



EMSA #111 B
(Effective 1/1/2016)*

Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: (optional)

A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>If patient has no pulse and is not breathing.</i> <i>If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.</i>
	<input type="checkbox"/> Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B) <input type="checkbox"/> Do Not Attempt Resuscitation/DNR (Allow <u>N</u> atural <u>D</u> eath)

B Check One	MEDICAL INTERVENTIONS: <i>If patient is found with a pulse and/or is breathing.</i>
	<input type="checkbox"/> Full Treatment – primary goal of prolonging life by all medically effective means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. <input type="checkbox"/> <i>Trial Period of Full Treatment.</i> <input type="checkbox"/> Selective Treatment – goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care. <input type="checkbox"/> <i>Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location.</i> <input type="checkbox"/> Comfort-Focused Treatment – primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital <u>only</u> if comfort needs cannot be met in current location. Additional Orders: _____ _____

C Check One	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible and desired.</i>
	<input type="checkbox"/> Long-term artificial nutrition, including feeding tubes. Additional Orders: _____ <input type="checkbox"/> Trial period of artificial nutrition, including feeding tubes. _____ <input type="checkbox"/> No artificial means of nutrition, including feeding tubes. _____

D	INFORMATION AND SIGNATURES:		
	Discussed with: <input type="checkbox"/> Patient (Patient Has Capacity) <input type="checkbox"/> Legally Recognized Decisionmaker		
	<input type="checkbox"/> Advance Directive dated _____, available and reviewed → <input type="checkbox"/> Health Care Agent if named in Advance Directive:	Name: _____	
	<input type="checkbox"/> Advance Directive not available	Phone: _____	
	<input type="checkbox"/> No Advance Directive		
	Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA) My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.		
	Print Physician/NP/PA Name:	Physician/NP/PA Phone #:	Physician/PA License #, NP Cert. #:
	Physician/NP/PA Signature: (required)		Date:
	Signature of Patient or Legally Recognized Decisionmaker I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.		
	Print Name:	Relationship: (write self if patient)	
Signature: (required)	Date:	FOR REGISTRY USE ONLY	
Mailing Address (street/city/state/zip):	Phone Number:		

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

*Form versions with effective dates of 1/1/2009, 4/1/2011 or 10/1/2014 are also valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle): _____ Date of Birth: _____ Gender: **M** **F**

NP/PA's Supervising Physician

Name: _____

Preparer Name (if other than signing Physician/NP/PA)
Name/Title: _____ Phone #: _____

Additional Contact

None

Name: _____ Relationship to Patient: _____ Phone #: _____

Directions for Health Care Provider

Completing POLST

- **Completing a POLST form is voluntary.** California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive.** When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician/NP/PA believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
- To be valid a POLST form must be signed by (1) a physician, or by a nurse practitioner or a physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker. Verbal orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
- Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician/NP/PA, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit www.caPOLST.org.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

Introduction to the Hmong translation of the POLST form

POLST is a medical order that gives patients more control over their care during serious illness. Printed on a bright pink form and signed by the patient and by a physician, nurse practitioner or physician assistant, POLST lists the types of medical treatment that a patient wishes to receive during serious illness.

This is a Hmong translation of the California POLST form. The translated form is for educational purposes only to be used when discussing a patient's wishes documented on the POLST form. The signed POLST form must be in English so that emergency personnel can read and follow the orders.

For questions in English, email info@capolst.org or call (916) 489-2222. To learn more about POLST, visit www.caPOLST.org.

Kej Qhia txog Daim POLST uas Muab Txhais Ua Ntawv Hmoob

POLST yog ib daim ntawv xaj uas teev tus neeg mob txoj kev ntshaw txog nws cov kev khomob. Luam rau hauv ib daim ntawv pajyeeb tshiab thiab muaj tus neeg mob thiab tus kws khomob, tus neeg saib mob uas muaj cai khomob lossis tus neeg pab kws khomob suom npe rau, daim POLST yuav teev cov kev khomob uas tus neeg mob ntshaw.

