

## **Providers Orders for Life-Sustaining Treatment Program**

The Providers Orders for Life-Sustaining Treatment (POLST) program is designed to improve the quality of care people receive at the end of life. It is based on effective communication of patient wishes, documentation of medical orders and a promise by health care professionals to honor these wishes.

## **Patient-Centered Care**

Effective communication between the patient or legally designated decision-maker and health care professionals ensures decisions are sound and based on the patient's understanding their medical condition, their prognosis, the benefits and burdens of the life-sustaining treatment and their personal goals for care.



More information about the POLST form or utilization of POLST can be found at the Montana Board of Medical Examiners Website at:  
[polst.mt.gov](http://polst.mt.gov)

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*"AN EQUAL OPPORTUNITY  
EMPLOYER"*

## **Montana Provider Orders for Life-Sustaining Treatment**

### **"POLST"**

Information for  
Providers and  
Medical Facilities

**The POLST form** is intended for any individual with an advanced life-limiting illness.

As a medical provider (physician, nurse practitioner or physician assistant) you can use the **POLST** form to assure your patient's wishes are clearly expressed to other health care providers as medical orders.

The **POLST** form assures:

- Your patient's preferences for resuscitation are clear
- defines their treatment options
- defines the use of other administered fluids and nutrition.

The **POLST** form is voluntary and is intended to:

- Help you and your patient discuss and develop plans to reflect their wishes;
- Assists physicians, nurses, health care facilities and emergency care providers in honoring your patient's wishes for life-sustaining treatment;
- Directs appropriate treatment by Emergency Medical Services personnel.

## FREQUENTLY ASKED QUESTIONS REGARDING POLST

### **Does the POLST form need to be signed?**

Yes. A provider (physician, nurse practitioner, or physician assistant) must sign the form in order for it to be a medical order that is understood and followed by other health care professionals.

### **If the patient has a POLST form do they need an advanced directive also?**

If they have a signed **POLST** form, it is recommended that they also have an advanced directive, though it is not required.

### **In what setting is the POLST form used?**

The completed **POLST** form is a provider order form that will remain with the patient if they are transported by an ambulance, transported between care settings, regardless of whether they are in the hospital, at home or in a long-term care facility.

### **Where should the POLST form be kept?**

If the patient lives at home you should suggest they keep the original **POLST** form in a prominent location (e.g., on the front of the refrigerator, on the front of the bedroom door, on a bedside table, or in their medicine cabinet). If they reside in a long-term care facility, the **POLST** form should be kept in the patient's medical chart along with all other medical orders.

### **If the patient has "Comfort One", do I need to get them a POLST?**

No, **Comfort One** is still honored by Emergency Medical Services personnel and their wishes will still be followed by the EMS personnel. However, if they want their wishes expanded beyond withholding life sustaining treatment or wish medical facilities and other medical providers to honor their wishes, you should discuss and issue them a **POLST** form.

### **How do I obtain a copy of the POLST form?**

You can download a copy from the web site, [polst.mt.gov](http://polst.mt.gov).

If you require or wish additional information about **POLST** you can go to the official **POLST** website for Montana at: [polst.mt.gov](http://polst.mt.gov).