

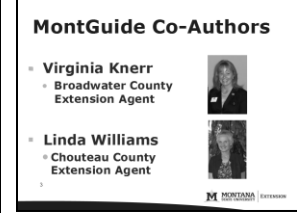
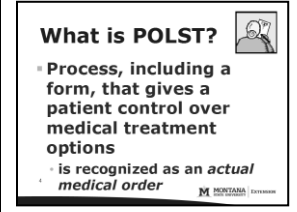
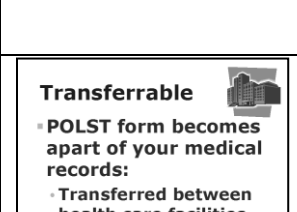

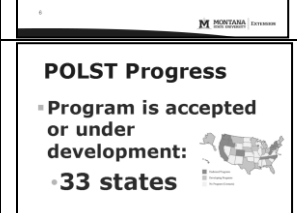
























# Provider Orders for Life-Sustaining Treatment (POLST)















Presenter Notes  
Updated February 2012








 <p><b>POLST</b> Provider Orders for Life- sustaining Treatment (POLST) January 2012 MONTANA EXTENSION</p>	<p><b>Slide 1:</b> Provider Orders for Life Sustaining Treatment (POLST)</p>
 <p><b>MontGuide Co-Author</b></p> <ul style="list-style-type: none"> <li>• <b>Marsha Goetting</b> Family Economics Specialist</li> <li>• <b>PowerPoint Developer</b></li> <li>• <b>Keri Hayes</b> Publications Assistant</li> </ul> <p>MONTANA EXTENSION</p>	<p><b>Slide 2:</b></p> <ul style="list-style-type: none"> <li>• One of the Co-authors of the MontGuide is Marsha Goetting, Professor and Extension Family Economics Specialist.</li> <li>• The PowerPoint Developer is Keri Hayes, MSU Extension Publications Assistant.</li> </ul>
 <p><b>MontGuide Co-Authors</b></p> <ul style="list-style-type: none"> <li>• <b>Virginia Knerr</b> Broadwater County Extension Agent</li> <li>• <b>Linda Williams</b> Chouteau County Extension Agent</li> </ul> <p>MONTANA EXTENSION</p>	<p><b>Slide 3:</b> The MSU County Agent Co-authors of the MontGuide are:</p> <ul style="list-style-type: none"> <li>• Virginia Knerr, Broadwater County</li> <li>• Linda Williams, Chouteau County</li> </ul>
 <p><b>What is POLST?</b></p> <ul style="list-style-type: none"> <li>• Process, including a form, that gives a patient control over medical treatment options</li> <li>• is recognized as an <i>actual medical order</i></li> </ul> <p>MONTANA EXTENSION</p>	<p><b>Slide 4: What is POLST?</b> A form called POLST (Provider Orders for Life Sustaining Treatment) has been created that gives you control over your medical treatments near the end of life. Once signed by you and your physician, nurse practitioner, or physician assistant, your POLST form is recognized as an actual medical order that will be honored by all Montana health care providers.</p>
 <p><b>Transferrable</b></p> <ul style="list-style-type: none"> <li>• POLST form becomes part of your medical records:</li> <li>• Transferred between health care facilities</li> </ul> <p>MONTANA EXTENSION</p>	<p><b>Slide 5:</b> The POLST form becomes a part of your medical records and accompanies you when you are transferred between health care facilities.</p>
 <p><b>POLST History</b></p> <ul style="list-style-type: none"> <li>• Originated at Center for Ethics in Health Care</li> <li>• Oregon Health &amp; Science University</li> <li>• 1991</li> </ul> <p>MONTANA EXTENSION</p>	<p><b>Slide 6:</b> POLST was first established in Oregon in 1991 in response to seriously ill patients receiving medical treatments that were not consistent with their wishes</p>
 <p><b>POLST Progress</b></p> <ul style="list-style-type: none"> <li>• Program is accepted or under development:</li> <li>• <b>33 states</b></li> </ul> <p>MONTANA EXTENSION</p>	<p><b>Slide 7:</b> The program is now accepted or under development in 33 states.</p>








