

The Nevada POLST Form Section-by-Section

Nevada POLST Side One: Medical Orders Section E: Validating Signatures

This section MUST be completed!

| | | | |
|--|--|------------------------------------|------------------------------------|
| E Bolded Items Required | VALIDATING SIGNATURES (Required) – Advance Directive & Surrogate information on Side 2 Electronically signed documents are valid. | | |
| | Date | Physician/APRN/PA Signature | Physician/APRN/PA License # |
| | Physician/APRN/PA Name (Printed) | | Physician/APRN/PA Phone |
| | As the Patient / Agent (DPOA-HC) / Parent of Minor / Legal Guardian (circle one) I have discussed this form, its treatment options and their implications for sustaining life with my / the patient's health care provider. This form reflects my wishes / the patient's best-known wishes. Signature _____ Print Name _____ Date _____ OR if the patient lacks capacity <i>and</i> has no known agent (DPOA-HC) or guardian, complete the following: Health Care Surrogate Authorization Also Requires Completion of Side 2, #1.C. Signature _____ Date _____ | | |
| | Send original with patient when discharged or transferred | | |

Only a physician, APRN or PA may sign the *top* of this section.

- **All boxes much be completed.**
- Because a patient may have multiple POLSTs or an Advance Directive or DNR identification, it is **extremely important to enter the date.**
- Depending on how Section D (Capacity Determination) was completed, will determine who signs the bottom section of Section E.

If the patient has decisional capacity; that is, the first box in Section D is checked, then "Patient" should be circled in Section E and the patient should sign and date in the spaces provided.

If the patient lacks decisional capacity or is a minor and they:

- HAVE a Durable Power of Attorney for Health Care (DPOA-HC...this must be the person designated on their Advance Directive);
- Are a minor with an available parent; or,
- HAVE a legal guardian

then in Section E circle which of those is taking responsibility and that person should sign and date in the spaces provided.

If the patient lacks decisional capacity, but is not a minor and they:

- DO NOT HAVE a Durable Power of Attorney for Health Care;
- DO NOT HAVE a legal guardian

then in Section E, if there is “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,” then this person should sign and date the bottom line in Section E. On Side 2 complete #1.C. printing their name, relationship to the patient and contact phone number.

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

Please note: More information regarding those able to sign for the patient is included in the instructions on Side 2, “Completing a POLST”.