



ILLINOIS DEPARTMENT OF PUBLIC HEALTH “POLST”

Cancer Care Specialists of Illinois wants to ensure our patients are involved in decisions about treatment and care in extenuating circumstances.

Our goals include: pain identification and control, energy and/or fatigue management, emotional support, health maintenance, and shared decision making. For this reason, you will be asked to complete the enclosed POLST form with your provider. Although this form is voluntary, we encourage each patient to accept or refuse CPR in section “A”. This form serves as our documentation of your wishes in the event of an emergency.

POLST stands for Practitioner Orders for Life-Sustaining Treatment. The **POLST** is designed to:

- Help health care professionals know and honor the life-sustaining treatment wishes of their patients.
- Promote a patient’s autonomy with documentation of the patient’s treatment preferences.
- Facilitate appropriate treatment by emergency personnel.

POLST should be completed for patients with serious medical conditions, advanced illness, or frailty.

POLST is not intended to replace a power of attorney for healthcare or an advanced directive but to accompany these documents. If you would like assistance or information on power of attorney documentation or other forms of advanced directives, please request to meet with our nurse navigation services.

For your convenience we’ve attached a list of Frequently Asked Questions regarding the **POLST** form.

We look forward to providing you with patient centered care and coordination to serve your individual needs. Thank you for choosing **Cancer Care Specialists of Illinois** as part of your care team.

***To speak with a Cancer Care Specialists
of Illinois Nurse Navigator, please call:***

Decatur Office: 217-876-6600
Effingham Office: 217-342-2066
Centralia Office: 618-436-5410
O’Fallon Office: 618-416-7970

POLST ILLINOIS

Frequently Asked Questions

What does POLST stand for?

POLST stands for “Practitioner orders for Life-Sustaining Treatment.”

Is the POLST required by law?

Filling out a POLST form is your choice. In Illinois, healthcare providers must do what a POLST form says by law.

Who should have a POLST form?

POLST is recommended for a patient who has a serious medical condition or is frail.

Does the POLST replace a Healthcare Power of Attorney or Living Will?

No. The POLST form does not replace a Power of Attorney or any other legal document such as a Living Will. Experts recommend that all adults should name someone to make healthcare decisions for them by using a Healthcare Power of Attorney form.

How do I fill out a POLST form?

A POLST form is filled out after talking with your provider about your medical condition and potential problems that may arise. Your options and treatment wishes would be put on the form, which must then be signed by your physician.

What should be done with the form after it is completed and signed?

The original POLST form STAYS WITH YOU AT ALL TIMES. If you are moved to another setting (such as clinic to hospital or home to hospital), the original POLST goes with you.

Can I change my POLST form once it is completed?

Yes. If you decide to change your POLST form, write “VOID” on the front side of the form. A new form can then be completed with your healthcare provider showing your changes. The form with the latest date will be followed.

Who needs to see my POLST form?

A copy should be given to your physician or other healthcare provider. Family members should be aware you have a POLST form and exactly what your wishes are. It is also a good idea to provide a copy to your local hospital and to have a copy in plain sight, at your home, in the event emergency medical services are called.

This information was obtained from <http://www.polstil.org/>
Please feel free to visit this website to learn more.