

## The Nevada POLST Form Section-by-Section

### Nevada POLST Side One: Medical Orders Section D: Capacity Determination

**This section MUST be completed!**

<b>D</b> Required	<b>CAPACITY DETERMINATION – Completion required by Provider (Physician, APRN or PA)</b>
	At the time of completion of this medical order, the patient: <input type="checkbox"/> <b>Has decisional capacity</b> <input type="checkbox"/> <b>Lacks decisional capacity</b> to understand and communicate their health care preferences for options in this medical order.

**Only a physician, APRN or PA** may make the determination of decisional capacity of a patient. *This must be entered in the patient's chart and this provider must complete each box in Section E.*

Remember, capacity may change. If the patient understands the conversation and choices made on their POLST at the time of completion, they have capacity and that box may be marked.

Completion of this section determines who will sign the bottom half of Section E. Be sure the correct person is signing Section E.