

POLST/DNR Protocol:

The POLST Form and Protocol helps assure that patient wishes to have or limit specific medical treatments are respected near the end of life by all providers.

General Orders for Issuing:

Before issuing POLST, Montana licensed Physicians/APRNs/PAs should always consider:

- diagnoses and consultation with patient (if unable to consult with patient consider known history and medical records), and
- determine if the patient has advance directives or living will, and
- consult with family to determine if the patient expressed his/her wishes, and
- determine the patient is in a terminal condition, and
- consult the "end of life registry" at www.endoflife.mt.gov, and
- explain to the patient (or family) to make the completed POLST form clearly visible to medical providers.

In addition:

- Print (form must be readable)
- To be valid the form must have a valid physician, APRN or PA signature.

The medical provider should review the POLST form in all of the following instances:

- each time a patient is admitted to a facility, and
- any time there is a substantial change in the patient's health status, and
- any time the patient's treatment preferences change.

Out-of-Hospital Protocol when presented with POLST Documentation:

- POLST documentation, if presented to the out-of-hospital provider, **MUST** be followed.
- POLST Documentation **MUST** accompany the patient and be presented to other health care providers who subsequently attend the patient.
- The out-of-hospital patient care documentation must include the POLST documentation and care provided based on the POLST documentation.
- Never delay patient care to determine if the patient has POLST documentation. COMFORT One bracelet identifies a patient who has a POLST document and a DNR (section A).
- A verbal DNR order from a physician must be honored.
- A POLST document can be disregarded if the patient requests or if the terminal condition no longer exists.

If there is a question regarding POLST, contact Medical Control.

Health care provider responsibilities when presented with POLST Documentation:

- If POLST documentation accompanies the patient, all health care providers **must** honor the patient's wishes.
- The POLST documentation expresses the patient's treatment wishes in advance of a medical emergency.
- A valid POLST documentation is a Montana standardized form that has a valid physician, APRN or PA signature.
- The form presented may be a photocopy, fax or electronic copy but must have a valid signature.
- The POLST documentation must accompany the patient if care is transferred to another provider or facility.
- A POLST document can be disregarded if the patient or surrogate (who signed the form) requests or if the terminal condition no longer exists, or if there is a direct order from a physician or APRN or PA.

Questions please consult the website for information: <http://polst.mt.gov>