

Section S		California
S9040A	California POLST	
Enter Code	Does resident have a California POLST form in chart	
<input type="checkbox"/>	0. No	
<input type="checkbox"/>	1. Yes	
S9040B	Item selected in California POLST Section A:	
Enter Code	1. Attempt resuscitation	
<input type="checkbox"/>	2. Do not attempt resuscitation	
<input type="checkbox"/>	9. Not completed	
S9040C	Item selected in California POLST Section B:	
Enter Code	1. Comfort measures only	
<input type="checkbox"/>	2. Limited additional interventions	
<input type="checkbox"/>	3. Do not transfer to hospital for medical intervention	
<input type="checkbox"/>	4. Full treatment	
<input type="checkbox"/>	9. Not completed	
S9040D	Item selected in California POLST Section C:	
Enter Code	1. No artificial nutrition by tube	
<input type="checkbox"/>	2. Defined period of artificial nutrition by tube	
<input type="checkbox"/>	3. Long term artificial nutrition by tube	
<input type="checkbox"/>	9. Not completed	
S9040E	Signature by physician in California POLST Section D:	
Enter Code		
<input type="checkbox"/>	0. No	
<input type="checkbox"/>	1. Yes	
S9040F	Signature by resident or decision maker in California POLST Section D:	
Enter Code		
<input type="checkbox"/>	0. No	
<input type="checkbox"/>	1. Yes	
S9040G	Discussed with in California POLST Section D:	
Enter Code	1. Patient	
<input type="checkbox"/>	2. Decision Maker	
<input type="checkbox"/>	3. Parent of Minor	
<input type="checkbox"/>	4. Conservator	