

Advance Care Planning & Completing your Provider Orders for Life-Sustaining Treatment (POLST)

What is Advance Care Planning?

Advanced Care Planning (ACP) is an opportunity for you, your family and/or caregiver to discuss and document end of life decisions face-to-face with your physician or other qualified health care provider.

Terms included in Advanced Care Planning:

Advance Directive (My Choices, 5 Wishes, Living Will) - a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity.

Medical Order (POLST) - tells all healthcare providers during a medical emergency what you want.

Cardiopulmonary Resuscitation (CPR) - includes chest compressions and advanced cardiac life support procedures, including intubation.

Artificial Nutrition - when a person can no longer eat or drink by mouth, liquid food can be provided through a feeding tube.

Tube Feeding - for short-term basis, nutrients can be given through a tube in the nose that goes into the stomach. For long term feeding, a tube can be inserted through a surgical procedure directly into the stomach.

Mechanical Ventilation/Respiration - when a person is no longer able to breathe on their own, a tube is put down the throat to help breathing. A machine pumps air in and out of the lungs through the tube.

Antibiotics - treat some infections (such as pneumonia) that can develop when a person is seriously ill.

Comfort Measures - care provided with the primary goal of keeping a person comfortable (rather than prolonging life).

SECTION A

YES - If CPR is desired, then the full array of CPR procedures should be expected to be implemented.

NO - NO CPR represents a treatment decision that applies only to the specific situation where the patient is unconscious, has stopped breathing and has no heartbeat - i.e., a complete cardiac arrest, or a natural death.

SECTION B

FULL TREATMENT - The primary goal of full treatment is prolonging life by all medically effective means. This can include invasive medical procedures such as intubation, mechanical ventilation (breathing machine), and cardioversion (to re-set the heart's rhythm), ICU care/transfers and all major surgery.

SELECTIVE TREATMENT - Choosing selective treatment generally implies you do not want any treatment that will result in prolonged, difficult and uncertain recovery phases. You do not wish to be treated with invasive medical procedures, mechanical ventilator or major surgery, such as open heart surgery. However, ICU care is not strictly prohibited either. You could still receive IV antibiotics and bi-level positive airway pressure (BiPAP) or similar respiratory interventions short of intubation and ventilation.

COMFORT-FOCUSED TREATMENT - Defined as end-of-life care with emphasis on comfort care. This treatment includes physical and emotional comfort. Always includes adequate pain control, while discontinuing medications and treatments for cure attempts. No attempts will be made for resuscitation (i.e., DNR) and allows natural death. Everything will be done to provide comfort and dignity for the patient and family.

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED
HIPAA PERMITS DISCLOSURE OF THIS INFORMATION TO OTHER HEALTHCARE PROFESSIONALS AS NECESSARY

Montana Provider Orders for Life-Sustaining Treatment (POLST)

Legal Last Name: _____
Legal First Name/Middle Name: _____
Date of Birth: _____

SECTION A: CARDIOPULMONARY RESUSCITATION (CPR) ****Person has NO pulse and is not breathing.****
 YES CPR: Attempt Resuscitation **NO CPR: Do Not Attempt Resuscitation (DNAR)/ Allow Natural Death (AND)**
NOTE: Selecting "Yes CPR" requires choosing "Full Treatment" in Section B. When not in cardiopulmonary arrest, follow orders in Section B.

SECTION B: MEDICAL INTERVENTIONS ****Person HAS a pulse and is breathing.****
 Full Treatment - primary goal to prolong life by all medically effective means: In addition to treatments described below, "Selective Treatment" and "Comfort-focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion, as indicated. Transfer to hospital, if indicated. Includes intensive care.
 Selective Treatment - goal to treat medical conditions while avoiding burdensome measures: In addition to treatments described below in "Comfort-focused Treatment," use IV antibiotics and IV fluids, as indicated. **Do not intubate.** May use noninvasive positive airway pressure. Transfer to hospital if indicated. **Avoid intensive care.**
 Comfort-focused Treatment - primary goal to maximize comfort: Relieve pain and suffering with medication by any route, as needed; use oxygen, suctioning, and manual treatment of airway obstruction, if indicated. Do not use treatments listed in "Full Treatment" and "Selective Treatment" above, unless consistent with comfort goal. **Do not transfer to hospital for life-sustaining treatment.** **Transfer only if comfort needs cannot be met in current location.**

SECTION C: ARTIFICIALLY ADMINISTERED NUTRITION **** If feasible, always offer food & water by mouth. ****
 Artificial nutrition by tube - long term/permanent, if indicated.
 Artificial nutrition by tube - short term/temporary only.
 No artificial nutrition by tube. No decision has been made

SECTION D: DISCUSSED WITH (check all that apply):
 Patient Legal guardian
 Medical Power of Attorney Other (Name & Relationship): _____

SIGNATURES OF PROVIDER AND PATIENT, Surrogate, Medical Power of Attorney, and Legal GUARDIAN (MANDATORY)
If signed by surrogate legal decision maker, preferences expressed must reflect patient's wishes as best understood by surrogate. Significant thought has been given to these instructions. Preferences have been discussed and expressed to a healthcare professional. This document reflects those treatment preferences, which may also be documented in a Medical Power of Attorney, CPR order, Living Will, or other Advance Directive (attach if available).

Patient/Legal Decision Maker Signature (Mandatory)	Name (Print)	Relationship/ Decision maker status (Write "self" if patient)	Date Signed (Mandatory)
SIGNATURE OF PROVIDER: My signature below indicates to the best of my knowledge that these orders are consistent with the patient preferences.			
Name of Person Preparing Form	Phone number of Preparer	Date Performed	
Physician / APRN / PA Signature (Mandatory)	Print Physician / APRN / PA Name	Date Signed (Mandatory)	

SECTION C

LONG TERM artificial hydration and nutrition

SHORT TERM (trial/temporary) artificial hydration and nutrition

NO artificial nutrition by tube

NO DECISION HAS BEEN MADE

SECTION D

(This section provides boxes for your physician to select who all they discussed this form with.)

Patient

Medical Power of Attorney

Legal Guardian

Other: _____

For more information about Advance Care Planning documents visit:

www.theconversationproject.org
www.polst.org/form

How is a POLST form different than an Advance Directive?

A POLST form gives MEDICAL ORDERS. During an emergency, if you have a POLST form, emergency providers will give you the treatments listed on it. The POLST form is printed on bright green paper so it will be easily recognizable by all health care personnel.

If you do not have a POLST form, emergency providers will attempt everything possible to keep you alive and take you to a hospital where your health care provider and surrogate will make decisions about what treatments to provide to you based on your advance directive.

After you and your provider have completed and signed your POLST

- Your provider will keep a copy in your medical record. You will hold on to the original.
- At home, post it to the refrigerator, emergency personnel will look for it there.



Bitterroot Health

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