The Strategic Advance Care Planning documents

1. **Natural Dying Living Will** in a format that quickly tells your future physician what treatment you want for the condition you have reached.

2. **Bilateral Durable Power of Attorney for Health Care Decisions** includes the contract you and each proxy/agent can sign, which **commits** them to fulfill their promise to try their best to be your advocate—to make sure you get the care your living will expressed that you want. It creates your Patient Decision Committee and indicates how its members work together.

3. **Natural Dying Agreement** contains your consent forms and commonly needed strategies that transform your living will statements about what you "**want**" into POLST orders that you actually "**get**."

4. **Future POLST forms** are the most powerful documents that direct end-of-life treatment. You can complete one for each level of future treatment.

Your "Natural Dying Living Will"
Sequenced for your physician/provider

The order of conditions that your physician will see begins with those you judged would cause the **most intense suffering**. It ends with those causing mild suffering.
Here are the list and corresponding treatments:

Unbearable —> Rapid Sedation to Unconsciousness

Intolerable —> Moderate Anesthesia

Severe —> Natural Dying/Moderate Anesthesia (if can eat/drink)

Tolerable Suffering —> if you have a number of such conditions that together currently cause severe suffering as your proxies/agents determine. ("Decide Later").
(*See the illustration on the next slide.*)

My Way Cards: Treatment Decisions Sequenced by Decreasing Severity (Excerpt)

Sequenced for treating physicians/providers: They can scroll down to the 1st qualifying condition to determine what treatment the patient's condition warrants

RPS-POLST if Unbearable **MA-POLST** if Intolerable **ND-POLST** if Severe **SLT-POLST** if Tolerable **CPRL-POLST** if Mild

#	For each category of intensity of suffering, below are some examples of summarized conditions	Treatment Decision
Unbearable Suffering → RPS-POLST (Rapid Sedation to Unconsciousness) based on symptoms needing urgent treatment		
2	Invisible Pain (N-O-S) — Severe pain that cannot be seen, communicated, or treated	RPS-POLST
6	Terrifying Hallucinations — Sees and hears threats and cannot calm down by assurance or medication	RPS-POLST
	…	RPS-POLST
Intolerable Suffering → MA-POLST (Moderate Anesthesia) based on intensity of suffering		
1	Treatment is futile/non-beneficial — Incurable disease; days filled with tests and treatments; feeling worse until death	MA-POLST
3	Total Paralysis — Cannot move or respond; 4-in-10 chance of still being able to hear; profound loneliness	MA-POLST
4	Extreme Weakness + Untreatable Depression — Too weak to sit; zero joy; medications cannot help	MA-POLST
5	Body Cannot Use Food — Slow starvation for months even three years despite best attempt to assist feeding	MA-POLST
7	No Longer Recognizes Family or Friends — CANNOT enjoy them: confused, lonely, and sad	MA-POLST
	…	
Severe Suffering → ND/MA-POLST (Natural Dying or Moderate Anesthesia): ND if dependent on feeding assistance or MA if can eat & drink		
9	Cannot Say or Show Love — Frustrated, lonely, sad; wonders if loved ones know still love	ND-POLST
33	Pushes Food and Fluid Away — Perhaps life has too much pain and/or too little joy; there may be N-O-S	ND-POLST
	…	
Tolerable Suffering → SLT-POLST (Selective / Limited Treatment)		
15	Cannot Imagine Future Events — Frightened in car; may enjoy picnicking near a creek	SLT-POLST
16	Cannot Recognize Family in Photos or Remember Upcoming Visit — Embarrassed by memory gaps	SLT-POLST
17	…	
	Proxies/agents can use their "Decide Later" authority to judge whether together, several Tolerable conditions add up to Severe.	

Have a "Commitment Meeting" with members of your PDC

Legally designate 3 to 5 or more proxies/agents/surrogate decision-makers to become **members** of your **Patient Decision Committee (PDC)**. Hold a meeting facilitated by an **Advance Care Planning (ACP) counselor**. *See the illustration on the next slide.*) The counselor explains their roles and educates them; for example, how to make **substituted judgment decisions**.*

You and each PDC member will sign a separate contract, so each will **COMMIT** to do their best to make sure — after you lose the ability to make sound decisions — that "the person you become who is living with dementia" does NOT sabotage your original end-of-life goals. An example is Condition 39: a PDC member can override the "future you living with dementia" who asks to resume assisted feeding but cannot appreciate doing this will lead to more and longer suffering.

