



Guidance for Individuals

The Illinois Department of Public Health (IDPH) Uniform Practitioner Orders for Life-Sustaining Treatment (POLST) Form can be used to create an authorized practitioner order that reflects an individual's wishes about receiving *cardiopulmonary resuscitation (CPR) and life-sustaining treatments such as medical interventions and artificial administered nutrition*. The form allows you, in consultation with your health care professional and legal representative if desired, to make advance decisions about whether CPR should be administered if your breathing and/or heartbeat stop and if other life-sustaining treatments are desired. CPR, when successful, restores heartbeat and breathing. The completed form is intended to be honored across various settings, including hospitals, nursing homes, and by emergency medical services (EMS) personnel in your residence or in route to a health care facility. Photocopies and faxes of the IDPH Uniform POLST Form on any color of paper also are legal and valid forms. Older versions of the IDPH Uniform POLST Form are still valid.

You should complete the IDPH Uniform POLST Form only after extensive discussion about treatment preferences with your immediate family members and your health care professionals. Items for discussion with your health care professionals should include your preferences regarding administration of CPR if your heartbeat and/or breathing stop or if other life-sustaining treatments are desired, in view of the following:

- **Your personal views**
- **Your medical condition and related medical considerations**
- **Your views regarding use of CPR in the event of an unforeseen accident (such as a car crash or choking on food)**
- **Quality of life issues before and after CPR**
- **Your views regarding use of CPR during surgery or other medical procedure**
- **Your wishes regarding organ donation**
- **Your views regarding use of a mechanical ventilator**
- **Your wishes for life-sustaining treatments, including but not limited to feeding tubes**

DNR or POLST orders are always voluntary and may be revoked at any time. You are not required to consent to a DNR or POLST order as a condition of treatment or care. If you become unable to make decisions for yourself, a decision regarding whether you should have a DNR or POLST order can be made by your legal representative and your practitioner.



I. General Considerations

What is a Do-Not-Resuscitate (DNR) order?

A Do-Not-Resuscitate (DNR) order is a medical treatment order that says cardiopulmonary resuscitation (CPR) will not be attempted if your heart and/or breathing

What is cardiopulmonary resuscitation (CPR)?

CPR refers to various medical procedures, such as chest compressions, electrical shocks and insertion of a breathing tube, used in an attempt to restart your heart and/or breathing.

Why are DNR orders issued?

You have the right to refuse medical treatment. Health care professionals ordinarily will begin CPR when your heart and/or breathing stop. You may make a choice, however, not to receive CPR under these circumstances. A DNR order states you prefer to be cared for without CPR in the event your heart and/or breathing stops.

Who may have a DNR order?

An adult or an emancipated minor who does not wish to have CPR attempted when his or her heart and/or breathing stops may have a DNR order. The parent or legal guardian of a minor also may request a DNR order for the minor.

What are Practitioner Orders for Life-Sustaining Treatment (POLST) orders?

Life-sustaining treatment orders can be medical interventions focused on sustaining (artificial airways and mechanical ventilations), selective treatment (IV fluids, medication or comfort measures which allow for natural death (pain medication, wound care, oxygen, suction) and/or artificially administered nutrition by tube.

Is there a form my authorized practitioner can use to enter a DNR or POLST order?

Yes. IDPH has developed the IDPH Uniform POLST Form that your authorized practitioner can use. A DNR or POLST order completed on this form must be honored by health care professionals and providers in health care facilities, as well as by emergency medical services personnel in your home or in route to a health care facility within Illinois. To obtain a copy of the IDPH Uniform POLST Form you may request one from your health care professional or facility. Copies also are available for download on the IDPH website located at <http://www.dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives#publications-publications>. Health care facilities also may have their own form, but the guidance provided here addresses the IDPH Uniform POLST Form form.

Where may a DNR or POLST order be used?

A DNR or POLST order may be used by all health care professionals. The IDPH Uniform POLST Form must be honored in Illinois by licensed hospitals, in certain licensed long-term care facilities such as nursing homes, and by Illinois licensed emergency medical services personnel.



II. Completing and Reviewing the IDPH Uniform POLST Form

If I want all resuscitation efforts under all circumstances, do I still have to complete the IDPH Uniform POLST Form?

No. In the absence of a DNR or POLST order, CPR should be attempted if your heartbeat and/or breathing stop, and all life-sustaining treatments will generally be attempted.

If I do not have a completed POLST order, what will happen if I suffer some type of cardiopulmonary arrest?

Again, CPR and other resuscitative efforts will generally be attempted in the event your heart and/or breathing stop.

Who may provide the consent required on the IDPH Uniform POLST Form?

Generally, consent may be obtained from you or another person legally authorized to act on your behalf. If you are unable to make your own health care decisions, a legal guardian, a health care agent under a health care power of attorney or a health care surrogate may consent on your behalf to the DNR or POLST order. A parent or legal guardian typically may grant the required consent for a minor, and emancipated minors also may consent to a DNR or POLST order.

Does the IDPH Uniform POLST Form require the signature of the person who is consenting to the DNR or POLST order?

Yes. You or your legal representative, health care agent or health care surrogate must sign the section of the form concerning consent. It is also important to identify in Section D persons with whom you have had discussions in regard to your care at the end of life.

Is a witness required for the IDPH Uniform POLST Form?