<p><b>National POLST Website</b></p> <ul style="list-style-type: none"> <li>www.ohsu.edu/polst</li> </ul> 	<p><b>Slide 8:</b></p> <p>Participating states can be found at the National POLST website that is listed here. The website is also listed in the MontGuide on page 7.</p>
<p><b>Montana Board of Medical Examiners</b></p> <ul style="list-style-type: none"> <li><b>Developed in 2010</b></li> <li>POLST Protocol</li> <li>POLST Form</li> </ul> 	<p><b>Slide 9:</b></p> <p>Because of the program's success, the Montana health care community believed POLST should be made available in our state. The Montana Board of Medical Examiners and the Department of Public Health and Human Services (DPHHS) made the POLST form available on January 1, 2010.</p>
<p><b>Form Revised</b></p> <ul style="list-style-type: none"> <li>June 2011</li> </ul> <p><b>Goal: Make form substantially similar to those developed in other states</b></p> 	<p><b>Slide 10:</b></p> <p>The POLST form and guidelines were revised in June 2011 by the Montana POLST Coalition to make them substantially similar to those in other states.</p>
<p><b>Montana POLST Website</b></p> <ul style="list-style-type: none"> <li>www.polst.mt.gov</li> </ul> 	<p><b>Slide 11:</b></p> <p>The Montana POLST website is located here. The website is also listed in the MontGuide on page 7.</p>
<p><b>The Need for POLST</b></p> <ul style="list-style-type: none"> <li>Only 20 – 30% of Americans have some type of Advance Health Care Directive</li> </ul> 	<p><b>Slide 12:</b></p> <p>Only 20 to 30 percent of Americans have some type of an advance health care directive in which they have provided instructions about future health care preferences should they be seriously ill and unable to make such decisions.</p>
<p><b>Variety of terms</b></p> <ul style="list-style-type: none"> <li>Advanced Directive</li> <li>Living Will</li> <li>Declaration</li> <li>Health Care Power of Attorney</li> </ul> 	<p><b>Slide 13:</b></p> <p>There are a variety of terms for advance directives.</p>
<p><b>I have a living will/ advance directive/ health care power of attorney.....</b></p> <p><b>Why do I need POLST?</b></p> 	<p><b>Slide 14:</b></p> <p>Why should I complete a POLST if I already have a living will/advance directive and/or health care power of attorney?</p>
<p><b>Advance Directives</b></p> <ul style="list-style-type: none"> <li>Often unavailable to health care providers: <ul style="list-style-type: none"> <li>Not necessarily transferred from one health care facility to another</li> </ul> </li> </ul> 	<p><b>Slide 15:</b></p> <p>Health Care Power of Attorney advance directives were often unavailable to them because they were not transferred with the patient from one health care facility to another.</p>







