

Nevada POLST Post

Fall 2017



The REVISED POLST is Now Available

On September 8, 2017 the State Board of Health approved the newly revised Nevada POLST form. Once approved, a new form number needed to be generated and processes updated for the new form. At last, and with tremendous help from representatives of APRNs, PAs the Nevada State Medical Association, Kirstin Coulombe, Nathan Orme and others at the Nevada Division of Public and Behavioral Health, the new form is ready! The new POLST form reflects statutory changes, in-part from users and conformity to national standards. Please see the next page for a sample of Side 1 of the new form.

As reported in the last issue of this publication (*AB 199 Becomes Law*, July 2017), there are many changes in our program. In summary:

- Along with physicians, now APRNs and PAs are able to sign and validate POLST forms.
- Due to the change noted above, the name of the program has changed to “Provider Order for Life-sustaining Treatment.
- There are other surrogates that are now able to complete a POLST for a patient that lacks decisional capacity.
- Due to the addition of other

surrogates, there are new requirements for documenting and voiding a POLST.

- The issue about the DNR Identification vs. POLST has been clarified so that whichever is more recent should be followed.
- Patient competency was changed to decisional capacity.

There has been some confusion regarding completion, who are qualifying patients and procedures regarding the POLST. Users have asked for clearer instructions. Side 2 has much more information that we hope will address most of these questions. We’ve provided more complete directions for terms of use, completion and voiding the POLST. We also corrected the DOB to the conventional, month, day, year format.

You will find the most significant changes to the medical order in Section B: Medical Interventions. Each option now has a treatment goal. The checkboxes for specific treatments are gone. Instead, there are broader descriptions eliminating the prescriptive options.

Providers will now record the status of the patient’s capacity at the time of POLST completion. This is necessary to justify the completion of the POLST by

anyone other than the patient.

Section E broadens the signatures required to reflect the additional providers, representatives and surrogates allowed to execute a POLST. All signatures are now on Side 1 for easier confirmation of validation. Please note, a surrogate must also complete #1 on Side 2, establishing their relationship to the patient.

Finally, changes were made to conform to the standards of the POLST Paradigm, the national organization that oversees POLST programs. The changes made to the form will help establish Nevada as an Endorsed program by the POLST Paradigm.

Our website has been updated to reflect these changes. (If you find a page that hasn’t please let us know!) We strongly encourage health care users to review the “For Providers” tab on our website. The “Step-by-Step” tab offers instructions for each section.

Nevada POLST forms are now available directly from the State of Nevada’s Division of Public and Behavioral Health, although a link is still conveniently available through our website under the “Nevada POLST Form” tab.

Old or New - What to Do

If already completed, the old POLST forms (#111913 at the bottom of the form) will continue to be valid. However, any form completed from this point on, should be completed on the new form (090817). *Because the laws changed, using the old forms may result in missing information that is legally required.* Old forms should be discarded and new forms ordered. We have provided ample notification of this change, so hopefully, most of you do not have many of the old forms on hand.

Seeking Help with the POLST Logo

Our Nevada POLST logo needs revision to swap the word “Physician” to “Provider”.

Unfortunately, our organization does not have the program or expertise to make this change. If any of our readers are able to make this revision for us, please contact [Sally Hardwick](#).



POLST Orders Now Available Directly from the State

At the beginning of 2017, Nevada POLST partnered with the Nevada State Division of Public and Behavioral Health to print and provide Nevada POLST forms. The State has been very conscientious in their adoption of this task and we consider it a very successful partnership. Feedback on this new delivery system is welcomed and appreciated.

With new forms, this partnership will continue and expand a bit. Because Nevada POLST does not have the resources to conduct surveys or quality assurance, the State has offered to collect some data for us. Therefore, when placing an order, you will be required to complete a short survey. The information collected is very important. It will let us know what types of facilities are using POLST, who has the conversation with the patient or their representative/surrogate, training that has been done and a few other items. We greatly appreciate you taking a bit of additional time to complete this survey; it will help us understand the breadth of the program and where Nevada POLST needs to focus our efforts.

We greatly appreciate Nathan Orme at the Division of Public and Behavioral Health who has been instrumental in the State’s provision of Nevada POLST forms.

Continuing Ed Credits for POLST Training

Watch your email inbox for announcements of up-coming authorized Nevada POLST training. As the only organization devoted solely to the POLST program and responsible for its establishment and legislation, our training sessions will provide accurate and important information regarding billing for and facilitating the POLST conversation, completing the form, legal considerations and procedures to assure the POLST medical orders are honored. These trainings will provide CEUs and CMEs for physicians, nurses and social workers.

POLST - Appropriate Use, II

In our last issue we explained that we would be presenting several points that the National POLST Paradigm recently published in a policy statement, *Appropriate POLST Paradigm Form Use Policy*. This is the second in this series.

Health care professionals should complete the POLST Form. Since POLST forms are medical orders completed by health care professionals to communicate treatment decisions to other health care professionals, it is never appropriate to provide a POLST form to a patient, surrogate, or family member to complete.

Additionally, since POLST forms use medical terms not all patients understand, it is important that health care professionals share treatment options utilizing language and tools (e.g., [videos](#) or [visuals](#)) to help patients and families understand their choices. It is the task of the health care professional to translate the individual's goals of care, priorities, and wishes into medical orders using the language of medical professionals.

