

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY
Instructions for completing the POLST form:

1. **PRINT (form must be readable)**
2. **EMS instructions are contained in sections A & B**
3. **Facility instructions are primarily contained in sections B & C**
4. **To be VALID section E must be completed**

POLST/DNR Protocol:

The POLST form helps assure that patient wishes to have or limit specific medical treatments are respected near the end of life by all providers. The POLST can include a DNR order.

Before issuing POLST, Montana licensed Physicians/APRNs/PAs should always consider:

Diagnoses and consultation with patient (if unable to consult with patient consider known history and medical records), determine if the patient has advance directives or living will, consult with family to determine if the patient expressed his/her wishes, determine the patient is in a terminal condition, and consult the "end of life registry" at www.endoflife.mt.gov. Make completed form clearly visible to providers.

The provider should review the POLST form in all of the following instances:

- each time a patient is admitted to a facility,
- any time there is a substantial change in the patient's health status, or
- any time the patient's treatment preferences change.

Out-of-Hospital Protocol when presented with POLST Documentation:

Never delay patient care to determine if the patient has POLST documentation. COMFORT One bracelet identifies a patient who has a POLST document and a DNR (section A). A verbal DNR order from a physician must be honored.

POLST documentation, if presented to the out-of-hospital provider, **MUST** accompany the patient and be presented to other health care providers who subsequently attend the patient. The out-of-hospital patient care documentation must include the POLST documentation and care provided based on the POLST documentation.

A POLST document can be disregarded if the patient requests or if the terminal condition no longer exists. If there is a question regarding POLST, contact Medical Control.

Health care provider responsibilities when presented with POLST Documentation:

If POLST documentation accompanies the patient, all health care providers must honor the patient's wishes. The POLST documentation expresses the patient's treatment wishes in advance of a medical emergency. A valid POLST documentation is a Montana standardized form that has a valid physician, APRN or PA signature. The form presented may be a photocopy, fax or electronic copy but must have a valid signature.

The POLST documentation must accompany the patient if care is transferred to another provider or facility.

A POLST document can be disregarded if the patient or surrogate (who signed the form) requests or if the terminal condition no longer exists, or if there is a direct order from a physician or APRN or PA.

Questions please consult the website for information: <http://polst.mt.gov>

Montana Board of Medical Examiners
P.O. Box 200513, Helena, Montana 59620
Email: dlibsmed@mt.gov
Web site: www.medicalboard.mt.gov
Phone: (406)841-2364 or 841-2328

EMS & Trauma Systems Section
MT Dept of Public Health & Human Services
PO Box 202951, Helena MT 59620
Email: emsinfo@mt.gov
Web site: <http://MontanaEMS.mt.gov>
Phone: (406) 444-3895

August 2009