<p><b>Advance Directives</b></p> <ul style="list-style-type: none"> <li>Often not usable <ul style="list-style-type: none"> <li>Patient did not provide specific details about his/her preferences</li> </ul> </li> </ul> 	<p><b>Slide 16:</b></p> <p>Other advance directives were not followed because they did not provide specific details about the patient's preferences for end-of-life treatment.</p>
<p><b>Advance Directives</b></p> <ul style="list-style-type: none"> <li>Overridden by medical providers or family members <ul style="list-style-type: none"> <li>Vagueness with in document</li> </ul> </li> </ul> 	<p><b>Slide 17:</b></p> <p>In some cases, a person's advance directive was overridden by medical providers or family members because of vagueness within the document</p>
<p><b>Living Will (Declaration in MT)</b></p> <ul style="list-style-type: none"> <li>Legal document that governs the withholding or withdrawing of life-sustaining treatment if in a terminal condition</li> </ul> 	<p><b>Slide 18:</b></p> <p>The Montana Rights of the Terminally Ill Act enables an individual who is of sound mind and who is an adult (18 or more years of age) to make a declaration (living will) that governs the withholding or withdrawing of life-sustaining treatment when he or she is in a terminal condition.</p>
<p><b>Terminal condition</b></p> <ul style="list-style-type: none"> <li>..incurable or irreversible condition, that without the administration of <i>life-sustaining treatment</i>, will, in the opinion of attending physician, result in death within a relatively short time.</li> </ul> 	<p><b>Slide 19:</b></p> <p>Terminal condition is defined as an incurable or irreversible condition, that without the administration of <i>life-sustaining treatment</i>, will, in the opinion of attending physician, result in death within a relatively short time.</p>
<p><b>Life-Sustaining Treatment</b></p> <ul style="list-style-type: none"> <li>..is any medical procedure or intervention that, when administered to a qualified patient will serve <i>only to prolong</i> the dying process.</li> </ul> 	<p><b>Slide 20:</b></p> <p>Life-Sustaining Treatment is defined as any medical procedure or intervention that, when administered to a qualified patient will serve <i>only to prolong</i> the dying process.</p>
<p><b>Living Will vs. POLST Form</b></p> <ul style="list-style-type: none"> <li>Living will is <b>not</b> a <i>medical order</i> that will be honored by Montana Health Care providers</li> </ul> 	<p><b>Slide 21:</b></p> <p>While Montana law allows you to convey your wishes about life-sustaining medical treatments in a declaration, this document is not an official <b>medical order</b> like the POLST form.</p>
<p><b>If want to provide additional Information about Health Care Preferences</b></p> <ul style="list-style-type: none"> <li>Health care power of attorney &amp;</li> <li>Advance Directive</li> </ul> 	<p><b>Slide 22:</b></p> <p>Montanans who want to provide additional details about their health care preferences are encouraged by health care providers and attorneys to have a health care POA or an advance directive, in addition to POLST, but one is not required.</p>















<p><b>Advance Directive Forms</b></p> <ul style="list-style-type: none"> <li>▪ <b>State Law Library Web site</b></li> <li>▪ <a href="http://www.courts.mt.gov/library/topic/end_life.mcpx">www.courts.mt.gov/library/topic/end_life.mcpx</a></li> </ul>  <p>23</p>	<p><b>Slide 23:</b></p> <p>The State Law Library of Montana also has forms for advance directives. The website is listed on page 6 in the MontGuide.</p>
<p><b>MSU Extension MontGuide</b></p> <ul style="list-style-type: none"> <li>▪ <b>Montana Rights of Terminally Ill</b></li> <li>▪ <a href="http://www.montana.edu">www.montana.edu</a></li> <li>▪ <b>Search by title</b></li> </ul>  <p>24</p>	<p><b>Slide 24:</b></p> <p>For more information about a declaration, read the MSU Extension MontGuide, Montana Rights of Terminally Ill Act. A free copy is available from your local county Extension Office or on the Web here.</p>
<p><b>I have a Comfort One/DNR order.....</b></p>  <p><b>Why do I need POLST?</b></p> <p>25</p>	<p><b>Slide 25:</b></p> <p>Why do I need to complete a POLST form if I already have a Comfort One or DNR order?</p>
<p><b>Comfort One</b></p> <ul style="list-style-type: none"> <li>▪ <b>1989</b></li> <li>▪ <b>Montanans have right to limit care they receive in a medical emergency</b></li> </ul>  <p>26</p>	<p><b>Slide 26:</b></p> <p>Beginning in 1989 Montanans could limit the care they receive in a medical emergency with a Comfort One order that was completed by a physician</p>
<p><b>Comfort One</b></p> <ul style="list-style-type: none"> <li>▪ <b>Intended only for a person who is not being cared for in a hospital</b></li> </ul>  <p>27</p>	<p><b>Slide 27:</b></p> <p>Enrollment was limited to those who had a terminal illness or to those for whom a physician had ordered a “do not resuscitate” (DNR).</p> <ul style="list-style-type: none"> <li>• Comfort One was intended for a person who was not being cared for in a hospital.</li> </ul>
<p><b>Comfort One</b></p> <ul style="list-style-type: none"> <li>▪ <b>Program has been eliminated from the Emergency Medical Services system</b></li> <li>▪ <b>Replaced by POLST</b></li> </ul>  <p>28</p>	<p><b>Slide 28:</b></p> <p>The Comfort One program has been eliminated from the Emergency Medical Services system and replaced by POLST</p>
<p><b>Prior documents</b></p> <ul style="list-style-type: none"> <li>▪ <b>Existing documents &amp; bracelets are still honored by Montana EMT personnel</b></li> </ul>  <p>29</p>	<p><b>Slide 29:</b></p> <p>Existing Comfort One documents and bracelets will be honored by Emergency Medical Technicians (EMTs).</p> <ul style="list-style-type: none"> <li>• Comfort One bracelets cannot be transferred from one individual to another</li> </ul>