* **Substituted judgment**: Proxies/agents must strive to make the same treatment decision the patient would make — based on knowing the patient's lifelong values & treatment preferences. This can be different from the decision they would make for themselves, and from what they feel is best for the patient. Even if it conflicts with their values, they promised to honor the patient's values.


Bilateral
Durable Power
of Attorney
Bilateral
Durable Power
of Attorney

Have a "POLST Conversation" Meeting with your physician/provider

You can complete several Future POLSTs during ACP. Only one can be active at a time. You can change your POLST if you have decision-making capacity. If you lack capacity, members of your Patient Decision Committee can change your POLST so that it is appropriate for your future clinical condition. (*A blank POLST is shown on the next page*.)

You may have POLSTs from more than one state. Many patients use the National POLST form. Your POLST orders **must be consistent** with your Natural Dying Living Will. **Only you can create a new POLST.** These two innovative strategies are designed to preserve your end-of-life goals after you no longer can speak for yourself.

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.*

Check One

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

☐ **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.*

Check One

☐ Long-term artificial nutrition, including feeding tubes. Additional Orders: _____

☐ Trial period of artificial nutrition, including feeding tubes. _____

☐ No artificial means of nutrition, including feeding tubes. _____

D — Information and Signatures:

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

☐ Advance Directive dated _____, available and reviewed → Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

☐ Advance Directive not available

☐ No Advance Directive

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

*Form versions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 or 01/01/2016 are also valid.

(Note: This form is usually printed on red.)

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**

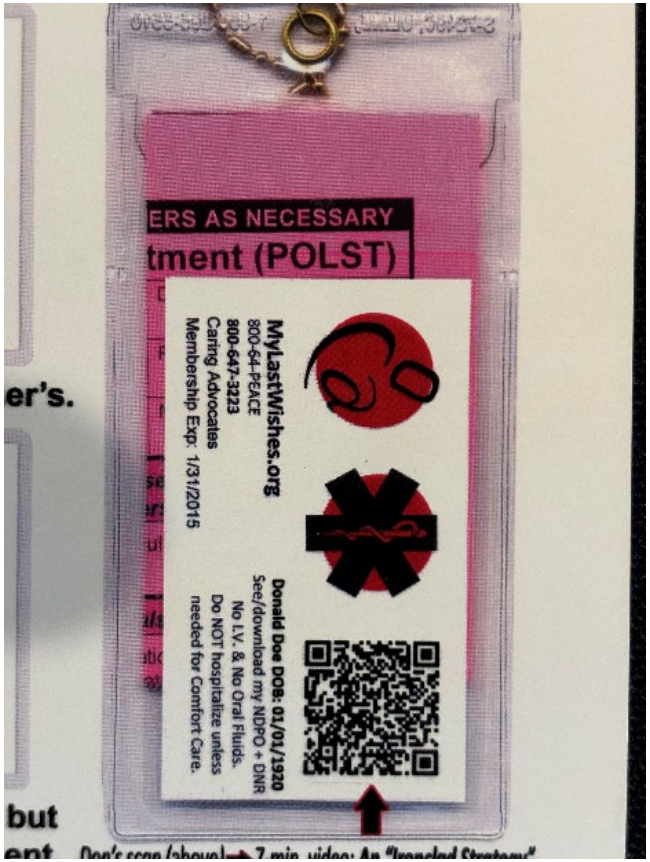
SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED

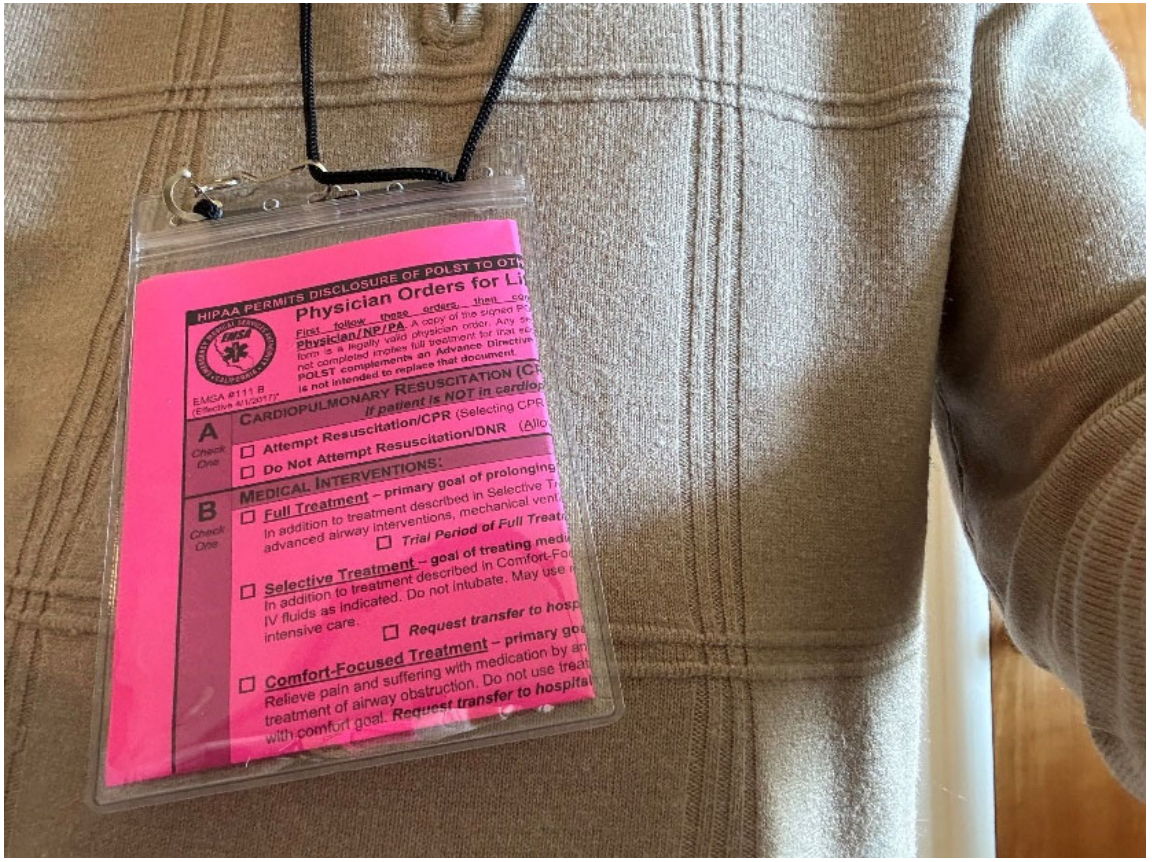
Advance Care Planning (ACP) Summary — you created these documents:

1. **Natural Dying Living Will**
2. **Bilateral Durable Power of Attorney for Health Care Decisions**
3. **Natural Dying Agreement**
4. **Future POLST forms**

These documents need to be notarized to be legally valid. This is your CONSENT. Jurats are best: you swear/take an oath that the document is true, accurate, and complete — so it can be admitted to a court of law. Strategically, this may prevent needing to go to court.

Many people place their <u>POLSTs</u> on their refrigerator. You can also wear your <u>POLST</u> in a small or large plastic badge (*as shown below*). The barcode can be scanned to access all your documents and videos, including instructions in your own voice regarding precisely what you want 9-1-1 emergency first responders to know and do. The two following slides introduce <u>www.MIDEOHealth.com</u> — a resource that Caring Advocates highly recommends.





