UC DAVIS HEALTH

Huntington's Disease Society of America

NORTHERN CALIFORNIA CHAPTER

Huntington's Disease Society of America Center of Excellence
University of California Davis Medical Center

HDSA Northern California Chapter Convention
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Considering Healthcare Options That Reflect Our Wishes

By

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UC Davis HDSA Center of Excellence

Topics

- Health care planning questions & considerations related to end of life care
- National Healthcare Decision Day
- Advanced Directives
- Power of Attorney
- Palliative Care
- The POLST

Health care planning questions & considerations

- If you had a serious illness or injury, would your loved ones or physicians know the medical treatment you would want?
  - Do you want curative treatments?
  - Do you want comfort treatments?
  - Do you want to be resuscitated if your heart stops?
  - Do you want artificial nutrition?

Health care planning questions & considerations

- What treatment decisions might I consider in the future or not consider?
  - Invasive procedures or surgeries
  - Feeding tube for nutrition and hydration
  - Renal dialysis if my kidneys are no longer working
  - Advanced or prolonged treatments for disease (chemotherapy)
  - Ventilation or breathing tubes to help with breathing

Health care planning questions & considerations

- What matters most to me at the end of my life?
  - Being close with family members and loved ones
  - Limiting pain or discomfort
  - Living with dignity and quality of life
  - Religious/spiritual preferences
  - Being prepared as much as possible
  - Completing financial planning for your estate

Health care planning questions & considerations

- It's best to consider health care decisions while you are still relatively healthy to be able to make informed choices.
- Think about what end of life decisions would make life meaningful for you. These vary from person to person and depend on each person's situation.
- If you were unable to make decisions who would be the best person to make health care and estate planning decisions on your behalf?

When thinking about treatment decisions, consider your *personal values:*

- What gives your life meaning?
- What do you think are the most important considerations when thinking of end of life care?
- Ask yourself what are your strengths and weaknesses?
- What types of care do you want or not want when you reach end of life?
- How does your faith influence your decisions?

National Health Care Decisions Day

Information and tools to help with advance health care planning

www.nhdd.org

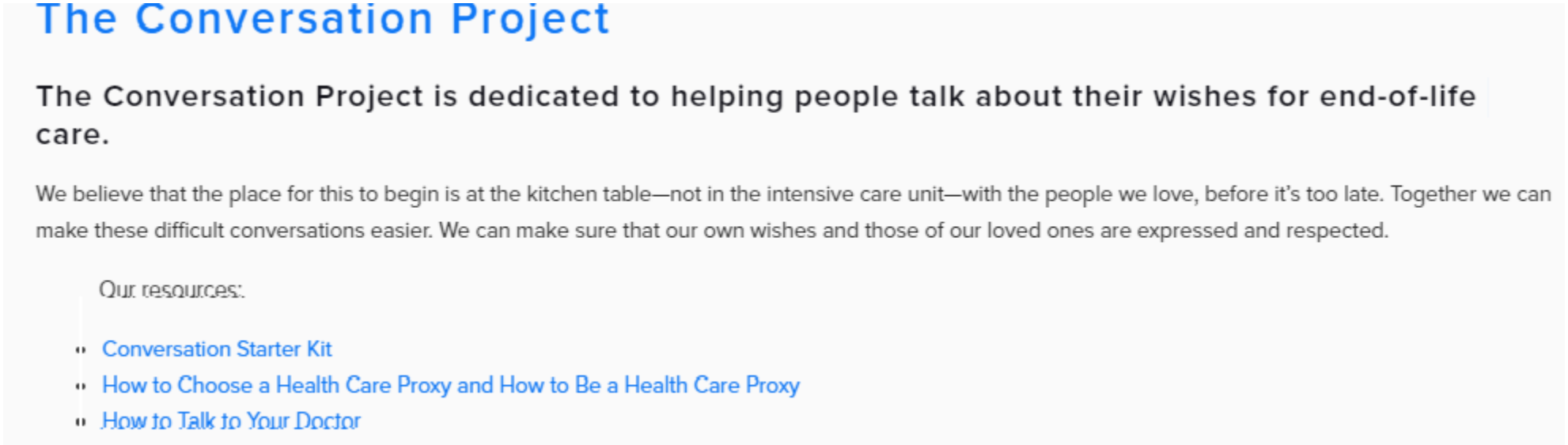
April 16th National Healthcare Decisions Day

- Called the NHDD Project
- An initiative to encourage people to express their wishes regarding health care and for providers to respect them.
- Supported by UC Davis Health, the American Hospital Association, Association of American Medical Colleges, AARP and other national health-care organizations.

April 16th National Healthcare Decisions Day

- Encourages adults to complete an advance directive that spells out their wishes and decision-making preferences in writing.
- Goal is to inspire, educate and empower people to think about advance care planning.

NHDD offers resource guides on advance care planning:



The Conversation Project

The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.

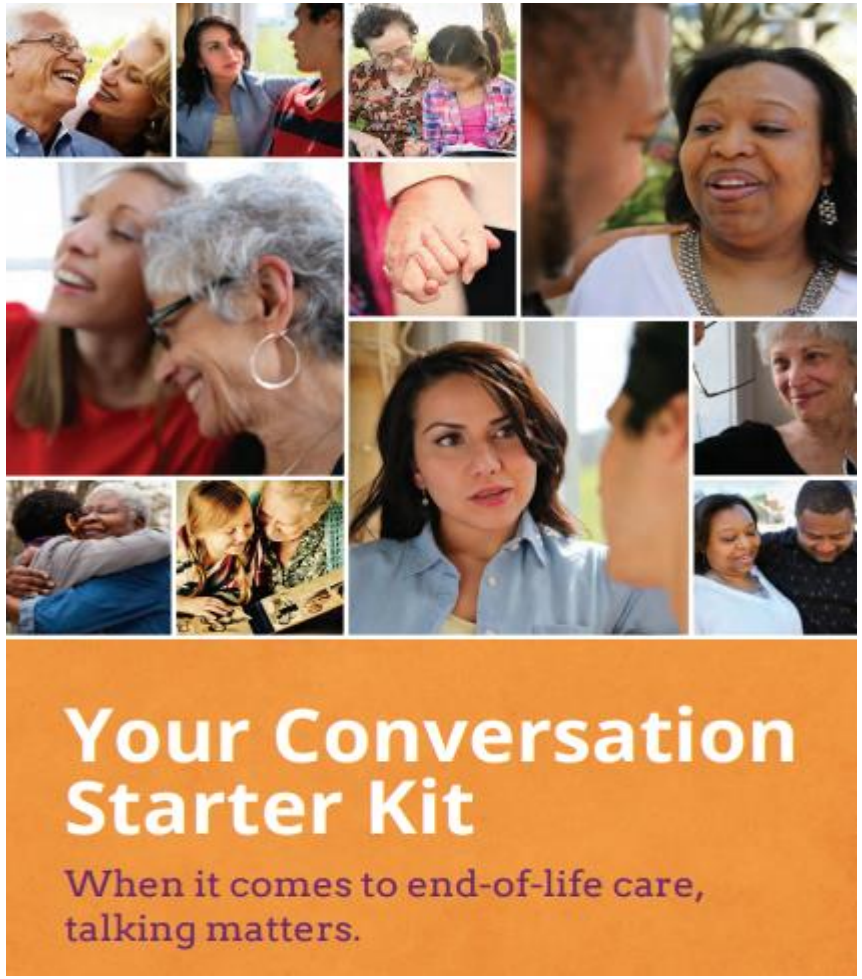
We believe that the place for this to begin is at the kitchen table—not in the intensive care unit—with the people we love, before it's too late. Together we can make these difficult conversations easier. We can make sure that our own wishes and those of our loved ones are expressed and respected.