<p><b>Advantage of POLST vs. Comfort One</b></p> <ul style="list-style-type: none"> <li>• POLST is transferrable from a person's home to different medical facilities</li> </ul>  <p>30</p> 	<p><b>Slide 30:</b></p> <p>The advantage of a POLST form over Comfort One is that it is transferrable from a person's home to a different medical facility.</p>
<p><b>Do Not Resuscitate (DNR)</b></p> <ul style="list-style-type: none"> <li>• Doctor's order instructing medical care providers not to attempt CPR if patient's heart or breathing stops.</li> </ul>  <p>31</p> 	<p><b>Slide 31:</b></p> <p>A DNR is a doctor's order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) if a patient's heart or breathing stops.</p> <ul style="list-style-type: none"> <li>• DNRs are facility-specific and each facility treating the patient has its own DNR form that has to be signed.</li> </ul>
<p><b>Where can I get a copy of the POLST form and a POLST bracelet?</b></p>  <p>32</p> 	<p><b>Slide 32:</b></p> <p>Where can I get a POLST form and a POLST bracelet?</p>
<p><b>Almost all health care providers have copies</b></p> <ul style="list-style-type: none"> <li>• POLST forms</li> <li>• Envelopes</li> <li>• Terra-green</li> </ul>  <p>33</p> 	<p><b>Slide 33:</b></p> <p>Almost all health care providers in Montana have copies of the double-sided terra green POLST forms and envelopes.</p>
<p><b>Department of Public Health &amp; Human Services</b></p> <ul style="list-style-type: none"> <li>• Order from: Department of Public Health &amp; Human Services EMS &amp; Trauma System Section PO Box 202951 Helena, MT 59620 (406) 444-3895 emsinfo@mt.gov</li> </ul>  <p>34</p> 	<p><b>Slide 34:</b></p> <p>The Department of Public Health and Human Services also has POLST bracelets that are available for \$22 (from the address on the screen).</p>
<p><b>What preferences can I express on the POLST Form</b></p> <ul style="list-style-type: none"> <li>-Seven Sections</li> <li>-Double-sided</li> </ul>  <p>35</p> 	<p><b>Slide 35:</b></p> <p>What preferences can I express on the POLST form? There are seven sections on the form.</p>
<p><b>Section A:</b></p> <ul style="list-style-type: none"> <li>• Treatment Options: <ul style="list-style-type: none"> <li><input type="checkbox"/> Resuscitate (CPR)</li> <li><input type="checkbox"/> Do Not Resuscitate (DNR)</li> </ul> </li> <li>• Applies when person has no pulse and is not breathing</li> </ul>  <p>36</p> 	<p><b>Slide 36:</b></p> <p>Section A: Provides two choices for CPR:</p> <ol style="list-style-type: none"> <li>1. Resuscitate (CPR) or</li> <li>2. Do Not Resuscitate (DNR/No CPR)</li> </ol> <p>These orders apply only to the circumstances in which the person has no pulse and is not breathing.</p>










