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%
   B. 40 - 50%
   C. 60 - 70%
   D. 80 - 90%

2. What state first established POLST?
   A. Kansas
   B. Florida
   C. California
   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.
Sample Form

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
3. Montana Department of Public Health and Human Services: 406-444-3895 or email emsinfo@mt.gov, P.O. Box 202951, Helena, MT 59620