

Provider Orders for Life-Sustaining Treatment (POLST)

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A POLST form (*Provider Orders for Life-Sustaining Treatment*) gives you control over your medical treatments near the end-of-life. Once signed by you and your physician, nurse practitioner, or physician assistant, the POLST form is recognized as a MEDICAL ORDER that will be honored by all Montana health care providers.



MontGuide

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What is POLST?

A form called POLST (*Provider Orders for Life-Sustaining Treatment*) has been created that gives you control over your medical treatments near your 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. The POLST form becomes a part of your medical records and accompanies you when you are transferred between health care facilities.

How did POLST develop in Montana?

POLST was first established in Oregon in 1991 in response to seriously ill patients receiving medical treatments that were not consistent with their wishes. The program is now accepted or under development in 43 states. Participating states can be found at the National POLST website, www.polst.org.

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 in January 2010. The POLST form and guidelines were revised in 2011 and 2014 by the Montana POLST Coalition to make them substantially

similar to those in other states. The Montana POLST website is www.polst.mt.gov.

Why is POLST needed in Montana?

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. However, these advance directives were often unavailable to health care providers because they were not transferred with the patient from one health care facility to another.

Other advance directives were not followed because they did not provide specific details about the patient's preferences for end-of-life treatment. In some cases, a person's advance directive was overridden by medical providers or family members because of vagueness within the document.

The Montana POLST form addresses these issues and assures that your wishes are defined and followed if you have a serious *life-limiting illness* or if you are in a *terminal condition*. Terminal condition is defined in the Montana Rights of the Terminally Ill Act as "*an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of the attending physician or attending advanced practice registered nurse, result in death within a relatively short time.*"

POLST is a *voluntary* form used by your providers for discussing and indicating what types of *life-sustaining treatment* you want or do not want at the end of life. In the Montana Rights of the Terminally Ill Act, life-sustaining treatment is defined as “*any medical procedure or intervention that, when administered to a qualified patient, will serve only to prolong the dying process.*”

I already have a living will/advanced directive and/or health care power of attorney; why should I complete a POLST form?

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*. A declaration must be signed by the person executing it and by two witnesses.

A Montanan can also designate another individual (*designee*) to make decisions about the withholding or withdrawing of life-sustaining treatment if he or she is unable to do so. For more information about a declaration, read the MSU Extension MontGuide, *Montana Rights of the Terminally Ill Act (MT199202HR)*.

While Montana law allows you to convey your wishes about life-sustaining medical treatments in a declaration, this document is not a *medical order* like the POLST form.

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 power of attorney or an advance directive, in addition to POLST, but one is not required.

Advanced directive forms are available from local hospitals and doctors. Attorneys can also write advance directives. The State Law Library of Montana also has a packet about advanced

directives, www.courts.mt.gov/library/topic/end_life.mcp.x. If you do not have access to the Web, see page 6 for ordering information.

While Montana law allows you to convey your wishes about life-prolonging medical treatments in an *advance directive* and/or *health care power of attorney*, these documents are not a *medical order* like the POLST form.

If you have several documents that address your desires about medical treatment near the end-of-life, you should review all of those documents to ensure consistency among them. Inconsistencies among multiple forms and documents may result in confusion to health care providers and limit their ability to make decisions on your behalf. Family members may also have disagreements about which document should have priority.

I already have a Comfort One or DNR order; why do I need to complete a POLST form?

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. Enrollment was limited to those who had a terminal illness or to those for whom a physician had ordered a “do not resuscitate” (DNR). Comfort One was intended for a person who was not being cared for in a facility.

By displaying the Comfort One form, wallet card or bracelet to emergency medical service personnel, a person could avoid most resuscitation. While the Comfort One program has been eliminated from the Emergency Medical Services system and replaced by POLST, existing Comfort One documents and bracelets will be honored by Emergency Medical Technicians (EMTs). Comfort One bracelets cannot be transferred from one individual to another.

A *DNR* is a directive from a licensed physician or advanced practice registered nurse that health care providers should not to attempt cardiopulmonary resuscitation (CPR) if a patient's heart or breathing stops. DNRs are generally facility-specific but may be followed by other facilities after verifying the DNR is current and valid. Emergency medical services personnel can follow written DNR orders and must follow verbal DNR orders, but verification of a written order and contacting a physician for verbal orders is often not possible in a timely manner in rural communities.

POLST is the single identifiable identification that can be immediately recognized by health care providers and emergency medical services that the patient has a valid DNR and it is the patient's assurance that their wishes will be honored wherever an emergency may occur.

Where can I get a POLST form and a POLST bracelet?

Almost all health care providers have copies of the double-sided terra green POLST forms and envelopes. A reduced-in-size sample of the POLST form appears on page 4. DPHHS also has POLST bracelets that are available for \$23 (address on page 6). Whenever someone orders a bracelet, a copy of the POLST form is required to be sure the person has declared on the POLST form that they do not wish to be resuscitated.