<p><b>Section B:</b>  Treatment options if has a pulse and/or is breathing (3 categories):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Comfort Measures</li> <li><input type="checkbox"/> Limited Additional Interventions</li> <li><input type="checkbox"/> Full Treatment →</li> </ul> <p>37 Other Instructions.....  </p>	<p><b>Slide 37:</b>  Section B: Provides three categories of treatment options if the patient has a pulse and/or is breathing</p>
<p><b>Section B:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Comfort measures <ul style="list-style-type: none"> <li>• Undertaken with primary goal of relieving pain and discomfort rather than prolonging life →</li> </ul> </li> </ul> <p>38 </p>	<p><b>Slide 38:</b>  By checking <b>Comfort Measures</b> the patient indicates that he or she wants measures undertaken with the primary goal of relieving pain and discomfort rather than prolonging life.</p>
<p><b>Section B:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Limited Additional Interventions <ul style="list-style-type: none"> <li>• Cardiac monitoring and oral/IV medications are desired →</li> </ul> </li> </ul> <p>39 </p>	<p><b>Slide 39:</b>  If the patient checks <b>Limited Additional Interventions</b>, he or she indicates that cardiac monitoring and oral/IV medications are desired</p>
<p><b>Section B:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Full Treatment <ul style="list-style-type: none"> <li>• Patient requests that all medical procedures be performed</li> </ul> </li> </ul> <p>40 </p>	<p><b>Slide 40:</b>  A check on <b>Full Treatment</b> means the patient requests that all medical procedures be performed.</p>
<p><b>Section C:</b></p> <ul style="list-style-type: none"> <li>• Use of Antibiotics (3 choices):</li> <li><input type="checkbox"/> No antibiotics (except needed for comfort)</li> <li><input type="checkbox"/> No invasive antibiotics</li> <li><input type="checkbox"/> Aggressive Treatment</li> </ul> <p>41 Other Instructions.....  </p>	<p><b>Slide 41:</b>  Section C: Provides the patient three choices about the use of antibiotics:</p> <ol style="list-style-type: none"> <li>1. no antibiotics (except if needed for comfort)</li> <li>2. no invasive antibiotics</li> <li>3. aggressive treatment</li> </ol>
<p><b>Section D:</b></p> <ul style="list-style-type: none"> <li>• Medically Administered Nutrition (3 choices):</li> <li><input type="checkbox"/> No feeding tube</li> <li><input type="checkbox"/> Feeding tube for a defined trial period</li> <li><input type="checkbox"/> Feeding tube long-term</li> </ul> <p>42 Other Instructions.....  </p>	<p><b>Slide 42:</b>  Section D: Provides the patient with three choices about medically administered nutrition:</p> <ol style="list-style-type: none"> <li>1. no feeding tube</li> <li>2. feeding tube for a defined trial period</li> <li>3. feeding tube long-term</li> </ol>
<p><b>Section E:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Space to indicate with whom discussion was held.</li> <li><input type="checkbox"/> Patient/Resident</li> <li><input type="checkbox"/> Health Care Agent/Surrogate</li> <li><input type="checkbox"/> Court Appointed Guardian</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>43 </p>	<p><b>Slide 43:</b>  Section E: Provides space to indicate with whom the POLST form selections were made (patient, health care agent, or court appointed guardian).</p>

