

The Nevada POLST Form Section-by-Section

Nevada POLST Side Two: Supplementary Information

NEVADA POLST (Provider Order for Life-Sustaining Treatment)	
Patient Name: _____ DOB: _____	
SIDE 2: Supplementary Information	
1. Advance Directive – The following documents/persons may have further information regarding patient’s preferences:	
A. Advance Directive (AD): Living Will, Declaration, Durable Power of Attorney for Health Care (DPOA-HC) <input type="checkbox"/> NO <input type="checkbox"/> YES AD filed with Living Will Lockbox: <input type="checkbox"/> NO <input type="checkbox"/> YES - Registration #, if known: _____ Other AD location: _____ DPOA-HC – This information must be taken directly from the patient’s valid DPOA-HC, not verbally Appointed agent #1: _____ Telephone No: _____ Appointed agent #2: _____ Telephone No: _____	
B. Court-Appointed Guardian <input type="checkbox"/> NO <input type="checkbox"/> YES Name: _____ Phone: _____	
C. Health Care Surrogate: Name: _____ Relationship: _____ Phone: _____	
2. PREPARER: Preparer’s Name (print): _____ Title/Position (MSW, RN, etc.) _____	
3. REGISTRY: Provider initial box to right to verify that information has been provided to the patient to submit their completed and signed POLST form to the Living Will Lockbox (LWL). Submit LWL forms at: www.LivingWilllockbox.com	
4. ORGAN DONATION <input type="checkbox"/> I have documented on my license or state-issued ID that I would like to donate my organs	

1. Representative / Surrogate Information

A. Advance Directive

AN ADVANCE DIRECTIVE IS A LEGAL DOCUMENT. **VERBAL DESIGNATION OF A DPOA-HC IS NOT VALID; IT MUST BE DOCUMENTED IN AN ADVANCE DIRECTIVE.**

If a patient has an Advance Directive (AD), complete this section patient’s agent (DPOA-HC) directly from their document. **DO NOT RECORD VERBAL DESIGNATIONS.**

B. Court Appointed Guardian – complete as appropriate

C. Health Care Surrogate – if a patient lacks capacity (see Section D) and is not a minor and has no other legal representative (DPOA-HC or Legal Guardian), then “an adult who has exhibited special care or concern for the patient, is familiar with the values of the patient and willing and able to make health care decisions for the patient,” may complete and sign a POLST for a patient lacking decisional capacity. They must print their name in the space provided here, their relationship to the patient and a phone number to contact them. In addition, they **MUST** sign and date the last line in Section E, Side 1.

2. **Preparer:** The preparer is the person who has the conversation regarding the POLST. This need not be the patient’s provider (physician, APRN or PA). It may be any health care professional who has adequate knowledge and communication skills to inform the patient (or their representative/surrogate) of the choices presented on the POLST, what they mean for this specific patient, their values and goals of longevity and quality of life, likelihood of success for this particular patient and they must be able to answer their questions.

The Preparer should sign and date this section where indicated and be sure the patient’s provider (physician, APRN or PA) meets with the patient or their representative/surrogate) to review the choices made, respond to any other questions, verify understanding and finally, sign and date the Medical Order in Section E on Side 1.

3. **Registry:** The Registry was created by the State of Nevada as a repository for End-of-Life documents including a patient’s Nevada POLST, Advance Directive and / or DNR Identification. Once submitted, these documents are then available to health care providers 24/7.

We suggest printing out a supply of Registration Agreement forms from <http://www.livingwilllockbox.com> and having the patient complete the Agreement

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when they sign their POLST. When both are completed, they can be faxed to the State (information provided on the Registration Agreement) for secure storage and access. There is no charge for this program.

4. Organ Donation: Checking this box does NOT authorize donation. This is a reminder to check a patient's state-issued ID to determine their organ donation status.

ALWAYS REMEMBER TO SEND THE ORIGINAL POLST WITH THE PATIENT
UPON DISCHARGE OR TRANSFER.

Please note: More information regarding the use, completion, review and voiding of POLST forms is printed at the bottom of Side 2.