Our resources:

- Conversation Starter Kit
- How to Choose a Health Care Proxy and How to Be a Health Care Proxy
- How to Talk to Your Doctor

NHDD Tools & resources to make the steps towards advanced care planning:

- **Conversation Starter Kit:** 12 page guide with fill in questions to help gather your thoughts about advance planning



How to Choose a Health Care Proxy and How to Be a Health Care Proxy: The NHDD offers a 16 page guide with resources on how to choose a health care proxy and how to be one.

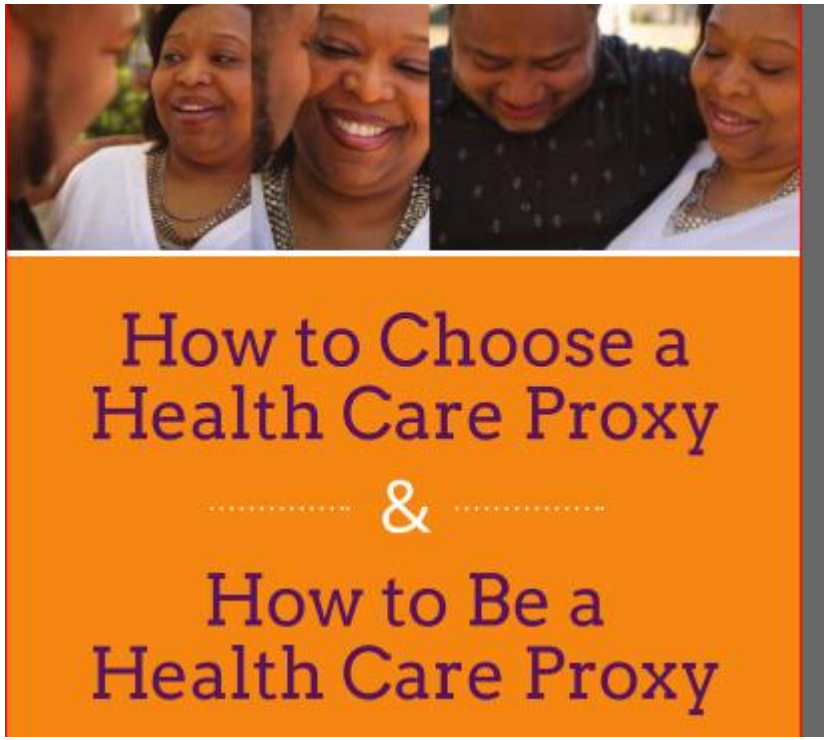


TABLE OF CONTENTS

NHDD offers a 12 page guide on how to talk to your doctor about end of life care

How To Talk To Your Doctor

Discussing end-of-life care with your doctor, nurse, or other health care provider.

Institute for Healthcare Improvement

the conversation project

After you've had the conversation with your loved ones, the next step is talking to your health care team about your wishes. Again, don't wait for a medical crisis; talking with your doctor or nurse now makes it easier to make medical decisions when the time comes.

NAME _____

DATE _____

HOW TO USE THIS GUIDE

You can use this guide as a workbook to make notes of what to tell your health care team — whether you're getting ready to discuss your own wishes, or you're helping someone else get ready to discuss theirs.

TABLE OF CONTENTS

What is an Advanced Directive?

- An Advance Health Care Directive is a document that puts your health care preferences in writing, informing your loved ones and healthcare providers of your wishes if you become unable to communicate or make decisions.

Advanced Directives…

- Include a living will where you designate your preferences for medical treatment and designation of the durable power of attorney for health care.
- The Durable Power of Attorney gives clear authority for your agent to speak on your behalf for medical decision making.
- In California these are combined into one document.

Advanced Directives

- **The Patient Self-Determination Act (PSDA)**
  - The 1990 Patient Self-Determination Act (PSDA) is a federal law that encourages everyone to decide about the types and extent of medical care they want to accept or refuse if they become unable to make those decisions due to illness. The PSDA requires all health care agencies to recognize the living will and durable power of attorney for health care. The Act applies to hospitals, long-term care facilities, and home health agencies that get Medicare and Medicaid reimbursement. Under the PSDA, health care agencies must ask you whether you have an advance directive. They also must give you information about your rights under state law.

Advanced Directives

- Are necessary to appoint a legal healthcare decision maker known as a health care agent or proxy.
- Complete your **state specific** advanced directive
- In California Advanced Directives require 2 witnesses and to be notarized
- Having an advanced directive doesn’t take away your authority to make decisions while you are still able.
- You can change or modify your advanced directive as your health changes or new information presents.
- Advanced Directives can be but do not require an attorney to prepare.

Durable Power of Attorney: Financial Matters

- The designated Advanced Directive for Health Agent **does not have power over one's financial estate.**
- If you have a complex financial situation or estate is best to designate a **durable power of attorney to manage your financial affairs** in the event you are unable to. This is separate from the Advanced Directive for Health.
- The person designated as a Power of Attorney for Finances does not have designation over healthcare decisions.
- You can designate the same person for health and finances, or choose separate people.

Durable Power of Attorney: Financial Matters

- The Durable Power of Attorney for finances allows the agent on your behalf to deal:
  - Banking and financial institutions
  - Social Security & Medicare
  - Manage property
  - Manage business transactions
  - Tax Matters
  - Retirement & military plan transactions
  - Estate, Trust transactions

Durable Power of Attorney: Financial Matters

- A Durable Power of Attorney for Financial Matters may be completed with 2 witness and notarized and does not require an attorney.
- **However, consultation with an attorney is recommended** for estate planning, creating a Will or Trust.
- A California General Durable Power of Attorney 7 page form can be obtained easily online.

Advanced Directives

- Benefits:
- Resources are available to make these easy to do.
- Help guide your loved ones when difficult health care decisions need to me made.
- Avoid having to appoint a health care guardian to make decisions if you are unable, which is a lengthy legal process.

Advanced Directive

- Without an advanced healthcare directive:
  - Doctors may do everything to treat your condition and keep you alive.
  - Family will be asked what to do.
  - If family does not know what your wishes are, this may lead to family conflict and guilt over decision making.
  - Hospital and nursing home policies often dictate the use of life sustaining measures even when a person is very ill.

What is Palliative Care?

- Palliative care is different from hospice care in that it is implemented at any phase of care including as part of curative treatment.
- Palliative care goals are to relieve pain, the symptoms and stress of serious illness, to improve quality of life and comfort for patients and their families.
- Palliative care is offered at hospitals to help provide treatments that aid comfort, and serve as a resource to patients, loved ones, and the care team to help guide them through difficult health care decisions.