<p><b>Section E:</b></p> <ul style="list-style-type: none"> <li>▫ <b>Required signature of:</b> <ul style="list-style-type: none"> <li>▫ Attending physician</li> <li>▫ Advance practice registered nurse (APRN), or</li> <li>▫ Physician Assistant (PA)</li> </ul> </li> <li>▫ <b>Time and Date</b></li> </ul>  <p>44</p>	<p><b>Slide 44:</b></p> <p>There is also space for the required signature of the attending physician, physician assistant (PA) or advanced practice registered nurse (APRN).</p> <p>A space is provided for the time and date of the form was completed.</p>
<p><b>Section F: Back page</b></p> <ul style="list-style-type: none"> <li>▫ Space to indicate who has further information regarding patient's preferences:</li> <li>▫ <b>Advance Directive</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> </li> <li>▫ <b>Court-appointed guardian</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Yes</li> </ul> </li> </ul>  <p>45</p>	<p><b>Slide 45:</b></p> <p>Section F: Provides space to indicate who has further information regarding the patient's preferences such as court appointed guardian.</p>
<p><b>Section F, con'd.</b></p> <ul style="list-style-type: none"> <li>▫ <b>Signatures:</b> <ul style="list-style-type: none"> <li>▫ Patient or designated health care agent</li> <li>▫ Professional who assisted the completion of the form</li> </ul> </li> <li>▫ <b>Date form was prepared</b></li> </ul>  <p>46</p>	<p><b>Slide 46:</b></p> <p>Lines for the signature of the patient (or the designated health care agent) and the professional who assisted with the completion of the form are provided in Section F.</p>
<p><b>Section F, con'd.</b></p> <ul style="list-style-type: none"> <li>▫ <b>If there is substantial change in his/her health:</b> <ul style="list-style-type: none"> <li>▫ <b>Indicate that a review &amp; discussion of the order is requested</b></li> </ul> </li> </ul>  <p>47</p>	<p><b>Slide 47:</b></p> <p>The patient can indicate that a review and discussion of the POLST order is requested if there is a substantial change in his/her health status.</p>
<p><b>Section G:</b></p> <ul style="list-style-type: none"> <li>▫ Provides up to 4 reviews of the POLST form, when patient has: <ul style="list-style-type: none"> <li>▫ changed health care facilities</li> <li>▫ substantial change in health status</li> </ul> </li> </ul>  <p>48</p>	<p><b>Slide 48:</b></p> <p>Section G: Provides for up to four reviews of the POLST form when the patient has changed health care settings or after changes have occurred in the patient's health status</p>
<p><b>Section G:</b></p> <ul style="list-style-type: none"> <li>▫ <b>Date</b></li> <li>▫ <b>Reviewer</b></li> <li>▫ <b>Location of Review</b></li> </ul>  <p>49</p>	<p><b>Slide 49:</b></p> <p>The date, name of reviewer, and location of review are listed in Section B.</p>
<p><b>Section G:</b></p> <ul style="list-style-type: none"> <li>▫ <b>Outcome of Review</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No change</li> <li><input type="checkbox"/> FORM VOIDED, new form</li> <li><input type="checkbox"/> Form Voided, no new form</li> </ul> </li> </ul>  <p>50</p>	<p><b>Slide 50:</b></p> <p>The reviewer can indicate one of the following after the review:</p> <ul style="list-style-type: none"> <li>• no change</li> <li>• form voided (new form completed)</li> <li>• form voided (no new form)</li> </ul>

<p><b>If I get moved from one health care facility to another.....</b>  <i>How will the medical providers at the new facility know about my POLST?</i></p>  <p>51</p>	<p><b>Slide 51:</b>  How will the providers at the new facility know about my POLST if I get moved from one health care facility to another?</p>
<p><b>POLST</b></p> <ul style="list-style-type: none"> <li>▀ <b>Transferrable from one health care setting to another</b></li> </ul> <p>52</p>	<p><b>Slide 52:</b>  The advantage of the POLST form is that it is transferable from one health care facility to another including nursing homes, assisted living facilities, hospitals, hospices and emergency rooms.</p>
<p><b>Easily Found</b></p> <ul style="list-style-type: none"> <li>▀ <b>In clinical records:</b> <ul style="list-style-type: none"> <li>▀ <b>Bright terra-green color</b></li> </ul> </li> </ul>  <p>53</p>	<p><b>Slide 53:</b>  In any type of health care facility, the POLST form should easily be found in the clinical records because of the bright terra green color.</p>
<p><b>What if my POLST was completed before June 2011?</b></p>  <p>54</p>	<p><b>Slide 54:</b>  What if I have a POLST form that was completed before June 2011?</p>
<p><b>Previous Versions of POLST</b></p> <ul style="list-style-type: none"> <li>▀ <b>Remain valid until the form is replaced by a new version</b></li> </ul>  <p>55</p>	<p><b>Slide 55:</b>  Previous versions of the POLST forms remain valid until they are replaced by a new version.</p> <p>The most recent form is printed on 8.5 x11 inch double-sided terra green paper.</p>
<p><b>Where should POLST Form be kept?</b></p>  <p>56</p>	<p><b>Slide 56:</b>  Where should my POLST form be kept?</p>
<ul style="list-style-type: none"> <li>▀ <b>Montana POLST Coalition recommends:</b> <ul style="list-style-type: none"> <li>▀ <b>Keep the form in terra green envelope on the outside of the refrigerator with magnet</b></li> </ul> </li> </ul>  <p>57</p>	<p><b>Slide 57:</b>  The Montana POLST Coalition recommends that a patient keep their form in a green POLST envelope on the outside of the kitchen refrigerator with a magnet.</p> <p>A safe deposit box is not recommended because of the difficulty of access.</p>

