

October 30, 2020

Dear Oregon POLST Registrant,

The Oregon POLST Registry records indicate that the POLST form we have on file for you was signed more than 10 years ago. Medical orders require periodic review and it is the policy of the Oregon POLST Registry to remove POLST forms that are 10 years old from the Registry. This letter is to inform you that your POLST form is no longer active in the Registry.

- If you no longer wish to have a POLST form then no action is needed.
- If you would like to have an updated POLST form in the Registry, please visit your healthcare professional to review your treatment wishes and fill out a new form.

If you have questions please contact the Oregon POLST Registry at **1-877-367-7657**.

Respectfully,

The Oregon POLST Registry team

Would you like to hear this information in a different language? Contact us at 1-877-367-7657 for translation service.

Physician Orders for Life-Sustaining Treatment

This is a physician order sheet based on patient/resident wishes and medical indications for life-sustaining treatment. If in the clinical record, this should be first page. In other settings, locate in a prominent place. When need occurs, first follow these orders, then contact physician. Any section not completed indicates full treatment.

Section A: Resuscitation. Patient/resident has no pulse and is not breathing. For all other medical circumstances, refer to "Section B, Emergency Medical Services (EMS)" listed below.
 Resuscitate Do Not Resuscitate (DNR)

Section B: Emergency Medical Services (EMS)
 Comfort Measures Only: Oral and body hygiene, reasonable efforts to offer food and fluids orally. Medication, positioning, warmth, appropriate lighting and other measures to relieve pain and suffering. Privacy and respect for the dignity and humanity of the patient/resident. Transfer only if comfort measures fail.
Call 9-1-1/code only if EMS is desired.
 Limited Interventions: All care above and consider oxygen, suction, treatment of airway obstruction (manual only), wound care.
 Advanced Interventions: All care above and consider oral/nasal airway, bag-mask/demand valve, monitor cardiac rhythm, medication, IV fluids.
 Full Treatment: All care above plus CPR, intubation and defibrillation.
 Other Instructions:

Section C: Antibiotics
 No antibiotics except if needed for comfort
 No invasive (IM/IV) antibiotics
 Full Treatment
 Other Instructions:

Section D: Artificially Administered Fluids and Nutrition (oral fluids and nutrition must be offered if medically feasible)
 No feeding tube/IV fluids (provide other measures to assure comfort)
 No long term feeding tube/IV fluids (provide other measures to assure comfort)
 Full Treatment
 Other Instructions:

Section E: Discussed with: Patient/Resident Health Care Representative Court-appointed Guardian
 Other (specify):
 THE BASIS FOR THESE ORDERS IS:

Signature of Physician (mandatory) | Physician Name (type or print) | Time and Date Signed

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 ORIGINAL FORM SHOULD ACCOMPANY PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED.

Example of a 2009 POLST form