Nrog uake no yog daim California POLST uas muab txhais ua ntawv Hmoob. Daim ntawv uas txhais no tsuas yog txhais kom nej nyeem lotaub thiab paub los sib tham txog tus neeg mob txoj kev ntshaw uas tus kws khomob tau muab sau tseg rau hauv daim POLST lawm xwb. Daim POLST uas suom npe rau lawm yuavtsum yog sau ua ntawv Askiv xwv cov neeg khomob xwmtxheej ceev thiaj nyeem tau thiab ua tau raws li cov lus uas tus kws khomob tau xaj tseg.

Yog muaj lus nug ua lus Askiv, email info@capolst.org lossis hu rau (916) 489-2222. Yog xav paub ntiv txog POLST, mus xyuas houv www.caPOLST.org.



EMSA #111 B
(Siv txij 1/1/2016 mus)*

Kws Khomob Cov Kev Xaj kom Khomob Tuav Txoj Sia
(Physician Orders for Life-Sustaining Treatment, POLST)

Ua raws cov kev xaj no, tomqab ntawd hu rau tus Kws Khomob/NP/PA. Daim copy ntawm daim POLST uas suam npe rau lawm siv tau los ua daim ntawv xaj rau kws khomob uas siv tau raws li txoj kevcai. Tej feem (section) uas tsis sau dabtsi rau txhais hais tias kho txhua yam hauv feem ntawd. **POLST tsuas yog ib cov lus hais ntxiv rau daim Ntawv Ntxov Qhia Dejsiab xwb thiab nws tsis yog los hloov nws cov lus.**

Tus Neeg Mob Lub Xeem:	Hnub Ua Daim Ntawv:
Tus Neeg Mob Lub Npe:	Tus Neeg Mob Hnub Yug:
Tus Neeg Mob Lub Npe Nrab:	Lej Khomob #: (tuamyeem muab)

A KEV TSHUAB PA RAU (CPR): *Yog tias tus neeg mob cov ntshav tsis khiav thiab tsis ua pa lawm. Yog tus neeg mob lub plawv TSIS tau nres, ua raws li cov kev xaj hauv Feem (Sections) B thiab C.*

Khij Ib Qhov
 Tshuab Pa Rau/CPR (Yog ua CPR li hais hauv Phaj A **yuavtsum tau** Kho Txhua Yam li hais hauv Phaj B)
 Tsis Txhob Tshuab Pa Rau/DNR (Cia Nws Tuag Mus)

B MUAB KEV KHOMOB LOS PAB: *Yog tias tus neeg mob cov ntshav tseem khiav thiab/lossis tseem ua pa.*

Khij Ib Qhov
 Kho Txhua Yam – lub homphiaj yog rub txoj sia kom ntev los ntawm kev siv txhua yam los kho.
 Dua li cov kev khomob uas hais hauv kev Muab Qee Yam Kev Khomob los Pab Ntxiv thiab Kho Kom Nyob Taus Xwb lawm, yuav tho cajpas es ntxig xov ua pa rau, siv cov kev los pab kom ua taus pa, siv tshuab los pab tshuab thiab nqus pa, thiab siv tshuab los pab kom rov ua pa/plawv dhia li uas tau hais tseg.
 Lub Sijhawm Sim Kho Txhua Yam.
 Muab Qee Yam Kev Khomob los Pab Ntxiv – lub homphiaj yog los kho tus mob tabsis yuav tsis siv tej yam uas hajyam yuav ua rau tus neeg mob sab ntxiv.
 Dua li cov kev khomob uas hais hauv kev Kho Kom Nyob Taus Xwb lawm, yuav muaj kev khomob, txhaj tshuaj tua kabmob hauv IV, thiab txhaj dej hauv IV lis uas tau hais tseg. Tsis tho cajpas ntxig xov ua pa rau. Siv tej kev pa ua pa uas yoojyim. Feem ntau tsis coj mus pw hauv chav pw khomob hanyav.
 Thov pab thauj mus rau tom tseem khomob nkaus xwb yog tsis muaj kev pab kho kom nyob taus xwb hauv lub chaw ntawd.
 Kho Kom Nyob Taus Xwb – lub homphiaj yog kho kom nyob taus.
 Siv tshuaj los pab txo tus mob thiab kev txomnyem li uas ua tau; siv oxygen, tshuab los nqus thiab kho kom cajpas tsis txhob txhaws. Tsis txhob siv cov kev khomob uas hais hauv Kho Txhua Yam thiab Muab Qee Yam Kev Khomob los Pab Ntxiv tshwj tias nws yog cov uas teev hauv kev kho kom nyob taus xwb. **Thov pab thauj mus rau tom tseem khomob nkaus xwb** yog tsis muaj kev pab kho kom nyob taus xwb hauv lub chaw ntawd.
 Lwm Yam Kev Xaj: _____