Yes. One individual, 18 years of age or older, must witness your signature or your legal representative's signature granting consent on the IDPH Uniform POLST Form. A witness may include a family member, friend or health care worker.

III. Implementing a DNR or POLST order on an IDPH Uniform POLST Form

Once I have a completed a IDPH Uniform POLST Form form, what medical care will be given to me?

When the IDPH Uniform POLST Form order is entered into your medical record, you will receive (or have withheld) the life-sustaining treatment as requested by you on the form. However, if your heartbeat and/or breathing stops, appropriate medical treatment will only be given according to your wishes as expressed in the IDPH Uniform POLST Form.



Does the cause of the cardiopulmonary arrest matter when invoking my DNR order?

Generally, no, the order generally applies when your heartbeat and/or breathing stop, regardless of the cause. For example, if you go into cardiopulmonary arrest from an accident, and you have a DNR order, your wishes as stated in the order likely will be followed to the extent the order is readily available to the health care provider. You may choose to limit the DNR or POLST order to certain circumstances by expressing your preferences in the space designated for “optional additional orders”.

A DNR order may not be appropriate for you, should you want CPR administered if your heartbeat and/or breathing stop as a result of an accident or during a medical procedure such as surgery. Therefore, it is very important to discuss your wishes with your family and health care professional prior to consenting to a DNR order. You and your health care professional might consider placing your wishes regarding application of the order in the event of an accident or medical procedure in the portion of the form designated for “optional additional orders”.

What if I change my mind about having a DNR or POLST order?

You (or your legal representative on your behalf) can change your mind at any time about having a DNR or POLST order. The DNR or POLST order can be revoked in a variety of ways, such as by writing “VOID” in large letters across the first page of the form or destroying the form and all copies. If you revoke a DNR or POLST order, you also should immediately tell your family members, as well as each health care professional and provider that has received a copy of the order. You may then choose not to have a DNR or POLST order, or you may choose to complete a new DNR or POLST order reflecting any changes you wish.

Does my completed DNR or POLST order have an expiration date?

No. The order is valid until you revoke it. If you are unable to revoke it, your legal representative may do so.

Must all health care providers honor my DNR or POLST order?

Illinois licensed hospitals, certain Illinois licensed long-term care facilities such as nursing homes, and Illinois licensed emergency medical services personnel are required by law to honor an IDPH Uniform POLST Form.

If an Illinois licensed ambulance is called to take me to the hospital, should my DNR or POLST order be honored by licensed emergency medical services personnel?

Yes, as long as someone provides emergency medical services personnel with a copy of your DNR or POLST order, and the order appears to be complete and valid. If a form other than the IDPH Uniform POLST Form is used, there may be barriers to honoring your DNR or POLST order.

If I am transferred from one facility to another, should my DNR or POLST order be sent with me?

Yes. Your DNR or POLST order, or a copy of it, should accompany you to the next setting, whether it is a hospital, rehabilitation facility, nursing home or your own home.



Are photocopies of the IDPH Uniform POLST Form valid?

Generally, yes. Photocopies of a completed IDPH Uniform POLST Form are valid. Each Illinois licensed health care facility and emergency medical service provider must honor the IDPH Uniform POLST Form. However, health care facilities may have different policies on whether other DNR or POLST orders are honored and whether copies of DNR or POLST orders completed on a form other than an IDPH Uniform POLST Form is honored. If you use a form other than the IDPH Uniform POLST Form, then it is advisable to check with a health care facility to verify that a non-IDPH form (or a copy) will be honored.

Who keeps the completed DNR or POLST order?

You should keep the DNR or POLST order with you where you reside, whether at home or on file in your medical record at a long-term care facility and your authorized practitioner should keep a copy in your medical record. A copy also should be with you if you are transported to a hospital or other health care facility. You also may wish to post a copy of the IDPH Uniform POLST Form in your home in a place where it will be quickly found by emergency medical services personnel. If you have a legal guardian, have named an agent under a power of attorney for health care or have a surrogate (substitute) decision maker, he or she also should have a copy of the order readily accessible.

Are DNR or POLST orders ever suspended during surgery or other medical procedures?

Certain health care providers and facilities in Illinois have written policies indicating that a DNR or POLST order may be suspended during a surgical procedure after discussion with you or your legal representative. Prior to undergoing surgery, you should discuss your wishes with your authorized practitioner and other health care providers.

Your wishes regarding applicability of a DNR or POLST order during surgery, or in the event of an unforeseen accident (e.g., a car crash or choking on food), may be placed on the form in the space designated for “Optional Additional Orders.”

What other documents might I consider signing to direct my care when I am no longer able to make health care decisions for myself?

You may choose to make your wishes known by appointing an agent through a power of attorney for health care or by executing a living will. Please read the Department’s information on “advance directives for further information regarding the various advance directives available in Illinois. The statement is located on the IDPH Advance Directive home website at <http://www.dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives#publications-publications>. You also can obtain the following forms from that website: Illinois Department of Public Health Uniform POLST Form (this document records your choice regarding CPR and life-sustaining treatments), the Power of Attorney for Health Care, the Living Will Declaration, and the Declaration for Mental Health Treatment.

The Illinois Department of Public Health has provided the guidance in this document for general informational purposes only. Because each individual situation is different and key facts can so often change the outcome, additional questions should be directed to a licensed attorney, as the Department cannot provide legal advice.