The Nevada POLST Form Section-by-Section

Instructions and Patient Information

NEVADA POLST (Provider Order for Life-Sustaining Treatment)		
HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY		
Complete this form only after a conversation with the patient or their representative/surrogate. POLST is for patients at risk of a life-threatening clinical event due to a life-limiting medical condition, which may include advanced frailty.		
SIDE 1: Medical Orders		
Consult this form ONLY when patient lacks decisional capacity. **First** follow these orders, **then** contact physician/APRN/PA. For any section not completed use standard of care.	Last Name/First/Middle Initial	
	Date of Birth (mm/dd/yyyy) / /	Last 4 SSN __ __ __ __	Gender *X is inclusive of nonbinary* M F X

Header:

- HIPAA allows the information provided on a patient's Nevada POLST to be disclosed to and discussed with other health care professionals.
- A copy, faxed or electronically transmitted (emailed) version of the Nevada POLST is legal and may be used just as the bright pink version as long as it has the required signatures and dates (see Section E).

Introduction:

- The POLST form is ONLY activated if a patient cannot express their treatment wishes themselves.
- The POLST, by law, is to be honored in ALL health care settings including all health care facilities, patient's home or residence or at the scene of an emergency.
- If a section is not completed, there is no presumption about the patient's preferences for treatment for that section; use best practices as long as treatment does not conflict with completed sections. Completed sections should be followed, regardless.
- The full name, birth date, last 4 digits of the social security number and gender will assist in locating other important patient information as well as assure correct patient identification.

Gender:
If a patient does not identify as Male (M) or Female (F), circle "X"

See the back of the POLST form for additional instructions.