C TXHAJ THIAB CEV ZAUBMOV MUS RAU HAUV LUB CEV: *Muab zaubmov rau nws noj ntawm ncauj mus yog ua tau thiab nws nyiam.*

Khij Ib Qhov
 Txhaj thiab cev zaubmov mus rau hauv lub cev, thiab cev xov mus rau hauv lub plab ntev mus. Lwm Yam Kev Xaj: _____
 Sim txhaj thiab cev zaubmov mus rau hauv lub cev, thiab cev xov mus rau hauv lub plab. _____
 Tsis txhob txhaj thiab cev zaubmov mus rau hauv lub cev, thiab cev xov mus rau hauv lub plab. _____

D COV KEV QHIA THIAB KEV SUAM NPE:

Tau nrog tham: Tus Neeg Mob (Tus Neeg Mob Tseem Tham Tau) Tus Neeg Raug Tsocai los Pab Txiavtxim Siab
 Muaj daim Ntawv Ntxov Qhia Dejsiab uas ua hnub _____ thiab muab → Tus Kws Khomob yog hais hauv daim Ntawv Ntxov Qhia Dejsiab:
 Muab tsis tau daim Ntawv Ntxov Qhia Dejsiab Npe: _____
 Tsis muaj daim Ntawv Ntxov Qhia Dejsiab Xovtooj: _____

Tus Kws Khomob / Tus Neeg Saib Mob Uas Muaj Cai Khomob / Tus Neeg Pab Kws Khomob Kev Suam Npe (Kws Khomob/NP/PA)
 Kuv txoj kev suam npe hauv qab no qhia tau tias raws li kuv paub cov kev uas kuv tau xaj no yeej yog raws li tus neeg mob txoj kev ntshav thiab nws tus mob.

Sau Tus Kws Khomob/NP/PA Lub Npe:	Tus Kws Khomob/NP/PA Tus Xovtooj:	Tus Kws Khomob/PA Tus Lej Laixees Khomob, NP Tus Lej ntawm daim ntawv Tsocai Khomob:
Tus Kws Khomob/NP/PA Suam Npe: (yuavtsum tau muaj) XXXXXXXXXXXXXXXXXXXXXXX		Hnubtim:

Tus Neeg Mob lossis Tus Neeg Raug Tsocai los Pab Txiavtxim Siab Kev Suam Npe
 Kuv totaub tias kev ua daim ntawv no yog kev tuamyeem ua xwb. Los ntawm kev suam npe rau daim ntawv no, tus neeg raug tsocai los pab txiavtxim siab lees paub tias txoj kev thov kev pab tshuab pa rau li no yeej yog raws li cov kev ntshaw, thiab yog qhov uas zoo tshaj rau, tus tibneeg uas muaj npe nyob rau hauv daim ntawv no.

