

POLST



Provider Orders for Life-Sustaining Treatment (POLST)

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What is POLST?



- Process, including a form, that gives a patient control over medical treatment options

- is recognized as an *actual medical order*

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Transferrable



- POLST form becomes part of your medical records:

- Transferred between health care facilities

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POLST History

- Originated at Center for Ethics in Health Care

- Oregon Health & Science University

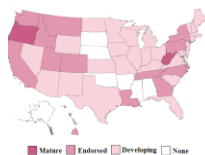
➤ 1991



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POLST Progress

- Program is accepted or under development:
- 43 states**



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National POLST website

- www.polst.org



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Montana POLST website

- www.polst.mt.gov



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The Need for POLST

- Only 20 – 30% of Americans have some type of Advance Health Care Directive



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Variety of terms



- Advanced Directive
- Living Will
- Declaration
- Health Care Power of Attorney

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I have a living will/
advance directive/
health care power of
attorney.....

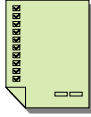
**Why do I need
POLST?**



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Advance Directives

- Often unavailable to health care providers:
 - Not necessarily transferred from one health care facility to another



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Advance Directives

- Often not usable
 - Patient **did not** provide specific details about his/her preferences



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Advance Directives

- Overridden by medical providers or family members
 - Vagueness with in document



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Living Will (Declaration in MT)



- Legal document that governs the withholding or withdrawing of **life-sustaining treatment** if in a **terminal condition**

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Terminal condition

- ..incurable or irreversible condition, that without the administration of *life-sustaining treatment*, will, in the opinion of attending physician, result in death within a relatively short time.



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Life-Sustaining Treatment



- ..is any medical procedure or intervention that, when administered to a qualified patient will serve *only to prolong* the dying process.

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Living Will vs. POLST Form

- Living will is **not** a *medical order* that will be honored by Montana Health Care providers



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MSU Extension MontGuide



- **Montana Rights of Terminally Ill**
 - www.montana.edu
 - Search by title

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I have a Comfort One/DNR order.....



Why do I need POLST?

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Comfort One



- Established 1989
- Montanans have right to limit care they receive in a medical emergency

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Comfort One

- Intended only for a person who is not being cared for in a hospital



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Comfort One

- Program has been eliminated from the Emergency Medical Services system
 - Replaced by POLST



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Prior documents

- Existing documents & bracelets are still honored by Montana EMT personnel



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Advantage of POLST vs. Comfort One

- POLST is transferrable from a person's home to different medical facilities



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Do Not Resuscitate (DNR)

- Doctor or Advanced Practice Registered Nurse order that held care providers should not attempt CPR if patient's heart or breathing stops.



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Do Not Resuscitate (DNR)

- Facility specific
- Can follow written DNR Orders
- Must follow verbal DNR orders
- Verification often not possible in timely manner rural Montana



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



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- Almost all health care providers have copies

- POLST forms
- Envelopes
 - Terra-green



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Department of Public Health & Human Services

- Order from:
Department of Public Health & Human Services
EMS & Trauma System Section
PO Box 202951
Helena, MT 59620
(406) 444-3895
emsinfo@mt.gov



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What preferences can I express on the POLST Form?



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Section A:

- Treatment Options:
 - Attempt Resuscitation (CPR)
 - Do Not Attempt Resuscitation (DNR) (Allow Natural Death)
- If patient is not in cardiopulmonary arrest, follow orders found in sections B and C.




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Section B:

- Treatment options if has a pulse and/or is breathing:
 - Comfort Measures ONLY
 - Limited Additional Interventions
 - Full Treatment
- Other Instructions..... 


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Section B:

- Comfort measures ONLY
 - Relieve pain and suffering through the use of medication by any route, positioning, wound care or other measures 

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Section B:

- Limited Additional Interventions
 - Use medical treatment, IV fluids and cardiac monitoring 

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Section B:

Full Treatment

- Use intubation, advanced airway interventions, mechanical ventilation and cardioversion.
- Transfer to hospital if indicated. Include intensive care.

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Section C:



• Artificially Administered Nutrition

- No Artificial Nutrition by Tube.
- Defined trial period of Artificial Nutrition by Tube. Specifically: _____
- Long Term Artificial Nutrition by Tube.

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Section D:



• Discussed with:

- Patient
- Health Care Agent or Decision-Maker
- Court Appointed Guardian
- Other _____

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Signatures



- Patient/Decision Maker **(REQUIRED)**
- Printed Name
- Relationship if not Patient
- Name of Person Preparing Form
- Phone Number of Preparer

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Signatures



- Date Form Prepared
- Signature of Physician, PA, or APRN **(REQUIRED)**
- Printed Name of Physician, PA, or APRN
- Date and Time
- Provider Phone Number

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If I get moved from one health care facility to another.....

How will the medical providers at the new facility know about my POLST?



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POLST

- **Transferrable from one health care facility to another**



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Easily Found

- **In clinical records:**
 - **Bright terra-green color**



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What if my POLST was completed before March 1, 2014?



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Previous Versions of POLST

- **Remain valid until the form is replaced by a new version**



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Where should POLST Form be kept?



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Montana POLST Coalition recommends:



- **Keep the form in terra green envelope on the outside of the refrigerator with magnet**

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Original

- Terra green form kept with patient



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Photocopy (White Copy)

- Should accompany the patient when transferred from health care facility to another



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Notify

- Family members or friends specific location of your original POLST



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If I travel the state or spend part of the year outside of Montana.....



What should I do with my POLST?

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Carry Copy

- Montanans who have completed a POLST form should carry a copy with them when traveling



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Is POLST recognized in all states?



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May **not** be recognized in ALL states



- Program is accepted or under development (March 2014)
 - 43 states
- www.polst.org/programs-in-your-state/

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Who can make health care decisions for me.....



If I don't have POLST, living will, or any other advance directive?

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If no health care representative

- In order of priority by Montana law:
 - Spouse
 - Children
 - Parents
 - Siblings



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POLST Summary

- Process, including a form, that gives a patient control over medical treatment options



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Voluntary

- POLST Form
 - Recognized as actual *medical order* that will be honored by:
 - All Montana health care providers



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Part of records

- POLST form becomes part of your medical records:
 - Transferred between health care facilities



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Web



[www.montana.edu/
estate_planning](http://www.montana.edu/estate_planning)

- Click Estate Planning Publications
- Scroll down to
- Providers Orders for Life Sustaining Treatment

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Provider Orders for Life-Sustaining Treatment (POLST)

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