Palliative Care

- A Palliative care physician led team is now present in many hospitals and often consists of a physician, nurse practitioner, nurse, and case manager or social worker.
- Palliative care will coordinate with the primary physician team and specialists to meet the patient's needs and serves as a liaison to the family and primary doctor in the hospital setting.
- Palliative care services are being utilized with greater frequency to help provide symptom management for those who do not qualify for hospice care, serve as a resource to help patients navigate goals of care, and optimize patient care.

Case Study:

- George is a 79 year old man with a history of high blood pressure, high cholesterol, history of prostate cancer, uses a walker for safety, who sustained a right hip fracture. He has no advanced directive. He decides to have a partial hip replacement and is recovering in the hospital. After surgery he becomes confused, pulling at lines and tubes requiring arm restraints. George is yelling out, sleeping poorly at night, and not able to participate with physical therapy. He sleeps during the day and has missed 1-2 meals daily. The nurse tells the doctor when she tries to feed George he is coughing and appears to have some choking. A Speech Therapist evaluates George and determines he is aspirating food and liquids and recommends a feeding tube. After 5 days of poor eating a nutritionist recommends artificial feeding. A nasogastric feeding tube is inserted to begin feeding George, but he is confused and manages to pull out the tube despite having arm restraints.

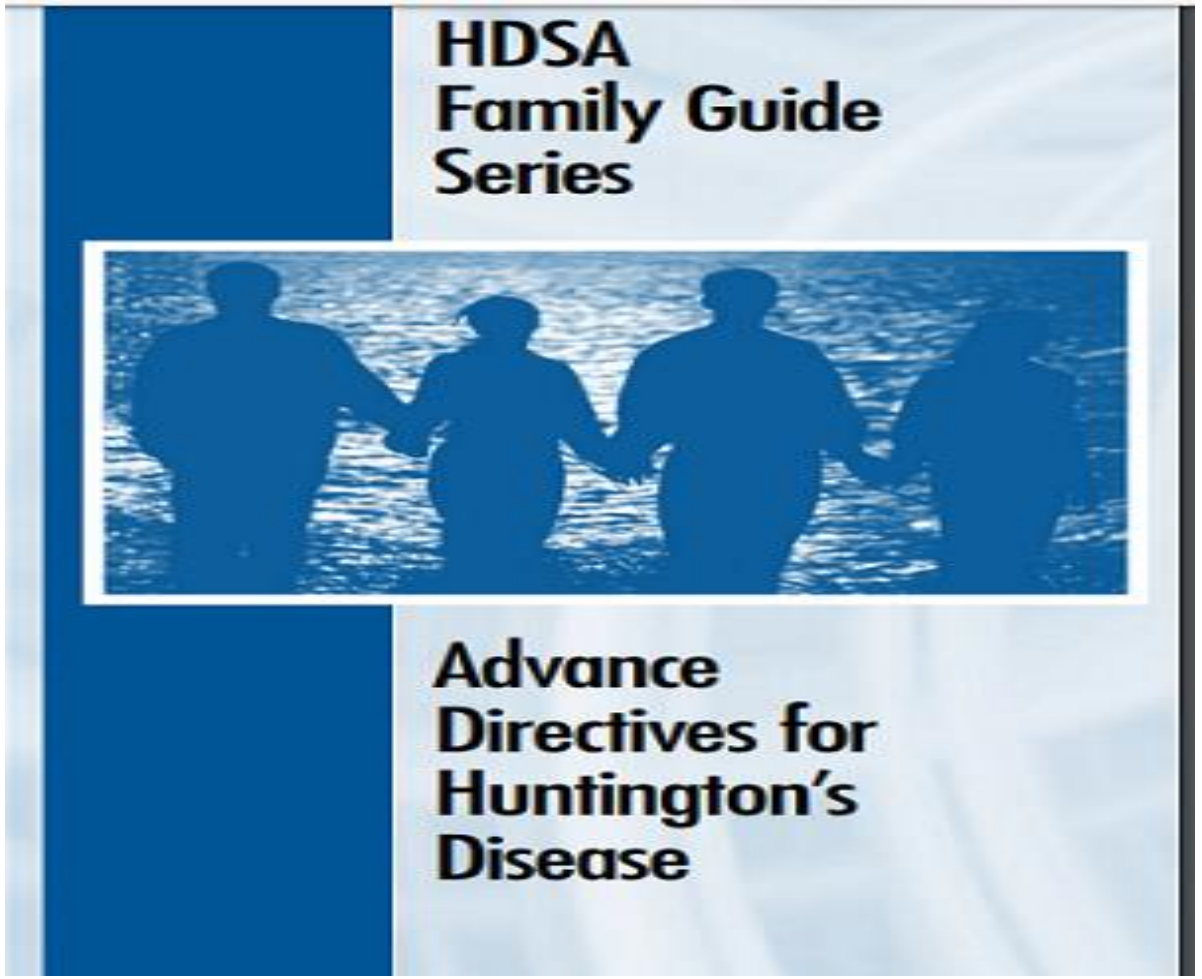
Case Study cont.

- Palliative Care is called to evaluate George who then schedules a conference call with George's son, his daughter who lives out of area, his hospital physician, and the internal medicine specialist who discuss the goals of care, benefits, and risks of placing a feeding tube. After several meetings with Palliative care, George's doctors, and his children, the decision is agreed upon by his family and care team to no longer pursue insertion of a feeding tube and to allow George to eat for comfort knowing that he may have serious choking or aspiration or not obtain enough nutrition to heal from his surgery. George remains hospitalized for 2 weeks. His appetite eventually improved and he was able to be transferred to a rehab center.

Case Study cont.

- Discussion:
  - Often times we are faced with unexpected and unpredictable decisions regarding our healthcare. In this situation an advanced directive would have provided guidance for George's doctors and his children on making medical decisions when George was unable to make these decisions.

HDSA Family Guide Series: http://hdsa.org/shop/publications



Please visit HDSA.ORG to download free publications on Huntington's disease. The Family Guide Series are available for $2 each.

- **The Family Guide Series:**
  - **Advanced Directive**
  - Long Term Care
  - Caregivers guide to communicating with healthcare providers
  - Physical & Occupational Therapy- Huntington's Disease
  - Genetic testing
  - Speech, language and swallowing difficulties
  - Nutrition and Huntington's Disease
  - Talking with children about Huntington's disease
  - Juvenile HD

Advance Directive

- Advanced Directives may include:
  - Healthcare power of attorney or Health care agent in (California), or proxy
  - Living will
  - DNR or do not resuscitate
  - Organ or tissue donation

CALIFORNIA
Advance Directive
Planning for Important Health Care Decisions

Caring Info
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org
800/658-8898

Caring Info, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

Learn about options for end-of-life services and care
Implement plans to ensure wishes are honored
Voice decisions to family, friends and health care providers
Engage in personal or community efforts to improve end-of-life care

Note: The following is not a substitute for legal advice. While Caring Info updates the following information and form to keep them up-to-date, changes in the underlying law can affect how the form will operate in the event you lose the ability to make decisions for yourself. If you have any questions about how the form will help ensure your wishes are carried out, or if your wishes do not seem to fit with the form, you may wish to talk to your health care provider or an attorney with experience in drafting advance directives. **If you have other questions regarding these documents, we recommend contacting your state attorney general's office.**

INTRODUCTION TO YOUR CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

This packet contains a legal document, a **California Advance Health Care Directive,** that protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself. You may complete any or all of the first four parts, depending on your advance planning needs. You must complete part 5.