Sau Lub Npe: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Kev Txheebze: (sau tias tuskheej yog tus neeg mob sau)	
Suam Npe: (yuavtsum tau muaj) XXXXXXXXXXXXXXXXXXXX	Hnubtim:	FOR REGISTRY USE ONLY/ CHAW HAUJLWM SIV NKAUS XWB
Chaw Xa Ntawv (chaw nyob thiab txoj kev/lub nroog/xeev/zip):	Tus Xovtooj:	

HIPAA TSOCAL RAU MUAB POLST RAU LWM TUS KWS KHOMOB XYUAS LI YUAVTSUM TAU MUAB

Kev Qhia txog Tus Neeg Mob

Npe (xeem, npe, npe nrab):	Hnub Yug:	Yog: M F
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Tus Kws Khomob uas Saib Tus NP/PA Tus Neeg Pab Ua Daim Ntawv No (yog nws tsis yog tus Kws Khomob/NP/PA)

Npe:	Npe/Lub Meejmom:	Tus Xovtooj:
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Lwm Tus Neeg uas Hu Tau Rau Tsis muaj

Npe:	Kev Txheebze rau tus Neeg Mob:	Tus Xovtooj:
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Cov Kev Qhia rau Cov Neeg Khomob

Kev ua daim POLST

- **Kev ua daim POLST yog ib txoj kev tuamyem ua xwb.** Kalifonias txoj kevcai samfwm kom cov neeg khomob yuavtsum tau ua raws li daim POLST thiab yog tias lawv ua raws nraim li nws hais txawm yuav muaj teebmeem dabtsi los luag yuav tsis suav txim rau lawv. Thaum nyob hauv tsev khomob, yuav raug kuaj los ntawm ib tus kws khomob lossis tus neeg saib mob uas muaj laixees khomob (NP) lossis ib tus neeg pab kws khomob (PA) uas raug saib los ntawm tus kws khomob, uas yuav los sau ib cov ntawv xaj uas mus raws li tus neeg mob cov kev ntshaw.
- **Daim POLST yuav hloov tsis tau daim Ntawv Ntxov Qhia Dejsiab.** Thaum muaj thiab ua tau, yuav tau xyuas daim Ntawv Ntxov Qhia Dejsiab thiab daim POLST kom paub meej tias nws hais lcas tiag, thiab yog tsimnyog muab nws kho kom tsis txhob muaj kev covnyom dabtsi.
- Daim POLST yuavtsum yog ua los ntawm ib tus kws khomob uas yog saib raws li tus neeg mob cov kev ntshaw thiab nws tus mob.
- Tus neeg raug tsocai los pab txiavtxim siab yog suav tus neeg uas raug taw los ntawm ib lub tsev txiavtxim kom los ua tus neeg nrog tswj lossis nrog saib xyuas, tus neeg sawvcev uas raug taw rau hauv daim Ntawv Ntxov Qhia Dejsiab, raug taw ntawm ncauj, tus pojniam/txiv, tus neeg sau npe nrog nws ua neej, niamtxiv ntawm ib tus menyuum yaus, tus txheebze, lossis tus neeg uas tus neeg mob tus kws khomob/NP/PA xav tias paub zoo txog tus neeg mob thiab qhov uas yuav zoo rau nws thiab yuav los pab txiavtxim tau raws li tus neeg mob txoj kev ntshaw, kev xav tau.
- Tus neeg sawvcev los txiavtxim siab tsuas hais kom ua raws li daim POLST tau thaum tus neeg mob tsis muaj peevxwm los txiavtxim siab tau lawm lossis tau sau tseg tias tus neeg sawvcev los txiavtxim siab pib ua haujlwm tau tamsim ntawd mus.
- Yuav kom siv tau, daim POLST yuavtsum yog muaj kev suam npe rau los ntawm (1) ib tus kws khomob, lossis tus neeg saib mob uas muaj laixees khomob lossis ib tus neeg pab kws khomob uas raug saib los ntawm tus kws khomob thiab ua raws li txoj kevcai thiab (2) suam npe los ntawm tus neeg mob lossis tus neeg pab txiavtxim siab. Siv tau kev xaj los ntawm ncauj uas mam xa kev suam npe tomqab los ntawm tus kws khomob/NP/PA uas ua raws li lub tsev khomob/lub cheebtsam txoj kevcai.
- Yog siv daim ntawv uas txhais ua lwm yam lus rau tus neeg mob lossis tus neeg pab txiavtxim siab, muab nws tom nrog daim POLST uas sau ua lus Askiv uas tau suam npe rau lawm.
- Peb nquahu kom siv daim ntawv tseem. Daim POLST uas luam lossis FAX uas tau suam npe rau los yeej siv tau raws li txoj kevcai. Yuavtsum tau luam ib copy, rau daim ntawv Pajyeeb yog muaj, cia nrog tus neeg mob cov ntaub ntawv khomob.

