

# The Nevada POLST Form Section-by-Section

## Nevada POLST Side One: Medical Orders

### Section B: Medical Interventions

Any treatment checked in Section B only applies if a patient has a pulse and/or is breathing. If a selected treatment is not found to be of benefit, it may be withdrawn or withheld. ONLY ONE OF THE FOLLOWING SHOULD BE CHECKED.

|                                       |   |
|---------------------------------------|---|
| <b>B</b><br><b>Choose</b><br><b>1</b> | <b>MEDICAL INTERVENTIONS – Check only one – <i>Patient/resident has pulse and/or is breathing.</i></b>  |
|                                       | <input type="checkbox"/> <b>Full Treatment. <i>Goal - sustain life by all medically effective means.</i></b><br>Full life support measures provided, including intubation, mechanical ventilation and advanced airway intervention. Transfer to hospital/admit to ICU as indicated.   |
|                                       | <input type="checkbox"/> <b>Selective Treatment. <i>Goal - treat medical conditions as directed below:</i></b><br>Use medical treatment/IV antibiotics/IV fluids/cardiac monitor as indicated. No intubation, advanced airway interventions or mechanical ventilation. May use non-invasive positive airway pressure. Hospital transfer as indicated. Generally avoid ICU.<br><i>Other Instructions:</i> _____                    |
|                                       | <input type="checkbox"/> <b>Comfort-Focused Treatment. <i>Goal - maximize comfort through symptom management.</i></b><br>Relieve pain and suffering with medication by <i>any route</i> as needed; may use oxygen or suctioning and manual treatment of airway obstruction as needed for comfort. <b>Transfer to hospital <i>only</i> if comfort needs cannot be met in current location.</b><br><i>Other Instructions:</i> _____ |

#### **Full Treatment.** *Goal - sustain life by all medically effective means*

Remind the patient that these orders only pertain to emergency situations. That their care providers will take all reasonable measures to sustain their life, but considering their health status, such measures may or may not be successful or may result in additional discomfort. Comfort focused treatment should always be provided. Discuss “Other Instructions”, for example, this might include a trial period of treatments to determine if the patient is improving. Without this notation, the patient should understand that they may be on life support indefinitely or, if a treatment is found not to be of benefit, it may be withdrawn.

#### **Selective Treatment.** *Goal – treat medical conditions as directed below:*

Treatment may include IV antibiotics, IV fluids and cardiac monitor, as indicated. Use other medical treatments that do not require intubation, advanced airway interventions or mechanical ventilation. The use of noninvasive positive airway pressure and hospital transfer as indicated, but generally, avoid ICU. Be sure to explain what the treatments mentioned involve, the limitations of these treatments and the implications this choice may have for the patient’s longevity and/or quality of life. Discuss “Other Instructions” that might include a trial period or avoidance of specific treatments, such as kidney dialysis, etc.

#### **Comfort Focused Treatment.** *Goal – maximize comfort through symptom management.*

All efforts to provide comfort and relieve pain by any route are to be taken while maintaining the patient’s dignity. Food and fluid may be offered by mouth. Oxygen, suction and manual treatment of airway obstruction may be used. **The patient should not be transferred unless comfort cannot be met at their current location. The patient should NOT be admitted to ICU.**

**Be sure to tell the patient that they may change these options at any time by requesting completion of a new POLST.**