Part 1 is a **Power of Attorney for Health Care**. This part lets you name someone (an agent) to make decisions about your health care. Unless otherwise written in your advance directive, your power of attorney for health care becomes effective when your primary doctor determines that you lack the ability to understand the nature and consequences of your health care decisions or the ability to make and communicate your health care decisions. If you want your agent to make health care decisions for you now, even though you are still capable of making health care decisions, you can include this instruction in your power of attorney for health care designation.

Part 2 includes your **Individual Instructions**. This is your state's living will. It lets you state your wishes about health care in the event that you can no longer speak for yourself and you may limit the individual instructions to take effect only if a specified condition arises.

Part 3 allows you to express your wishes regarding organ donation.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

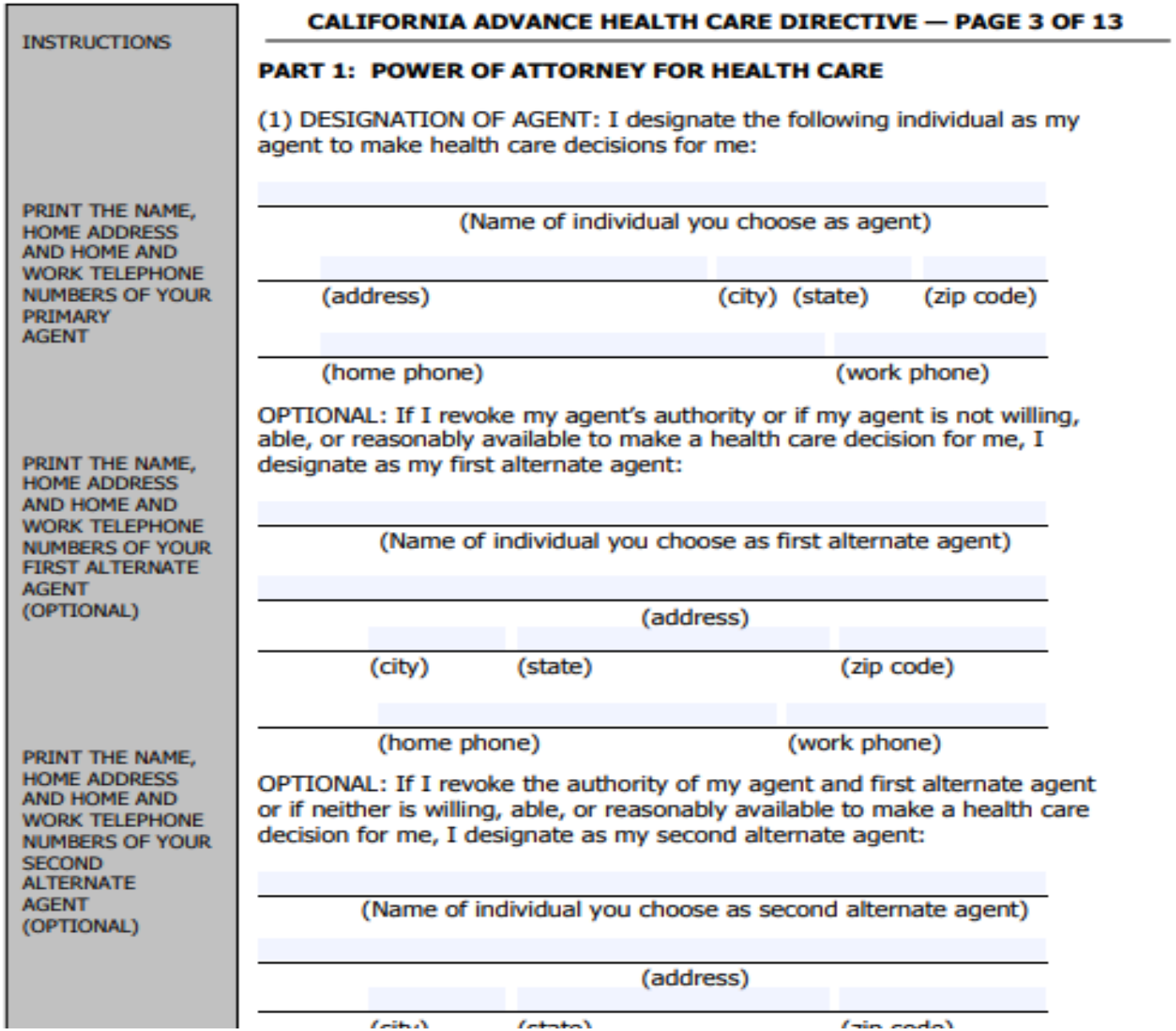
Part 5 contains the signature and witnessing provisions so that your document will be effective.

This form does not expressly address mental illness. If you would like to make advance care plans regarding mental illness, you should talk to your physician and an attorney about an advance directive tailored to your needs.

Note: These documents will be legally binding only if the person completing them is a competent adult, who is 18 years of age or older, or an emancipated minor.

Advanced Directive:

- In Part 1 of the Advanced directive:
  - ➢You name a person to be your agent.
  - ➢The agent legally makes decisions on your behalf in regards to health care – A Durable Power of Attorney for Health Care.
  - ➢It is best to choose only one person as your agent.
  - ➢You can also name an alternate in case your agent is unavailable.



INSTRUCTIONS

PRINT THE NAME, HOME ADDRESS AND HOME AND WORK TELEPHONE NUMBERS OF YOUR PRIMARY AGENT

PRINT THE NAME, HOME ADDRESS AND HOME AND WORK TELEPHONE NUMBERS OF YOUR FIRST ALTERNATE AGENT (OPTIONAL)

PRINT THE NAME, HOME ADDRESS AND HOME AND WORK TELEPHONE NUMBERS OF YOUR SECOND ALTERNATE AGENT (OPTIONAL)

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE — PAGE 3 OF 13

PART 1: POWER OF ATTORNEY FOR HEALTH CARE

(1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

(Name of individual you choose as agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

(Name of individual you choose as first alternate agent)

(address)

(city) (state) (zip code)

(home phone) (work phone)