<p><b>Original</b></p> <ul style="list-style-type: none"> <li>▪ Terra green form kept with patient</li> </ul>  <p>58</p> 	<p><b>Slide 58:</b></p> <p>The original of the terra green POLST form should be kept with the patient.</p>
<p><b>Photocopy (White Copy)</b></p> <ul style="list-style-type: none"> <li>▪ Should accompany the patient when transferred from health care facility to another</li> </ul>  <p>59</p> 	<p><b>Slide 59:</b></p> <p>A photocopy of the POLST form (on white paper) should be made to accompany the patient when he/she is transferred from one health care facility to another such as being admitted from a nursing home to a hospital.</p>
<p><b>Notify</b></p> <ul style="list-style-type: none"> <li>▪ Family members or friends specific location of your original POLST</li> </ul>  <p>60</p> 	<p><b>Slide 60:</b></p> <p>Family members or friends who would be involved in decisions about health care should be informed of the specific location of the original POLST form.</p>
<p><b>If I travel the state or spend part of the year outside of Montana.....</b></p>  <p><b>What should I do with my POLST?</b></p> <p>61</p> 	<p><b>Slide 61:</b></p> <p>Where should I keep my POLST if I travel within the state or spend part of the year outside of Montana?</p>
<p><b>Carry Copy</b></p> <ul style="list-style-type: none"> <li>▪ Montanans who have completed a POLST form should carry a copy with them when traveling</li> </ul>  <p>62</p> 	<p><b>Slide 62:</b></p> <p>Montanans who have completed a POLST form should carry a copy with them when they travel.</p>
<p><b>Registry</b></p> <ul style="list-style-type: none"> <li>▪ POLST can be stored in the Montana-End-Of-Life Registry: <ul style="list-style-type: none"> <li>- <a href="http://www.endoflife.mt.gov">www.endoflife.mt.gov</a></li> <li>- Fill out Consumer Registration Agreement</li> </ul> </li> </ul>  <p>63</p> 	<p><b>Slide 63:</b></p> <p>Another possibility for storing your POLST form is the Montana End-of-Life Registry Website at the Attorney General's Office. The Website provides a place for residents to securely store their advance directives online and gives authorized health care providers immediate access to them 24 hours a day, seven days a week.</p>
<p><b>MSU Extension MontGuide</b></p> <ul style="list-style-type: none"> <li>▪ Montana End-of-Life Registry <ul style="list-style-type: none"> <li>- Search <a href="http://www.montana.edu">www.montana.edu</a></li> </ul> </li> </ul>  <p>64</p> 	<p><b>Slide 64:</b></p> <p>A copy of the Consumer Registration agreement is included in MSU Extension MontGuide, Montana's End-of-Life Registry. The form is also available from the Montana End-of-Life Registry. If you don't have access to the Web, the address is on page 6 of the MontGuide</p>

