



Instructions continue on other side

This is an identification card for the Physician Orders for Life Sustaining Treatment (POLST). This card is not a substitute for a completed POLST form. It provides a summary of the POLST document and is expected to be honored by care providers.

POLST WALLET CARD INSTRUCTIONS

PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT

Name _____

Resuscitation: (patient has no pulse & is not breathing)

Resuscitate Do Not Attempt Resuscitation (DNR)

Medical Interventions: (has a pulse and/or is breathing)

Comfort Measures Only Limited Interventions

Advanced Interventions Full Treatment

Antibiotics:

No antibiotics except as needed for comfort

No IV/IM antibiotics Full Treatment

orders continue on the other side

#2177 6/03





The POLST document and wallet card are completed by the medical provider, who must sign both forms to make the wallet card valid. It is recommended that the completed wallet card be laminated in plastic for durability and to prevent alteration.

An existing card should be destroyed if the POLST document is updated. A new wallet card can be completed to match the new medical orders.

Artificially Administered Fluids and Nutrition:

- No feeding tube/IV fluids Full treatment
- No long-term feeding tube/IV fluids

Discussed with:

- Patient / Resident Spouse Other
- Agent of DPOA Court-appointed Guardian

I have completed the following forms:

- Durable Power of Attorney for Healthcare Decisions
- Court-Appointed Guardian

Physician Signature PRINT name Phone

PRINT patient name Pt / surrogate signature Date