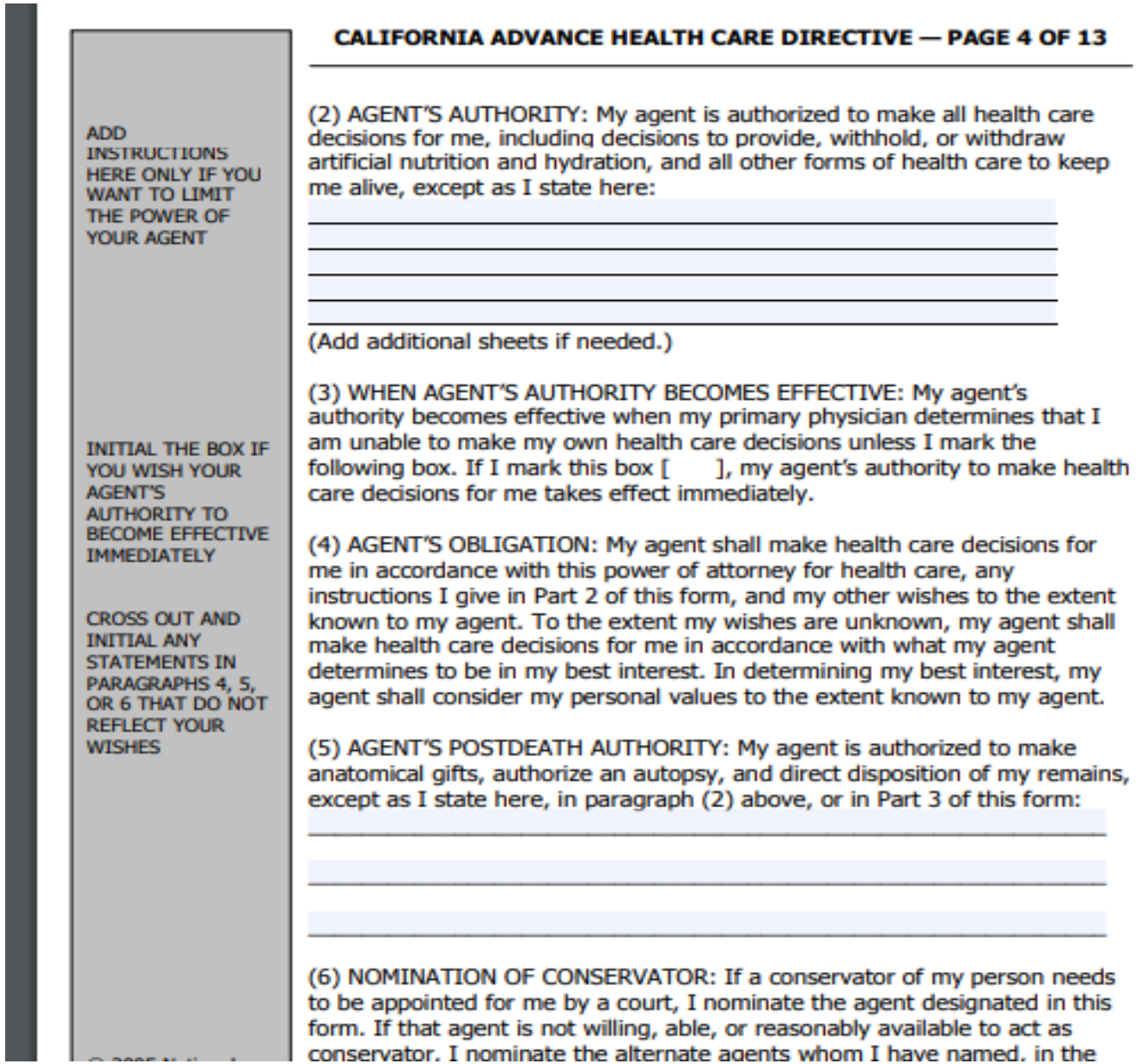
OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

(Name of individual you choose as second alternate agent)

(address)

Advanced Directives:

- What can my healthcare Agent do?
  - ➢visit you in hospitals or other health care facilities
  - ➢oversee the treatment wishes you set out in other health care documents
  - ➢authorize necessary medical treatments, such as surgery, blood transfusions, or drugs according to your wishes
  - ➢review your medical records
  - ➢choose your doctors and other health care providers
  - ➢make end-of-life decisions-- for example, refusing to have you placed on a ventilator or having you removed from life support -- as long as those decisions in your best interest and based on your known wishes



CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE — PAGE 4 OF 13

ADD INSTRUCTIONS HERE ONLY IF YOU WANT TO LIMIT THE POWER OF YOUR AGENT

(2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration, and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed.)

INITIAL THE BOX IF YOU WISH YOUR AGENT'S AUTHORITY TO BECOME EFFECTIVE IMMEDIATELY

(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box. If I mark this box [ ], my agent's authority to make health care decisions for me takes effect immediately.

CROSS OUT AND INITIAL ANY STATEMENTS IN PARAGRAPHS 4, 5, OR 6 THAT DO NOT REFLECT YOUR WISHES

(4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here, in paragraph (2) above, or in Part 3 of this form:

(6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the

Advanced Directive:

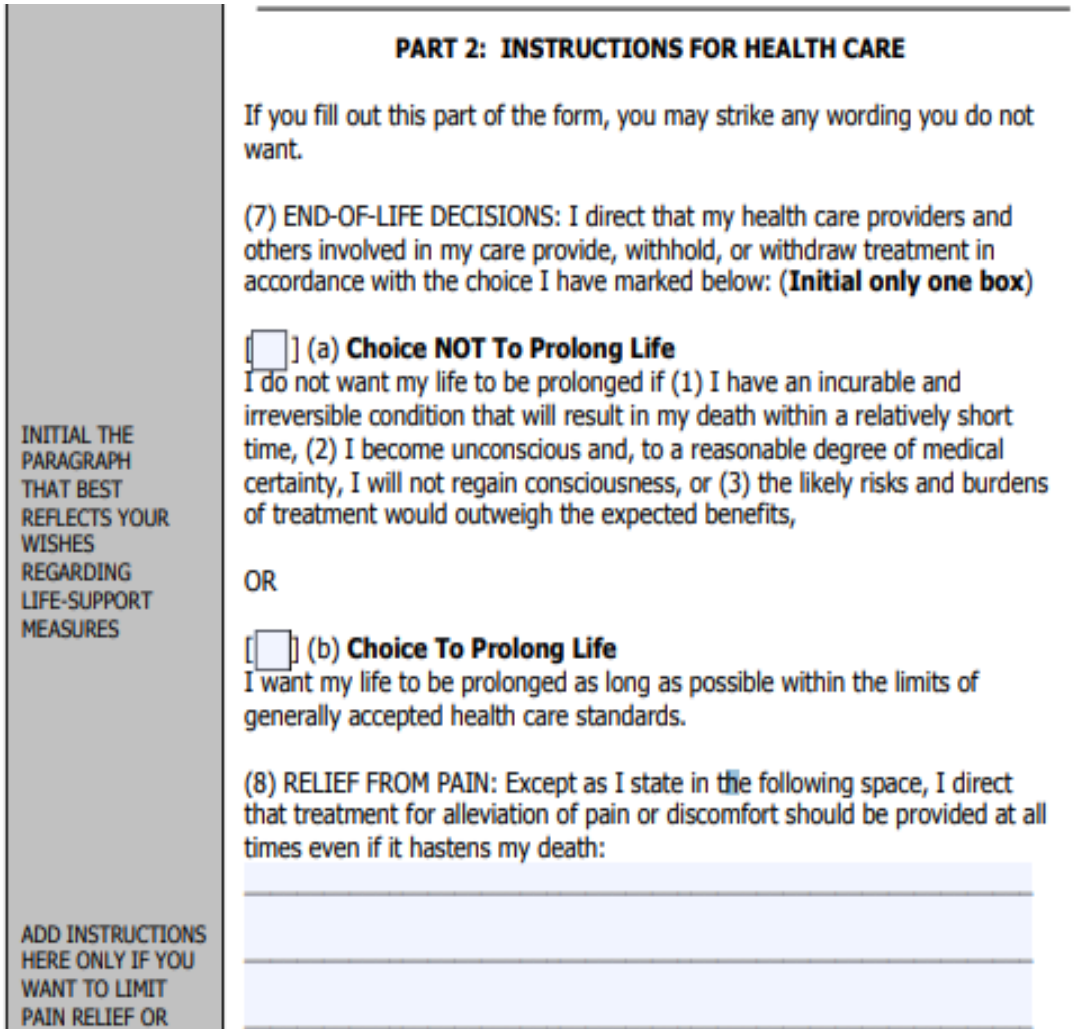
- There are some things to consider when selecting your health care agent:
  - Will the person be a responsible advocate for your health care wishes?
  - Does he or she live close enough to be at your side quickly and to stay a long time, if needed?
  - Usually the person can't be your healthcare provider or an employee of the care facility you are receiving care at unless you are related by blood, marriage, or adoption.