Only patients who have chosen "Do Not Resuscitate" on their POLST form would choose to wear a POLST bracelet. EMS providers who find a patient with a POLST bracelet are not required to find any other documentation before making a decision not to resuscitate a patient who does not have a pulse and is not breathing.

What preferences can I express on the POLST form?

Preferences for life sustaining treatment are provided in (Sections A-C).

Section A: Provides two choices for CPR:

- Attempt Resuscitation (CPR).*
- Do Not Attempt Resuscitation (DNR) (Allow Natural Death.)*

These orders apply only to the circumstances in which the person has no pulse and is not breathing.

Section B: Provides three categories of treatment options if the patient has a pulse and/or is breathing.

- 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. *Transfer to hospital ONLY if comfort needs cannot be met in current location.*
- 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 airway support such as continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP). *Transfer to hospital indicated for treatment or comfort. Generally Avoid Intensive Care.*
- Full Treatment:** In addition to the care described above, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated. *Transfer to hospital if needed. Include Intensive Care.*

Other Instructions: _____

Montana Provider Orders For Life-Sustaining Treatment (POLST)		
THIS FORM MUST BE SIGNED BY A PHYSICIAN, PA or APRN IN SECTION D TO BE VALID		Patient's Last Name:
If any section is NOT COMPLETE: Provide the most treatment included in that section EMS: If questions/concerns, contact Medical Control.		Patient's First Name:
		Date of Birth:
		Male <input type="checkbox"/> Female <input type="checkbox"/>
Section A Select only one box	Treatment Options: If patient does not have a pulse and is not breathing: <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR) (Allow Natural Death)	
If patient is not in cardiopulmonary arrest, follow orders found in sections B and C		
Section B Select only one box	Treatment Options: If patient has a pulse and/or is breathing: <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> <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> <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> Other Instructions: _____	
Section C Select only one box	Artificially Administered Nutrition: (Offer food and fluid by mouth if feasible and/or desired) <input type="checkbox"/> No Artificial Nutrition by Tube. <input type="checkbox"/> Defined trial period of Artificial Nutrition by Tube. Specifically: _____ <input type="checkbox"/> Long Term Artificial Nutrition by Tube.	
Section D Select box(es)	Discussed With: <input type="checkbox"/> Patient <input type="checkbox"/> Health Care Agent or Decision-Maker <input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Other _____ By signing below, the decision-maker acknowledges that these orders are consistent with the known desires of the patient.	
Signature of Patient or Decision-Maker (required)		Printed Name
		Relationship if not Patient
Name of Person Preparing Form		Phone Number of Preparer
		Date Form Prepared
Signature of Provider: My signature below indicates to the best of my knowledge that these orders are consistent with the medical conditions and preferences of the patient.		
Signature of Physician, PA, or APRN (required)		Printed Name of Physician, PA or APRN
Date and Time		Provider Phone Number
FORM SHALL ACCOMPANY PATIENT WHENEVER TRANSFERRED CARE LEVELS OR TO HOME Use of the original form is strongly encouraged. Photocopy, fax or electronic copies of signed POLST forms are legal and valid.		

This form is available online at www.polst.mt.gov.

Section C: Provides the patient with three choices about artificially administered nutrition (offer food and fluid by mouth if feasible and/or desired):

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

- Long Term Artificial Nutrition by Tube.

Section D: Provides space to indicate with whom the POLST form selections were made (patient; health care agent or decision maker; court appointed guardian, or other). There is also space for the required signature of the attending physician, physician assistant (PA) or advanced practice registered nurse (APRN).

The provider who completes the form is indicating that the orders are consistent with the medical conditions and preferences of the patient.

If I get moved from one health care facility to another, how will the providers at the new facility know about my POLST?

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. 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.

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

Previous versions of the POLST forms remain valid until they are replaced by a new version. The most recent form is printed on 8.5 x 11 inch double-sided terra green paper.

Where should my POLST form be kept?

The original of the terra green POLST form should be kept with the patient. 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.

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 so it is visible at all times.

Family members or friends who would be involved in decisions about health care should be informed of the specific location of the original POLST. They should also know the location of any copies and any other health care documents that have been executed, such as an advance directive, health care power of attorney or declaration (living will). Having all medical documents in a folder or three-ring binder makes the materials easily accessible to family members.

Is POLST recognized in all states?

While POLST is in use or under development in 43 states, each state has its own POLST requirements and reciprocity rules for forms. Other states have statutes that may or may not allow them to recognize Montana's POLST form. If you are going to be in another state for an extended period, check with a physician or other provider in that state to determine procedures for end-of-life documentation.

When should my POLST be reviewed?

A POLST review is recommended periodically and when:

- The patient is transferred from one health care setting or care level to another
- There is substantial change in the patient's health care status
- The patient has a change in treatment preference

Who can make medical decisions for me if I don't have a POLST, living will or any other type of advance care directive?

If a person has not indicated a health care representative in some type of legal document (a POLST form, health care power of attorney, an advance care directive or a living will), 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):

1. The spouse of the individual.
2. An adult child of the individual or, if there is more than one adult child, a majority of the adult children who are reasonably available for consultation.
3. The parents of the individual.
4. An adult sibling of the individual or, if there is more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation.
5. The nearest other adult relative of the individual by blood or adoption who is reasonably available for consultation.

