

2017 revisions to Washington POLST form

Location on form	Revisions
Form header	<p>Added the letters “(POLST)” following the title.</p> <p>Revised the sentence: ‘The POLST form is always voluntary’ to say “Completing a POLST form is always voluntary.”</p> <p>Deleted the Gender section</p> <p>Added the word “(optional)” to the “Last 4 #SSN” section</p>
Section A	<p>Reworded and reformatted this section to be consistent with the other areas of the form</p>
Section B	<p>Reversed the order of requested interventions such that they are now (top to bottom): Full Treatment, Selective Treatment, and Comfort-focused Treatment. The primary goal of each treatment is now listed.</p> <p>The previous “Limited Additional Interventions” section is now titled “Selective Treatment.”</p> <p>The previous “Comfort Measures Only” section is now titled “Comfort-focused Treatment.”</p> <p>In the “Comfort-focused Treatment” section, revised the EMS line to insert the word ‘consider.’</p> <p>Revised the discussion of each interventions to be more internally consistent.</p>
Footer (page one)	<p>Added an outline of Washington State with the name “Washington” to identify the form origin</p>
<p>Top of page 2: Previously titled “Other Contact Information”.</p> <p>Title changed to: “Patient and Additional Contact Information (if any)”</p>	<p>Added Patient Name, DOB, Phone to page 2</p> <p>Removed “Name of Health Care Professional Preparing Form”</p>
Section D	<p>Revised and reworded the “Antibiotics” section to reflect feedback we have received. The options are now:</p>

	<ul style="list-style-type: none"> • “Use antibiotics for prolongation of life.” • “Do not use antibiotics except when needed for symptom management.”
<p>Directions for Health Care Professionals</p>	<p>Under Completing POLST:</p> <p>Deleted the bullet: “The POLST is usually for persons with serious illness or frailty.”</p> <p>Revised the bullet that previously stated: “The POLST must be completed by a health care provider based on the patient’s preferences and medical condition.” such that it now says: “Treatment choices documented on this form should be the result of shared decision-making by an individual or their surrogate and medical provider based on the person’s preferences and medical condition.”</p> <p>Under Using POLST:</p> <p>Revised the instructions for Sections A and B such that they are consistent with the new order and wording now found in those sections.</p> <p>Under Reviewing POLST:</p> <p>Relocated and revised the wording of a section previously located below the “Reviewing POLST” section now located at the top of the “Directions for Health Care Professionals section. It now reads: “Note: A person with capacity may always consent to or refuse medical care or interventions, regardless of information represented on any document, including this one.”</p>