Advanced Directive:

- How Do I Choose a Health Care Agent?
  - A health care agent is the person you name to make medical decisions for you if you are unable to. Some states use a different name for a health care agent, such as “proxy,” “representative,” or “attorney in fact.” California uses the term “health care agent.” You will name this person in your Advance Health Care Directive.

Advanced Directive

- **Part 2 of the Advanced Directives:** You can define your wishes for end of life care that may include:
  - CPR- resuscitation or defibrillation provided when the heart stops beating or lungs are not breathing
  - DNR
  - Intubation
  - artificial feeding or hydration
  - Renal dialysis
  - Surgery
  - Antibiotics



PART 2: INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may strike any wording you do not want.

(7) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: (**Initial only one box**)

INITIAL THE PARAGRAPH THAT BEST REFLECTS YOUR WISHES REGARDING LIFE-SUPPORT MEASURES

[ ] (a) **Choice NOT To Prolong Life**
I do not want my life to be prolonged if (1) I have an incurable and irreversible condition that will result in my death within a relatively short time, (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely risks and burdens of treatment would outweigh the expected benefits,

OR

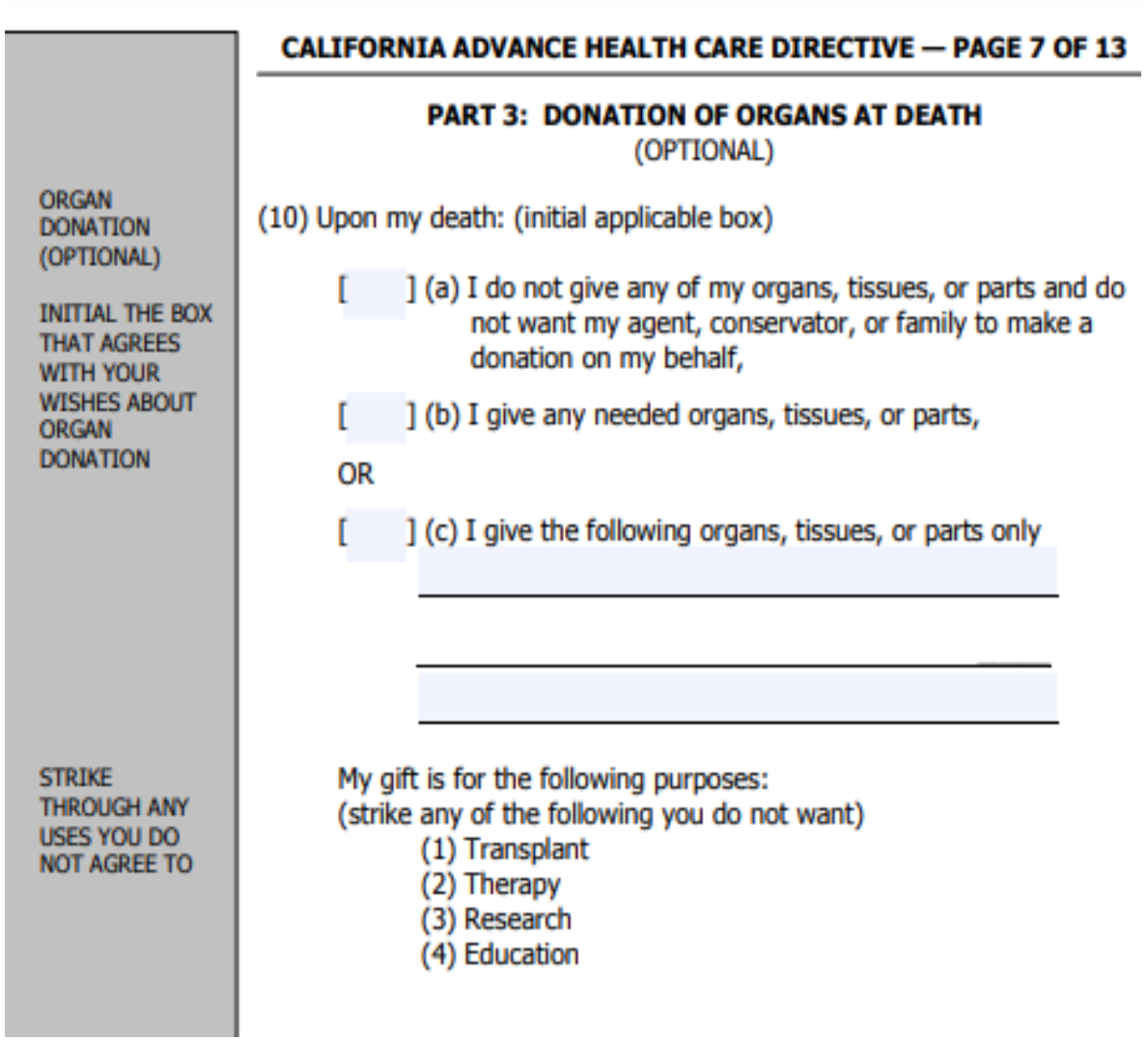
[ ] (b) **Choice To Prolong Life**
I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(8) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort should be provided at all times even if it hastens my death:

ADD INSTRUCTIONS HERE ONLY IF YOU WANT TO LIMIT PAIN RELIEF OR

Advanced Directive

- **Part 3 of the Advanced Directive lets you designate if you wish to donate body or tissues.**



ORGAN DONATION (OPTIONAL)

