Nevada POLST: What You Need To Know

If you have severe illness or frailty, the Nevada POLST (Provider Order for Life-Sustaining Treatment) program will assure that you receive the medical treatments you want toward the end of your life. Until the POLST, there was no reliable way to do that in Nevada.

The Nevada POLST has created the ability to represent one's treatment wishes as medical orders that emergency medical services and your health care providers are to honor. The medical orders on the POLST are active *only* if you lose the ability to say for yourself what you want.

Completing a POLST requires that you talk with your health care team to understand treatment options specific to your condition. It also helps you talk to your loved ones about your choices. In this way, POLST can help reduce patient and family suffering and misunderstandings, and make sure that your wishes are known and honored.

The POLST is an approach to end-of-life planning emphasizing:
(i) care planning conversations between patients, health care professionals and loved ones;
(ii) shared decision-making between a patient and his/her health care professional about the care the patient would like to receive at the end of his/her life; and
(iii) ensuring patient wishes are honored. As a result of these conversations, patient wishes can then be documented on a POLST form, which translates the shared decisions into actionable medical orders.

The POLST form assures patients that health care professionals will provide only the care that patients have chosen to receive.

POLST is not for everyone.

For healthier patients, an Advance Directive is an appropriate tool for making future end-of-life care wishes known to loved ones and health care providers.

The POLST is designed to ensure that seriously ill patients can decide with their providers what treatments are most appropriate. Medical orders are written based on these decisions and those orders are then to be honored by medical providers.

What does POLST do?

POLST makes your treatment wishes known to doctors and other members of your health care team as medical orders. Too often, patients near the end of their lives may not get treatment they do want or receive unwanted treatments. Often treatments may not help patients live longer or better. Sometimes treatments can cause pain, and prolong the process of dying. POLST gives you a way to tell doctors, nurses, and other healthcare team members what types of treatment you want.

- POLST makes your wishes clear to your family members and caregivers. Sometimes, family members have their own ideas about what types of treatment their loved ones would want.
- POLST makes sure your family members and caregivers know exactly what treatments you do and do not want. No one has to guess or feel burdened with making decisions for someone else.

Who should have a POLST?

Doctors say that any seriously ill patient should have a POLST form. Completing a POLST is entirely up to you. It's your choice and completely voluntary.

Who can help me fill out a POLST form?

Your doctor, APRN, physician assistant, social worker, or chaplain can help fill out the POLST form. Because the POLST is a medical order, unlike an Advance Directive, it must be completed with a health care professional who knows, understands, and can explain what the treatment options may mean for you in your medical condition. Make sure you talk with your provider about the treatments you want or don't want. The form must be signed and dated by your doctor, APRN or PA and you or your representative, if you are unable.

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Is POLST different from an Advance Health Care Directive?

Yes. An Advance Directive (AD) allows you to choose the person you want to speak for you, and provides a general guide to what you want. POLST is different because:

- POLST is both a legal document and a medical order.
- As a signed medical order your health care team can act upon it, unlike an Advance Directive which is not a medical order; and
- POLST goes with you to your home, your hospital, or your long-term care facility. It goes where you go.
- It will be honored by emergency medical services (ambulance personnel) unlike an AD.

It is a good idea that seriously ill people have both an Advance Directive, including a Living Will (Declaration) and a Durable Power of Attorney for Health Care (DPOA-HC). The Living Will (Declaration), states what care you want or don't want regarding resuscitation, nutrition and hydration in general terms.

The DPOA-HC names an someone else to speak for you when you cannot. A POLST form offers specific choices of treatments that you may or may not want near the end of life and puts these in terms that can be transferred as medical orders to your medical record.

POLST also provides your health care provider information about organ donation and your Advance Directives, so should they need this information, it too is available.

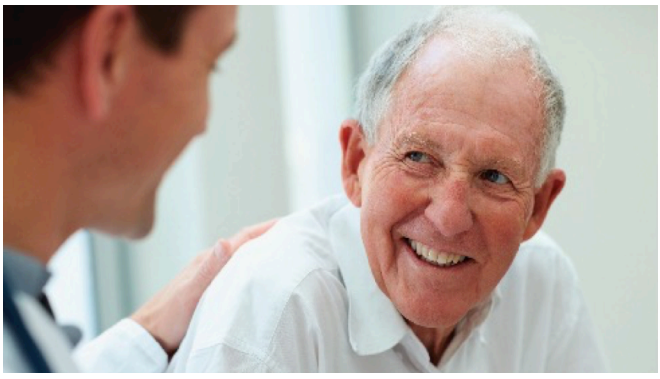
What do I do with my POLST form?

Once signed, the POLST form will become part of your medical record. The form stays with you all the time.

- If you are at home, put it near your bed or on your refrigerator so it is readily available if needed. That's where EMS will look if called.
- If you are in a hospital, nursing home, or assisted living facility, it will be in your chart or file, but should be given to you, if transferred or discharged.
- If you are moved between locations, your POLST form will go with you.

What if I want to change my POLST form?

You and your provider may change your POLST form whenever you want or whenever medically necessary.



In all instances, a health care provider has a responsibility, regardless of a patient's status or their medical orders, to provide treatment for the patient's comfort or to alleviate pain.