

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MPQP1038			Lead Department: Health Services Business Unit: Quality Improvement	
Policy/Procedure Title: Physician Orders for Life-Sustaining Treatment (POLST)			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/28/2008		Next Review Date: 06/09/2027 Last Review Date: 06/10/2026		
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Partnership Advantage	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input checked="" type="checkbox"/> PAC
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 06/10/2026	

I. RELATED POLICIES:

N/A

II. IMPACTED DEPTS:

A. Health Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. [California Physician Orders for Life-Sustaining Treatment \(POLST\) Revised Form effective April 1, 2017](#) and available at: <https://capolst.org/>.

V. PURPOSE:

To establish Partnership HealthPlan of California’s policy for use of the Physician Orders for Life-Sustaining Treatment (POLST) form.

VI. POLICY / PROCEDURE:

The Physician Orders for Life-Sustaining Treatment (POLST) is a physician order sheet. The POLST translates a person’s wishes for medical treatment at the end of life into a set of physician orders that are followed throughout the medical system, including during transport between medical facilities. It constitutes a uniform document which implements a person’s wishes in all health care settings.

A. The POLST is not an Advance Directive and does not take the place of one. Patients should still be encouraged to complete an Advance Directive if they do not have one. The POLST translates the Advance Directive into physician orders. It also replaces the emergency medical services (EMS) form that gives resuscitation directions to emergency response staff in a patient’s home or any residential care facility.

1. The POLST is optional and not required. It can be an alternative to the “Pre-Hospital Do Not Resuscitate,” “Preferred Intensity of Care” and “Preferred Intensity of Treatment” forms, although POLST is more comprehensive in that it addresses other life-sustaining treatment in addition to resuscitative measures.
2. The primary population for completion of a POLST form is anyone with a life-limiting illness who is appropriate for end-of-life planning. However, the POLST form is valid for any patient.
3. The POLST may be changed by the patient, surrogate decision-maker (if patient is incapable of expressing their wishes), or the physician.

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4. A physician, nurse practitioner, or physician assistant must sign the POLST. It also should be signed by the patient or legally recognized decision-maker.
 5. If the possibility of resuscitation arises (patient has no pulse and no respiration), Part A: Attempt Resuscitation or Do Not Attempt Resuscitation orders are followed.
 6. If any section of the POLST is not completed, the highest level of treatment must be provided until further discussion with physician, nurse practitioner, or physician assistant. As with other physician orders, new orders can supersede the initial POLST.
 7. The physician, nurse practitioner, or physician assistant will be notified if the patient or legally recognized decision-maker requests a change in the POLST treatment decisions.
 8. In the skilled nursing setting, the POLST may be used in place of other facility cardiopulmonary resuscitation (CPR) treatment decision forms; dual forms are not necessary.
- B. Recommendations for completing a POLST form with the patient:
1. If the patient or surrogate decision maker chooses to complete a POLST form, the physician, nurse practitioner, or physician assistant or designated staff member will discuss the treatment options in the POLST form. Discussion will also include the patient's Advance Directive (if done) or other statements the patient has made regarding their wishes for end of life care and treatments. The likelihood of treatment success and the potential for causing suffering should be discussed when deciding upon CPR and medical interventions. Additional information about medical interventions is available for patients and families in the POLST Patient Handout.
 2. The POLST form is completed according to the patient's expressed wishes.
 3. The physician, nurse practitioner, or physician assistant and the patient or his/her legally recognized decision-maker will sign the POLST form.
 4. The POLST instructions and form are available at capolst.org/polst-for-healthcare-providers/forms/. Members needing assistance with translation should contact Partnership's Member Services department.
- C. Review of POLST form:
1. The physician, nurse practitioner, or physician assistant and patient or legally recognized decision-maker may review or revise the POLST at any time.
 2. During care plan conferences or discharge planning, the physician may review the POLST to see if the patient's condition warrants review or revision.
 3. The POLST can also be marked "VOID" and a new POLST completed. The original POLST marked "VOID" should be signed and dated. A copy of POLST marked "VOID" is kept in medical record directly behind the current POLST.
 4. As the patient moves from one health care setting to another or to home, the most current, original POLST form (including copies of any Advance Directive) should accompany the patient.
- D. Recommendations for when a patient with a POLST form is admitted to a health care facility:
1. The physician, nurse practitioner, or physician assistant, nurse, social worker or designated staff member will review the contents of the POLST form with the patient or surrogate decision maker.
 2. POLST orders will be honored by the staff. Resuscitation orders will be transcribed into the patient's medical orders.
 3. If the POLST is signed by a physician, nurse practitioner, or physician assistant who is not a member of the medical staff, POLST orders will be followed until reviewed by a credentialed member of the medical staff. POLST orders are continued, unless the attending physician writes new orders.
 4. The POLST form is copied for the medical record (or scanned into the electronic medical record). At the time of discharge, the Discharge Summary should note that patient has a POLST form. The original POLST should be sent with the patient at discharge or transfer from the facility.

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VII. REFERENCES:

California Physician Orders for Life-Sustaining Treatment <https://capolst.org/>

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer

X. REVISION DATES:

Medi-Cal

08/19/09; 11/17/10; 10/17/12; 10/16/13; 10/15/14; 10/21/15; 01/20/16; 01/18/17; *02/14/18; 02/13/19, 02/12/20; 02/10/21; 02/09/22; 02/08/23; 02/14/24; 02/12/25; 06/11/25; 06/10/26

Partnership Advantage (effective Jan. 1, 2028)

N/A

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:

Partnership Advantage:

MPQP1038 - 08/20/2008 to 01/01/2015

Healthy Families:

MPQP1038 - 11/17/2010 to 03/01/2013

Healthy Kids (Healthy Kids program ended 12/01/2016)

MPQP1038 - 08/28/08; 08/19/09; 11/17/10; 10/17/12; 10/16/13; 10/15/14; 10/21/15; 01/20/16 to 12/01/16