INITIAL THE BOX THAT AGREES WITH YOUR WISHES ABOUT ORGAN DONATION

STRIKE THROUGH ANY USES YOU DO NOT AGREE TO

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE — PAGE 7 OF 13

PART 3: DONATION OF ORGANS AT DEATH
(OPTIONAL)

(10) Upon my death: (initial applicable box)

[ ] (a) I do not give any of my organs, tissues, or parts and do not want my agent, conservator, or family to make a donation on my behalf,

[ ] (b) I give any needed organs, tissues, or parts,

OR

[ ] (c) I give the following organs, tissues, or parts only

_____

_____

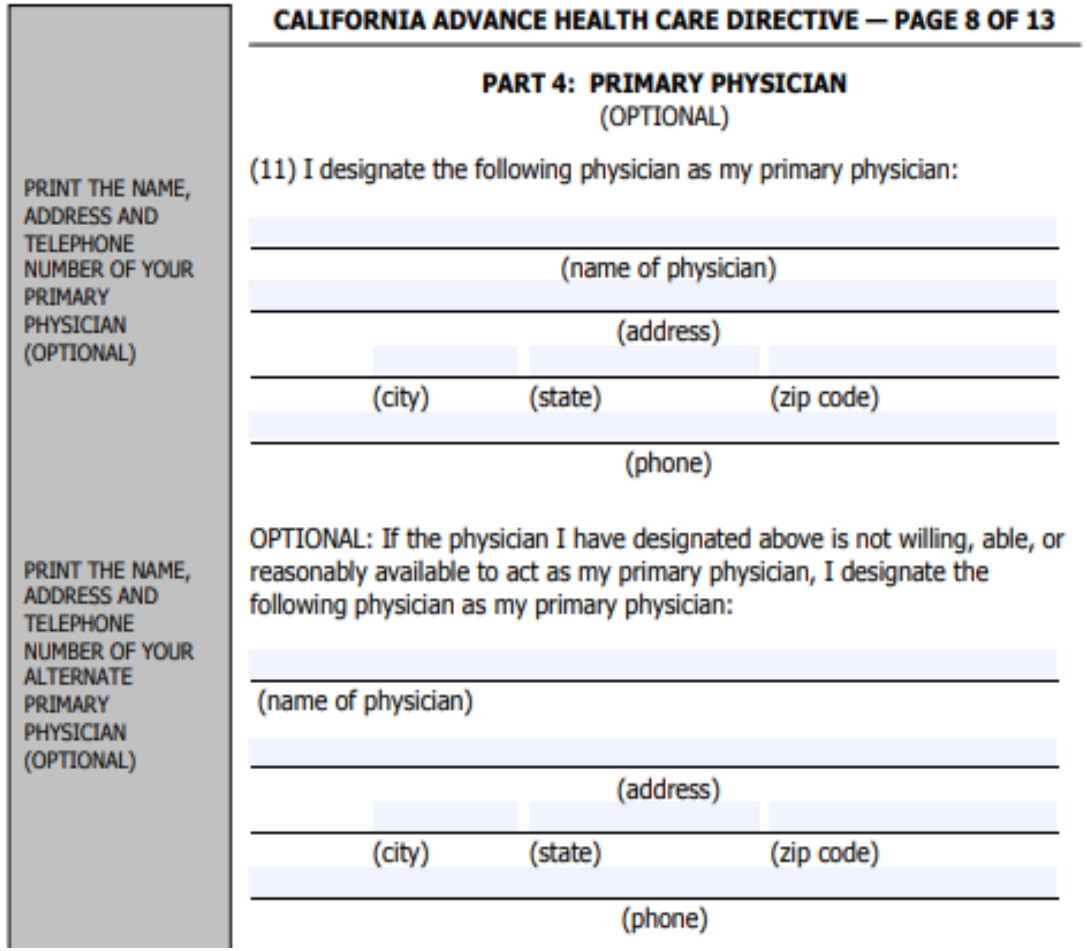
_____

My gift is for the following purposes:
(strike any of the following you do not want)

(1) Transplant
(2) Therapy
(3) Research
(4) Education

Advanced Directive

- **Part 4 Optional, Lets you designate a primary physician**



CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE — PAGE 8 OF 13

PART 4: PRIMARY PHYSICIAN
(OPTIONAL)

PRINT THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR PRIMARY PHYSICIAN (OPTIONAL)

(11) I designate the following physician as my primary physician:

(name of physician)

(address)

(city) (state) (zip code)

(phone)

PRINT THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR ALTERNATE PRIMARY PHYSICIAN (OPTIONAL)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

(name of physician)

(address)

(city) (state) (zip code)

(phone)

Advanced Directive:

- **Part 5 is where the 2 witnesses and notary sign.**

IF YOU CHOOSE TO SIGN WITH WITNESSES, USE ALTERNATIVE 1, BELOW

IF YOU CHOOSE TO HAVE YOUR SIGNATURE NOTARIZED, USE ALTERNATIVE 2,

PART 5: EXECUTION

This Health Care Directive will not be valid unless it is EITHER:

(A) Signed by two (2) qualified adult witnesses who are personally known to you or to whom you have proven your identity by convincing evidence and who are present when you sign or acknowledge your signature. Your witnesses may not be

- your health care provider or an employee of your health care provider,
- the operator or an employee of a community care facility,
- the operator or an employee of a residential care facility for the elderly, or
- the person you have appointed as an agent, if you have appointed an agent.

In addition, one of your witnesses must be unrelated to you by blood, marriage, or adoption and not entitled to any portion of your estate. (Use Alternative 1, below, if you decide to have your signature witnessed.)

OR

(B) Witnessed by a notary. (Use Alternative 2, below (page 12), if you decide to have your signature notarized.)

CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE - PAGE 12 OF 13

ALTERNATIVE NO. 2: NOTARY PUBLIC

SIGN AND DATE THE DOCUMENT AND THEN PRINT YOUR NAME AND ADDRESS

(date) (sign your name)

(print your name)

(address)

(city) (state) (zip code)

A NOTARY PUBLIC MUST FILL OUT THIS PORTION OF THE FORM

State of California)
) SS.
County of _____)

On _____ before me, _____
(insert name of notary public)
personally appeared _____,
(insert the name of principal)

Who proved to me on the basis of satisfactory evidence to be the person(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

NOTARY SEAL

Advanced Directives

- **What to do with your advance directive**:
  - Keep the original copies of your advance directive where you can easily find them.
  - Give a copy to your health care proxy, health care providers, hospital, nursing home, family, and friends.
  - You may want to review your advance directive each year, when you have a change to your wishes, or health care agent.

California Advance Directive Registry

- California maintains an Advance Directive Registry.
- By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one.
- You can read more about the registry, including instructions on how to file your advance directive at:

  www.sos.ca.gov/registries/advance-health-care-directive-registry

e - Google Chrome

fl-461.pdf

State of California
Secretary of State

File # _____

Registration of
Written Advance Health Care Directive
(Probate Code sections 4800-4805)

Important - Read all instructions before completing this form.