A POLST Form is not a “one-and-done” document. The POLST Paradigm recognizes that things change over time, including a patient's prognosis, health status, goals of care, treatment options, and preferences for treatments. It is well known that some patients change their mind about treatment options over the trajectory of their illness or want their surrogate or proxy to be able to consider their values when their condition or prognosis changes. The POLST form is intended to be dynamic, reflecting the patient's current preferences about the medical treatments he/she wants to receive. This dynamic process is achieved through ongoing conversations when a POLST form review is completed: upon changes in level of care, location or patient's goals of care.

Completing only Section A (Cardiopulmonary Resuscitation options) can be a disservice to patients. The POLST form is intended to provide emergency personnel more than just code status information:

- Section A (Cardiopulmonary Resuscitation options) allows a patient either to confirm they actually *do* want CPR attempted or that they want to refuse attempted resuscitation.

- Section B (Medical Interventions or Treatments) provides direction about treatment preferences to emergency personnel and other health care professionals in situations other than full cardiac and respiratory arrest.

Limited information about patient treatment preferences is provided if a patient has a DNR order or only Section A on a POLST form completed. A DNR (do-not-resuscitate) order (also known as

NEVADA POLST (Provider Order for Life-Sustaining Treatment) HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY			
SIDE 1: Medical Orders			
Consult this form ONLY when patient lacks decisional capacity. First follow these orders, then contact physician/APRN/PA. Any section not completed implies full treatment for that section.		Last Name/First/Middle Initial	
		Date of Birth (mm/dd/yyyy)	Last 4 SSN
		Gender M F	
A Choose 1	CARDIOPULMONARY RESUSCITATION (CPR) – Patient/resident has no pulse and is not breathing		
	<input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Resuscitate (Allow Natural Death)		
	When not in cardiopulmonary arrest follow orders in Section B and C		
B Choose 1	MEDICAL INTERVENTIONS – Check only one – Patient/resident has pulse and/or is breathing.		
	<input type="checkbox"/> Full Treatment. Goal - prolong life by all medically effective means Full life support measures provided, including intubation, mechanical ventilation and advanced airway intervention in addition to treatment described in Comfort-Focused Treatment and Selective Treatment. Transfer to hospital/admit to ICU as indicated. <i>Other Instructions:</i> _____		
	<input type="checkbox"/> Selective Treatment. Goal - treat medical conditions as directed below: In addition to Comfort-Focused Treatment use medical treatment/IV antibiotics/IV fluids/cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May use non-invasive positive airway pressure. Hospital transfer as indicated. Generally avoid ICU. <i>Other Instructions:</i> _____		
	<input type="checkbox"/> Comfort-Focused Treatment. Goal - maximize comfort through symptom management. Relieve pain and suffering with medication by <i>any route</i> as needed; may use oxygen or suctioning and manual treatment of airway obstruction as needed for comfort. Transfer to hospital only if comfort needs cannot be met in current location. <i>Other Instructions:</i> _____		
C	ARTIFICIALLY ADMINISTERED NUTRITION & FLUIDS – offer food & fluids by mouth if feasible or desired		
	<input type="checkbox"/> Long term artificial nutrition or feeding tube <input type="checkbox"/> IV fluids trial no longer than _____ <input type="checkbox"/> Artificial nutrition/feeding tube trial no longer than _____ <input type="checkbox"/> No IV fluids <input type="checkbox"/> No artificial nutrition or feeding tube <i>Other Instructions:</i> _____		
D Required	CAPACITY DETERMINATION – Completion required by Provider (MD, APRN or PA)		
	At the time of completion of this medical order, the patient:		
	<input type="checkbox"/> Has decisional capacity <input type="checkbox"/> Lacks decisional capacity to understand and communicate their health care preferences for options in this medical order.		
E Bolded Items Required	VALIDATING SIGNATURES (Required) – Advance Directive & Surrogate information on Side 2		
	Date (Required)	Physician/APRN/PA Signature (Required)	Physician/APRN/PA License # (Required)
	Physician/APRN/PA Name (Printed, Required)		Physician/APRN/PA Phone
	Patient / Agent (DPOA-HC) / Parent of Minor / Legal Guardian (circle one) I have discussed this form, its treatment options and their implications for sustaining life with my/the patient's health care provider. This form reflects my wishes / the patient's best known wishes. Signature _____ Print Name _____ Date _____		
	OR if the patient lacks capacity <i>and</i> has no known Agent (DPOA-HC) or guardian, complete the following: Health Care Surrogate Authorization Also Requires Completion of Side 2, #1.C. Signature _____ Date _____		
Send original with patient when discharged or transferred			

NEVADA FORM 090817 (Previous form #111913) is also valid
 Additional information available from Nevada POLST: www.nevadapolst.org or Nevada Division of Public and Behavioral Health

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Appropriate POLST Paradigm Form Use Policy, continued.

a do-not-attempt resuscitation [DNAR] order, or an order to allow natural death) only indicates that a health care professional has issued an order based on the patient's wish to forgo resuscitation in the event of a cardiac or respiratory arrest. If a patient is responsive, has a pulse, or is breathing, the question in this circumstance is no longer whether the patient wants to be resuscitated, but rather what level of treatment and what other medical interventions the patient wants—or does not want—in that medical crisis. Neither a DNR order nor a POLST form with only Section A completed provides that time-sensitive, critical information.

Understanding the importance of Section B on a POLST form is very important- it is the heart of the POLST Paradigm. The literature indicates not all people who complete a DNR order want the same level of treatment; half of patients with only Section A of a POLST form completed or only a DNR order may receive treatment they didn't want.¹ If a patient wants have a POLST form, both Sections A and B should be completed in order to fully document and protect patients' treatment wishes.