What if I want to modify or void my POLST?

A patient or decision-maker can at any time void the POLST form or change his/her mind about his/her treatment preferences by executing a verbal or written advance directive or completing a new POLST form.

To void a POLST form, draw a line through Sections A through D and write "VOID" in large letters and then sign.

The most recently dated POLST is considered the valid POLST. The most recently dated POLST's wishes/orders supersede all prior POLST directives.

Montana End-of-Life Registry

The Montana Legislature authorized the Attorney General's Office to establish and maintain an End-of-Life Registry website. 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. As of April 2014, over 15,000 Montanans have taken advantage of this service.

Montanans who wish to take advantage of this free service need to complete the Montana End-of-Life Consumer Registration Agreement and send it with their health care directives to the End-of-Life Registry.

A copy of the Consumer Registration agreement is included in MSU Extension MontGuide, *Montana's End-of-Life Registry* ([MT200602HR](#)). The form is also available from the Montana End-of-Life Registry, www.endoflife.mt.gov. If you don't have access to the web, the address for the Office of Consumer Protection is on page 6.

Summary

The Montana POLST form clearly communicates an individual's wishes about *life-sustaining treatment* to his or her health care providers. 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.

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).

Further Information

MONTANA

- Montana POLST, www.polst.mt.gov
POLST forms, envelopes and bracelets:
Department of Public Health and Human Services
EMS & Trauma System Section
P.O. Box 202951
Helena MT 59620
Phone: (406) 444-3895
E-mail: emsinfo@mt.gov
- Montana End-of-Life Registry, www.endoflife.mt.gov
Consumer Registration Agreement:
Office of Consumer Protection
Department of Justice
555 Fuller Avenue, P.O. Box 201410
Helena, MT 59620-1410
(800) 484-6896 or (406) 444-4500
E-mail: contactocp@mt.gov
- State Law Library, www.courts.mt.gov/library/topic/end_life.mcpx
Advance Directive and Living Will forms:
Reference Desk
P.O. Box 203004
Helena, MT 59620
Phone: (406) 444 - 3660
- Montana State University Extension
MontGuides (*Montana Rights of the Terminally Ill Act* and *Montana End-of-Life Registry*):
These MontGuides are also available free from your local County Extension office or through the MSU Extension Distribution Center:
MSU Extension Distribution Center
P.O. Box 172040
Bozeman, MT 59717
Phone: (406) 994-3273
website: <http://store.msuextension.org>
E-mail: orderpubs@montana.edu

NATIONAL

- MHA – An Association of Montana Health Care Providers, www.mtha.org
Montana Health Care Providers Consumers Guide
1720 Ninth Avenue
Helena, MT 59601
Phone: (406) 442-1911
- National Hospice and Palliative Care Organization (search for hospice or palliative care, by clicking Find a Provider), www.nhpco.org
End-of-Life Care Publications
1731 King Street, Suite 100
Alexandria, VA 22314
Phone: (703) 837-1500
- National POLST Paradigm Task Force, www.ohsu.edu/polst
Center for Ethics in Health Care
Oregon Health and Science University
3181 S.W. Sam Jackson Park Road
Mailcode: UHN-86
Portland, OR 97239-3098
Phone: (503) 494-3965

Other Resources

Caring Connections. This program of the National Hospice and Palliative Care Organization provides several more in-depth resources on Advance Directives, Planning Ahead, Caregiving, End-of-Life Care, Grief, and much more. www.caringinfo.org/i4a/pages/index.cfm?pageid=3407

Five Wishes, published by Aging with Dignity, is a widely distributed advance directive focusing on talking about health care wishes and personal needs in a straightforward way. www.agingwithdignity.org

Health-care Agents: Four Quick Steps to Naming Someone to Speak4me, by Caring Connections. www.caringinfo.org/i4a/pages/index.cfm?pageid=3286

The following publications are available free online through the American Bar Association website, www.americanbar.org/groups/law_aging/publications.html, and browsing under "Featured Publications for Consumers:"

- *Consumer's Tool Kit for Health Care Advance Planning*
- *Legal Guide for the Seriously Ill: Seven Key Steps to Get Your Affairs in Order*
- *Making Medical Decisions for Someone Else: A How-To Guide*

Acknowledgements

This MontGuide has been reviewed by representatives of the following agencies and professional organizations who recommend its reading by Montanans who want to learn more about POLST.

- MHA – An Association of Montana Health Care Providers
- Montana Board of Medical Examiners
- Montana Department of Justice, Office of Consumer Protection
- Montana Department of Public Health and Human Services
 - EMS & Trauma Section
 - Senior and Long Term Care Division
- Montana Medical Association
- Montana Nurses Association
- Montana State University, College of Nursing
- State Bar of Montana
 - Health Care Law Section
 - Business, Estates, Tax, Trusts & Real Property Section



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