HOW IS POLST DIFFERENT FROM AN ADVANCE DIRECTIVE?

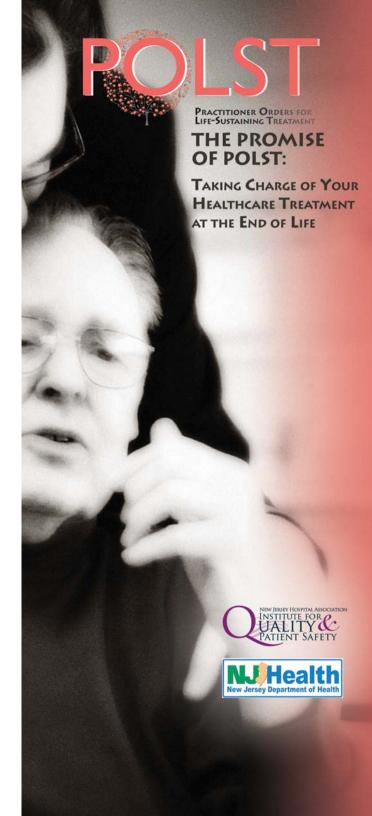
POLST complements an Advance Directive and does not totally replace that document. You may still need an advance directive to appoint a legal healthcare administrator. It is recommended that all adults have an advance directive regardless of their health status. If there is a conflict between the documents, have a conversation with your practitioner as soon as possible to determine the most current preferences.

The promise of POLST is that it empowers you to make the important decisions about your end-of-life care. Have the POLST conversation with your medical professional.





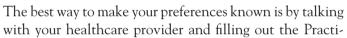


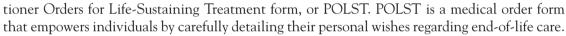


THE PROMISE OF POLST:

TAKING CHARGE OF YOUR HEALTHCARE TREATMENT AT THE END OF LIFE

alking about your wishes during a serious, life-altering illness can be difficult, emotional and, and for some of us, is a conversation we would rather avoid. But it's a conversation you must have as an important and necessary part of good medical care. You have the right to participate fully in all your healthcare decisions – and that's even more important near the end of life.





POLST can help you make meaningful personal choices regarding your care – and ensure that every member of the healthcare teams understands and respects those choices. Individuals fill out the POLST form together with their physician or advance practice nurse. It's signed by all of you and then becomes a permanent part of your medical record. Your POLST form will travel with you and must be honored in all his/her healthcare settings. And you can modify your POLST form at any time.

YOU SHOULD HAVE A POLST FORM IF YOU ARE:

- Seriously ill with a life-limiting advanced illness
- Frail and weak and have trouble performing routine daily activities
- Afraid of losing the capacity to make your own healthcare decisions in the near future
- Living in a nursing home or hospice.

MAKE YOUR WISHES KNOWN: CHOICES TO DISCUSS WITH YOUR HEALTHCARE PROFESSIONAL

There are two very important parts of the POLST form for you to describe your goals and wishes at the end of life: your "goals of care" and the medical interventions that you do and do not want.



This section details how you want to live your life in the time you have left. What is most important to you as you deal with a life-limiting illness? Do you have personal goals or family milestones you would like to reach? How much do you want to know about your illness? How much does your family know about your priorities and wishes? These are all issues you should consider. Your POLST form will allow you to make known any personal, cultural or spiritual practices related to your care.

MEDICAL INTERVENTIONS

The form also will allow you to work with your medical professional to clearly define the types of medical interventions you want — or don't want. For example, you may specify that you want comfort measures only, which is medical treatment intended to eliminate pain and suffering. You may specify an array of other treatment options such as intravenous fluids or antibiotics. Or you may state your wishes for full treatment, including all options available to sustain your life which could include a feeding tube and cardio pulmonary resuscitation.