This Space For Filing Use Only

1. Check the applicable box (Note: Check only one box)

☐ New Registration	For a new registration, check this box and complete the entire form. **There is a $10.00 fee for registration of a new directive.**
☐ Amendment	For an amendment to a previously filed registration form (not the directive), check this box, complete Items 3 and 7 and the appropriate section that changed. There is no filing fee.
☐ Revocation Only	For a revocation (change) of a written advance health care directive that has been registered previously with the Secretary of State *or* a revocation of your registration, check this box and complete Items 3 and 7. There is no filing fee.
☐ Revocation (change) of Prior Directive and	For a revocation (change) of a written advance health care directive that has been registered previously and the registration of a new directive, check this box and complete the entire form.

Advanced Directive may include:

- DNR
  - Do not resuscitate order
  - Tells health care providers not to perform certain life sustaining treatments such as:
    - CPR
    - Intubation with a breathing tube
    - defibrillation

California Pre-hospital DNR Form

- Pre-Hospital DNR Form:
  - Official state document designed with the purpose of instructing EMS personnel regarding a patient's decision to forgo resuscitative measures in the event of cardioplumonary arrest. Resuscitative measures to be withheld include chest compressions (CPR), assisted ventilation (breathing), endotracheal intubation, defibrillation, and drugs which stimulate the heart.
  - It does not limit providing other treatments or comfort measures such as treating pain, difficulty breathing, bleeding or other measures.

EMERGENCY MEDICAL SERVICES
PREHOSPITAL DO NOT RESUSCITATE (DNR) FORM

An Advance Request to Limit the Scope of Emergency Medical Care

I, _____, request limited emergency care as herein described.
(print patient's name)

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will **not** prevent me from obtaining other emergency medical care by prehospital emergency medical care personnel and/or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time by destroying this form and removing any "DNR" medallions.

I give permission for this information to be given to the prehospital emergency care personnel, doctors, nurses or other health personnel as necessary to implement this directive.

I hereby agree to the "Do Not Resuscitate" (DNR) order.

_____ _____
Patient/Legally Recognized Health Care Decisionmaker Signature Date

_____
Legally Recognized Health Care Decisionmaker's Relationship to Patient

By signing this form, the legally recognized health care decisionmaker acknowledges that this request to forego resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

I affirm that this patient/legally recognized health care decisionmaker is making an informed decision and that this directive is the expressed wish of the patient/legally recognized health care decisionmaker. A copy of this form is in the patient's permanent medical record.

In the event of cardiac or respiratory arrest, no chest compressions, assisted ventilations, intubation, defibrillation, or cardiotonic medications are to be initiated.

_____ _____
Physician Signature Date

_____ _____
Print Name Telephone

What is a POLST?

- “Physician order for life sustaining treatment”
- Portable document used from one setting to another
- Voluntary form created for people who often have advanced illness who want to designate end of life care.

POLST cont.

- Patients are encouraged to discuss end of life treatment care wishes with a health care provider who then signs the form.
- Gives standing orders for end of life care that can be used by health care providers and EMS (emergency medical services)
- The POSLT form compliments the Advanced Health Care Directive but does not replace it.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 4/1/2017)*

First follow these orders, then contact Physician/NP/PA. A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: *(optional)*

A — CARDIOPULMONARY RESUSCITATION (CPR): *If patient has no pulse and is not breathing.*

If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.

Check One

☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B — MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

Check One

☐ **Full Treatment – primary goal of prolonging life by all medically effective means.**

In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

☐ ***Trial Period of Full Treatment.***

☐ **Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.**

In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and

One

☐ **Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

☐ **Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

B — MEDICAL INTERVENTIONS: *If patient is found with a pulse and/or is breathing.*

Check One

☐ **Full Treatment – primary goal of prolonging life by all medically effective means.**

In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

☐ ***Trial Period of Full Treatment.***

☐ **Selective Treatment – goal of treating medical conditions while avoiding burdensome measures.**

In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ ***Request transfer to hospital only if comfort needs cannot be met in current location.***

☐ **Comfort-Focused Treatment – primary goal of maximizing comfort.**

Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. ***Request transfer to hospital only if comfort needs cannot be met in current location.***

Additional Orders: _____

_____

C — ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired*

C *Check One*

ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*

- ☐ Long-term artificial nutrition, including feeding tubes.
- ☐ Trial period of artificial nutrition, including feeding tubes.
- ☐ No artificial means of nutrition, including feeding tubes.

Additional Orders: _____

D

INFORMATION AND SIGNATURES:

Discussed with: ☐ Patient (Patient Has Capacity) ☐ Legally Recognized Decisionmaker

- ☐ Advance Directive dated _____, available and reviewed →
- ☐ Advance Directive not available
- ☐ No Advance Directive

Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician/NP/PA Name:	Physician/NP/PA Phone #:	Physician/PA License #, NP Cert. #:
Physician/NP/PA Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name:		Relationship: *(write self if patient)*
Signature: *(required)*	Date:	Your POLST may be added to a secure electronic registry to be accessible by health providers, as permitted by HIPAA.
Mailing Address (street/city/state/zip):	Phone Number:	

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

Name (last, first, middle):	Date of Birth:	Gender: M F

NP/PA's Supervising Physician	**Preparer Name** (if other than signing Physician/NP/PA)	
Name:	Name/Title:	Phone #:

Additional Contact ☐ None

Name:	Relationship to Patient:	Phone #:

Directions for Health Care Provider

Completing POLST

- **Completing a POLST form is voluntary**. California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient's preferences.
- **POLST does not replace the Advance Directive**. When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.
- POLST must be completed by a health care provider based on patient preferences and medical indications.
- A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician/NP/PA believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.
- A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.
- To be valid a POLST form must be signed by (1) a physician, or by a nurse practitioner or a physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker. Verbal orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.
- If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.
- Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.

Using POLST

- Any incomplete section of POLST implies full treatment for that section.

Section A:

- If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).
- Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.
- IV antibiotics and hydration generally are not "Comfort-Focused Treatment."
- Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."
- Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.

Reviewing POLST

It is recommended that POLST be reviewed periodically. Review is recommended when:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.
- A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician/NP/PA, based on the known desires of the patient or, if unknown, the patient's best interests.

This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force.
For more information or a copy of the form, visit **www.caPOLST.org**.

SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

Resources

- Advanced Directive:
  - Caring Connections: links to state specific advanced directive form http://www.caringinfo.org/PlanningAhead.htm
  - HDSA Family Guide Series: booklet on advanced directives http://hdsa.org/shop/publications
  - https://www.agingwithdignity.org
- Durable Power of Attorney for finance: 20 pg downloadable form
  - https://www.allsaintsbh.org/wp-content/uploads/CA-

Resources cont.

- DNR and pre-hospital DNR forms California Emergency Medical Services: https://emsa.ca.gov/dnr_and_polst_forms

- POLST (Physician order for life sustaining treatment): California POLST form: http://capolst.org

- Brain and tissue donation: UC Davis Northern California resources for brain and body donation: https://www.ucdmc.ucdavis.edu/huntingtons/files/Northern%20California%20Resources%20Rev%202016.pdf

  https://braindonorproject.org

  http://www.donatelifecalifornia.org

Thank you


Let our advance worrying
become advance thinking
and planning.
Winston Churchill