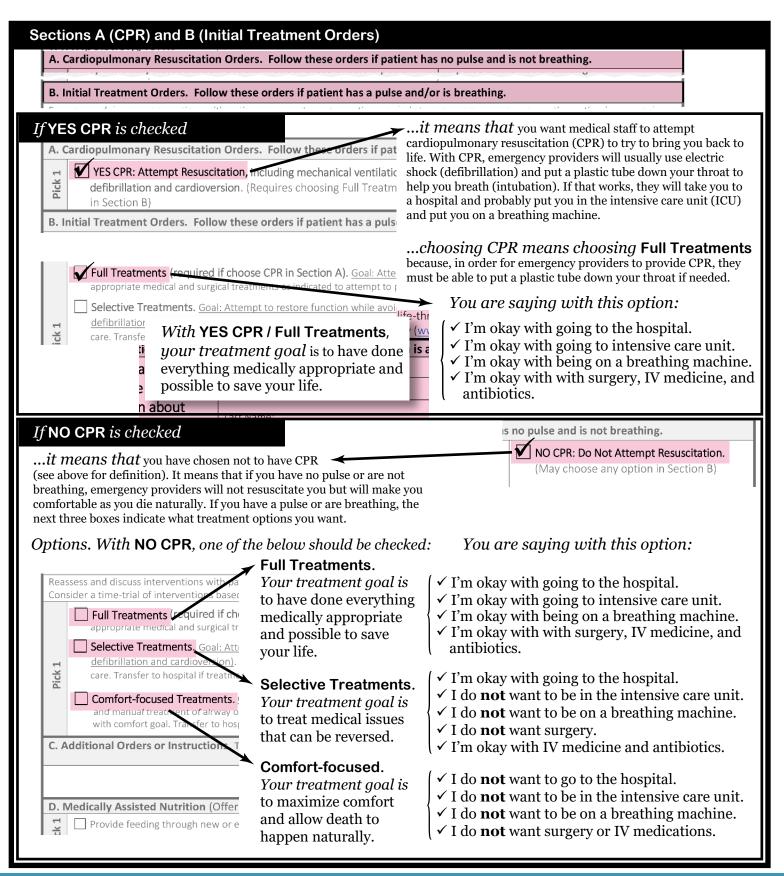
AKPOLST | What Your Completed POLST Form Means

Your health care provider should discuss your options with you as part of the process of completing the POLST form. This document is provided to help you remember your choices and explain what your POLST form means.





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Explanation of Additional Orders

Since no form can address every possible medical decision, the POLST form has space for your health care provider to order other treatments you may want. Your provider may have written additional orders in here based on your conversation.

C. Additional Orders or Instructions. These orders are in addition to those above (e.g., blood products, dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]

Explanation of Medically Assisted Nutrition Options

For every treatment option, health care providers will make reasonable attempts to give you food and fluids by mouth if you desire it, if it is safe and if you can tolerate it. If this is not possible, this section provides orders about what artificial nutrition you want. Options include temporary solutions or options requiring surgery, like a PEG tube. You can learn more by viewing this video about feeding tubes.

D	. Medically Assisted Nutrition (Offer food by mouth if desired by patient, safe and tolerated)		
	 Provide feeding through new or existing surgically-placed tubes Trial period for artificial nutrition but no surgically-placed tubes 	No artificial means of nutrition desired	
1	Trial period for artificial nutrition but no surgically-placed tubes	Discussed but no decision made (standard of care provided)	
		¥	

Discussed but no decision made means you will receive the standard of care (as you will for any section not completed).

Explanation of Patient Signature

By signing the form, you acknowledged that you understand this is voluntary and that you have discussed your goals with your health care provider. You should not ever be required to have a POLST.

E. SIGNATURE: Patient or Patient Representativ	optional)	
I understand this form is voluntary. I have discussed	treatment options and goals of care with my provid	er. If signing as the
patient's representative, the treatments are consis	with the patient's known wishes and in their best in	terest.
(optional)		
If other than patient, print full name of person consenting (or non-opposition in instance of guardian)	Author	ity:
F. SIGNATURE: Health Care Provider (required,	ned documents are valid) Verbal orders are accepta	able with follow up signature.
	nt or his/her representative. The orders reflect the patien authorized by law to sign POLST form in Alaska may sign tl	
(required)	Date (mm/dd/yyyy): Required Phone	#:

What if I change my mind?

You, as the patient, always have the right to change your mind about your POLST form. If you want to change to different options than the ones you selected, you need to have a new form created with your health care provider (you cannot modify the form yourself).

If you do not want to have a POLST form anymore, you have the right to void the form, too. Destroy the old form **and** contact your health care provider to void the orders in your medical records and any POLST registries, if applicable. If the patient lacks capacity, the patient's representative should follow these steps on behalf of the patient.

What do I do with my completed POLST form?

- ✓ Carry your POLST with you if you go to a facility.
- ✓ If you are home, post it on your refrigerator or put it in your medicine cabinet. Emergency personnel will look for it those places.
- ✓ Tell your family and friends you have a POLST form so they can tell emergency personnel to look for it.
- ✓ If you are traveling, keep a copy in your purse or wallet near your ID.



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