

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

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

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.

See the back of the POLST form for additional instructions.