<p><b>Is POLST recognized in all states?</b></p>  <p>65</p>	<p><b>Slide 65:</b> Is POLST recognized in all states?</p>
<p><b>May <u>not</u> be recognized in ALL states</b></p>  <ul style="list-style-type: none"> <li>▪ February 2012</li> <li>▪ 33 states in process</li> <li>▪ <a href="http://www.ohsu.edu/polst/programs/state+programs.htm">www.ohsu.edu/polst/programs/state+programs.htm</a></li> </ul> <p>66</p>	<p><b>Slide 66:</b> While POLST is in use or under development in over 33 states, each state has their own POLST requirements and reciprocity rules for forms.</p> <p>Other states have statutes that may or may not allow them to recognize Montana's POLST form.</p>
<p><b>Who can make health care decisions for me.....</b></p>  <p><b>If I don't have POLST, living will, or any other advance directive?</b></p> <p>67</p>	<p><b>Slide 67:</b> Who can make medical decisions for me if I don't have a POLST, living will or any other type of advance directive?</p>
<p><b>If no health care representative</b></p> <ul style="list-style-type: none"> <li>▪ In order of priority by Montana law:</li> <li>▪ Spouse</li> <li>▪ Children</li> <li>▪ Parents</li> <li>▪ Siblings</li> </ul>  <p>68</p>	<p><b>Slide 68:</b> If a person has not indicated a health care representative in some type of legal document then Montana law provides that the authority to consent or to withhold consent for the administration of life sustaining treatment may be exercised by the following individuals (in order of priority)</p>
<p><b>POLST Summary</b></p>  <ul style="list-style-type: none"> <li>▪ Process, including a form, that gives a patient control over medical treatment options</li> </ul> <p>69</p>	<p><b>Slide 69:</b> The Montana POLST form clearly communicates an individual's wishes about life-sustaining treatment to his or her health care providers.</p>
<p><b>Voluntary</b></p>  <ul style="list-style-type: none"> <li>▪ POLST Form</li> <li>▪ Recognized as actual <i>medical order</i> that will be honored by:</li> <li>▪ All Montana health care providers</li> </ul> <p>70</p>	<p><b>Slide 70:</b> If an individual chooses to execute a POLST form, it is recognized as a medical order that will be honored by all health care providers in Montana.</p>
<p><b>Part of records</b></p>  <ul style="list-style-type: none"> <li>▪ POLST form becomes part of your medical records:</li> <li>▪ Transferred between health care facilities</li> </ul> <p>71</p>	<p><b>Slide 71:</b> Family members or friends who may be faced with decisions about health care for a loved one should ask about the location of not only the original POLST, but also any other health care documents that have been executed (advance directive, health care power of attorney or declaration).</p>

<p><b>MontGuide Reviewers</b></p> <ul style="list-style-type: none"> <li>• An Association of Montana Health Care Providers (MHA)</li> <li>• Montana Board of Medical Examiners</li> <li>• DPHHS <ul style="list-style-type: none"> <li>• EMS and Trauma Section</li> <li>• Senior &amp; LTC Section</li> </ul> </li> <li>• Montana Medical Association</li> </ul>  <p>72</p> 	<p><b>Slide 72:</b> MontGuide reviewers include the following agencies and organizations.</p>
<p><b>MontGuide Reviewers</b> (con'd.)</p> <ul style="list-style-type: none"> <li>• Montana Nurses Association</li> <li>• Montana State University, College of Nursing</li> <li>• State Bar of Montana <ul style="list-style-type: none"> <li>• Health Care Law Section</li> <li>• Business, Estates, Tax, Trust &amp; Real Property Section</li> </ul> </li> </ul>  <p>73</p> 	<p><b>Slide 73:</b> Additional MontGuide reviewers include these groups.</p>
<p><b>POLST MontGuide</b></p>  <p>Available from: Local County Extension Offices</p>  <p>74</p> 	<p><b>Slide 74:</b> If you want additional copies of the POLST MontGuide for family or friends just</p> <ul style="list-style-type: none"> <li>• give me a call or</li> <li>• drop by the office</li> </ul>
<p><b>Web</b></p>  <p><a href="http://www.montana.edu/estate_planning">www.montana.edu/estate_planning</a></p> <ul style="list-style-type: none"> <li>• Scroll down to</li> <li>• Providers Orders for Life Sustaining Treatment</li> </ul> <p>75</p> 	<p><b>Slide 75:</b> The MontGuide can be download from the Web site at <a href="http://www.montana.edu/estateplanning">www.montana.edu/estateplanning</a></p>