

Provider Orders for Life Sustaining Treatment (POLST)

www.polst.mt.gov

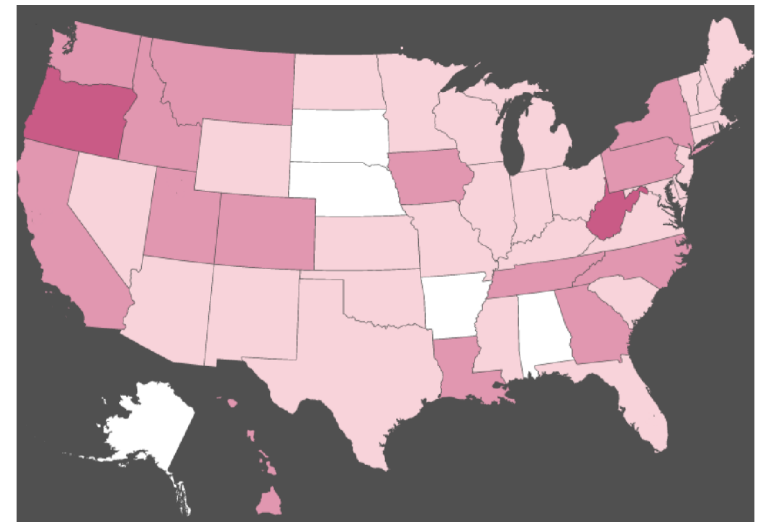
The POLST form is a medical order that is signed by your provider (physician, nurse practitioner, or physician assistant) and by you. It is for people who have a serious illness and reflects your wishes about life-sustaining treatment.



Mini Quiz

1. What percentage of Americans have some type of Advance Directive?
A. 20 - 30% C. 60 - 70%
B. 40 - 50% D. 80 - 90%
2. What state first established POLST?
A. Kansas C. California
B. Florida D. Oregon
3. POLST replaces Comfort One in Montana.
True False
4. The completion of the POLST form is voluntary in Montana.
True False

National POLST Programs Across the U.S.



■ Mature Programs ■ Endorsed Programs
■ Developing Programs □ None

Answers: 1. A. 20 - 30% 2. D. Oregon 3. True 4. True

CONTINUED ON REVERSE SIDE

Sample Form



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY
http://bsd.dli.mt.gov/license/bsd_boards/med_board/polst.asp
 Revised 3/01/2014

Montana Provider Orders For Life-Sustaining Treatment (POLST)	
<p><i>THIS FORM MUST BE SIGNED BY A PHYSICIAN, PA or APRN IN SECTION D TO BE VALID</i></p> <p>If any section is NOT COMPLETE: Provide the most treatment included in that section</p> <p>EMS: If questions/concerns, contact Medical Control.</p>	Patient's Last Name: _____ Patient's First Name: _____ Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
	<p>Section A Select only one box</p> <p>Treatment Options: If patient does not have a pulse and is not breathing:</p> <p><input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR) <small>(Allow Natural Death)</small></p> <p>If patient is not in cardiopulmonary arrest, follow orders found in sections B and C</p>
	<p>Section B Select only one box</p> <p>Treatment Options: If patient has a pulse and is breathing:</p> <p><input type="checkbox"/> Comfort Measures ONLY: Relieve pain and suffering through the use of medication by any route, positioning, wound care or other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. <i>Transfer to hospital ONLY if comfort needs cannot be met in current location.</i></p> <p><input type="checkbox"/> Limited Additional Interventions: In addition to the care described above, use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation, advanced airway interventions or mechanical interventions. May consider use of less invasive airway support such as CPAP or BiPAP. <i>Transfer to hospital if indicated for treatment or comfort. Generally Avoid Intensive Care.</i></p> <p><input type="checkbox"/> Full Treatment: In addition to the care described above, use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. <i>Transfer to hospital if indicated. Include Intensive Care.</i></p> <p>Other Instructions: _____</p>
	<p>Section C Select only one box</p> <p>Artificially Administered Nutrition: (Offer food and fluid by mouth if feasible and/or desired)</p> <p><input type="checkbox"/> No Artificial Nutrition by Tube.</p> <p><input type="checkbox"/> Defined trial period of Artificial Nutrition by Tube. Specifically: _____</p>

- The POLST form is a medical order that reflects your preferences about life-sustaining treatment to your health care providers.
- The POLST form is transferrable between health care facilities. Be sure your doctor and hospital have a copy of the form.
- A copy of the POLST form can be stored at the Montana End-of-Life Registry www.endoflife.mt.gov
- If you live at home, your POLST form should be kept in a prominent location such as front of refrigerator or on a bedside table. Be sure family members know you have completed a POLST form.
- The POLST program is accepted or under development in 43 states.

Where can I get a copy of the POLST form and a POLST bracelet?

1. Local health care providers
2. State POLST Web site: www.polst.mt.gov
3. Montana Department of Public Health and Human Services: 406-444-3895 or email emsinfo@mt.gov, P.O. Box 202951, Helena, MT 59620