line through sections A through D, write “VOID” in large letters with date and time, and sign by the line. After voiding the form, a new form may be completed. *If no new form is completed, full treatment and resuscitation may be provided.*

Date/Time of Review	Location of Review	Print Name of Reviewer	Outcome of Review	Physician Signature
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided, new form completed <input type="checkbox"/> Form Voided, no new form	
			<input type="checkbox"/> No Change <input type="checkbox"/> Form Voided, new form completed <input type="checkbox"/> Form Voided, no new form	