Kev siv daim POLST

- Phaj POLST twg yog tsis sau dabtsi rau hauv txhais tau tias kho txhua yam li phaj ntawd hais.
- Phaj A:*
- Yog pom tias tus tibneeg cov ntshav tsis khiav thiab nws tsis ua pa lawm tsis txhob siv lub tshuab uas pab kom lub plawv rov dhia (defibrillator) (nrog rau lwm yam uas ua kom lub plawv rov dhia) lossis nias hauvsiab rau tus neeg mob lawm yog tias nws xaiv qhov uas hais tias "Tsis Txhob Tshuab Pa Rau."
- Phaj B:*
- Thaum pab tsis tau kom nws nyob taus hauv lub chaw ntawd, tsimnyog muab tus neeg mob ntawd, nrog rau tus uas xaiv qhov "Kho Kom Nyob Taus Xwb," xa mus rau lub chaw uas yuav pab tau li ntawd rau nws (xwsli, kho txha puab-tais dam).
 - Lwm yam uas pab kom ua taus pa yog suav tej yam khoom xiab kom ua tau pa (CPAP), khoom xiab ob theem (bi-level) kom ua taus pa (BIPAP), thiab lub hnab looj ntsejmuag los pab ua pa (BVM).
 - Feem ntau kev txhaj tshuaj tua kabmob thiab txhaj dej tsis suav ua "Kho Kom Nyob Taus Xwb."
 - Kev txhaj dej rau cawm tau kom nyob ntev tuaj. Yog ib tus tibneeg xav kom txhaj dej rau, sau tias "Muab Qee Yam Kev Khomob los Pab Ntxiv" lossis "Kho Txhua Yam."
 - Nyob ntawm tus qauv kev khomob ntawm cov EMS hauv koj lub cheebtsam, tej zaum cov EMS yuav tsis ua raws li "Lwm Yam Kev Xaj" uas sau rau hauv Phaj B.

Kev tshuaj daim POLST

- Peb nquahu kom yuav tau los tshuaj daim POLST ua ntu zus. Peb nquahu kom tshuaj thaum:
- Tus neeg mob raug xa mus rau lwm lub chaw khomob lossis lwm theem kev khomob, lossis
 - Muaj kev hloov ntau hauv tus neeg mob tus mob, lossis
 - Tus neeg mob ntawd tau hloov nws txoj kev ntshaw txog kev khomob.

Kev kho thiab thim daim POLST

- Tus neeg mob uas tseem muaj peevxwm los txiavtxim siab rau nws tuskheej thov tau lwm txoj kev khomob lossis thov tshem nws daim POLST tawm tau txhua lub sijhawm los ntawm kev hais lossis sau ntawv tias nws xav muab tshem tawm. Peb nquahu tias yog xav tshem tawm no khij ib txoj kab tua Feem A txog D, thiab sau "VOID" ua tus tsiaj ntawv loj loj rau, thiab suam npe thiab sau hnubtim rau txoj kab ntawd.
- Tus neeg uas raug tsocai los pab txiavtxim siab thov tau kom kho cov kev xaj ntawd, nrog kev koomtes los ntawm tus kws khomob/NP/PA, raws li txoj kev ntshaw ntawm tus neeg mob uas tau hais tseg lossis yog tsis tau hais tseg, raws li qhov uas yuav zoo rau tus neeg mob.

Daim ntawv no raug pom zoo rau los ntawm lub California Emergency Medical Services Authority nrog kev koomtes los ntawm cov neeg POLST Task Force hauv lub xeev. Yog xav tau kev qhia ntxiv lossis ib copy ntawm daim ntawv no, mus xyuas hauv www.caPOLST.org.

XA DAIM NTAWV NO NROG TUS NEEG MOB MUS THAUM MUAB NWS XA MUS RAU LWM QHOV LOSSIS TSO TAWM