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https://mideohealth.com/for-patients/

844-MIDEO-4-U

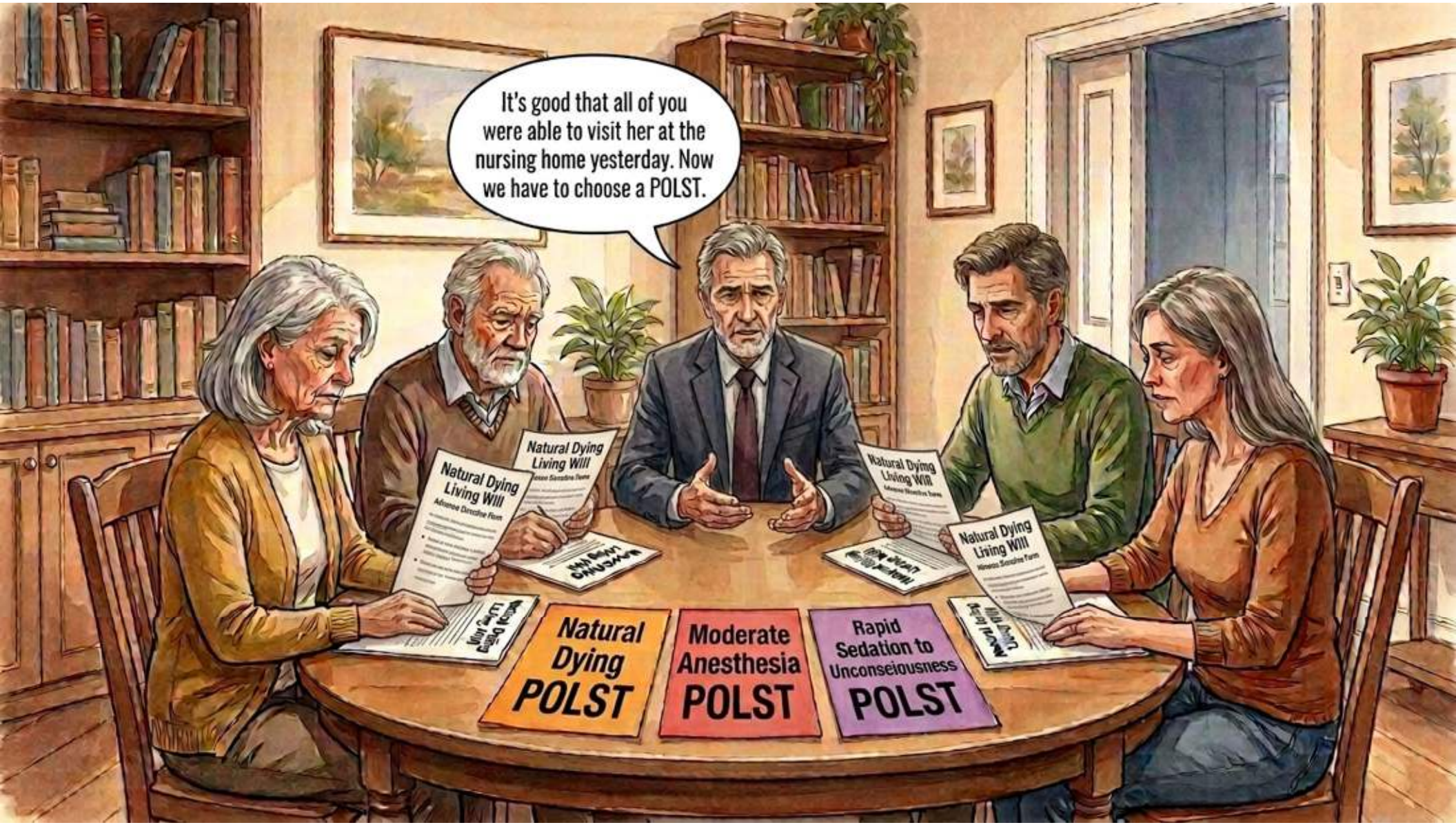
844-643-3648

INFO@mideohealth.com

Recommended by Caring Advocates

Months or years later, if you have a disease that progressed: PDC "Confirmation Meeting"

Anyone who genuinely cares about you may observe you and wonder if you have possibly reached a "qualifying condition." If so, they can notify any PDC member. Other PDC members may then visit you. Then, all members meet and use their "substituted judgment" to **confirm** whether you would want a **different POLST** to direct your care. Your treating physician/provider must agree by making the final determination. To reduce doubts about what treatment you would want, relevant parts of the video that memorialized your My Way Cards interview or your audio transcript can be viewed. (*See the illustration on the next page*.)

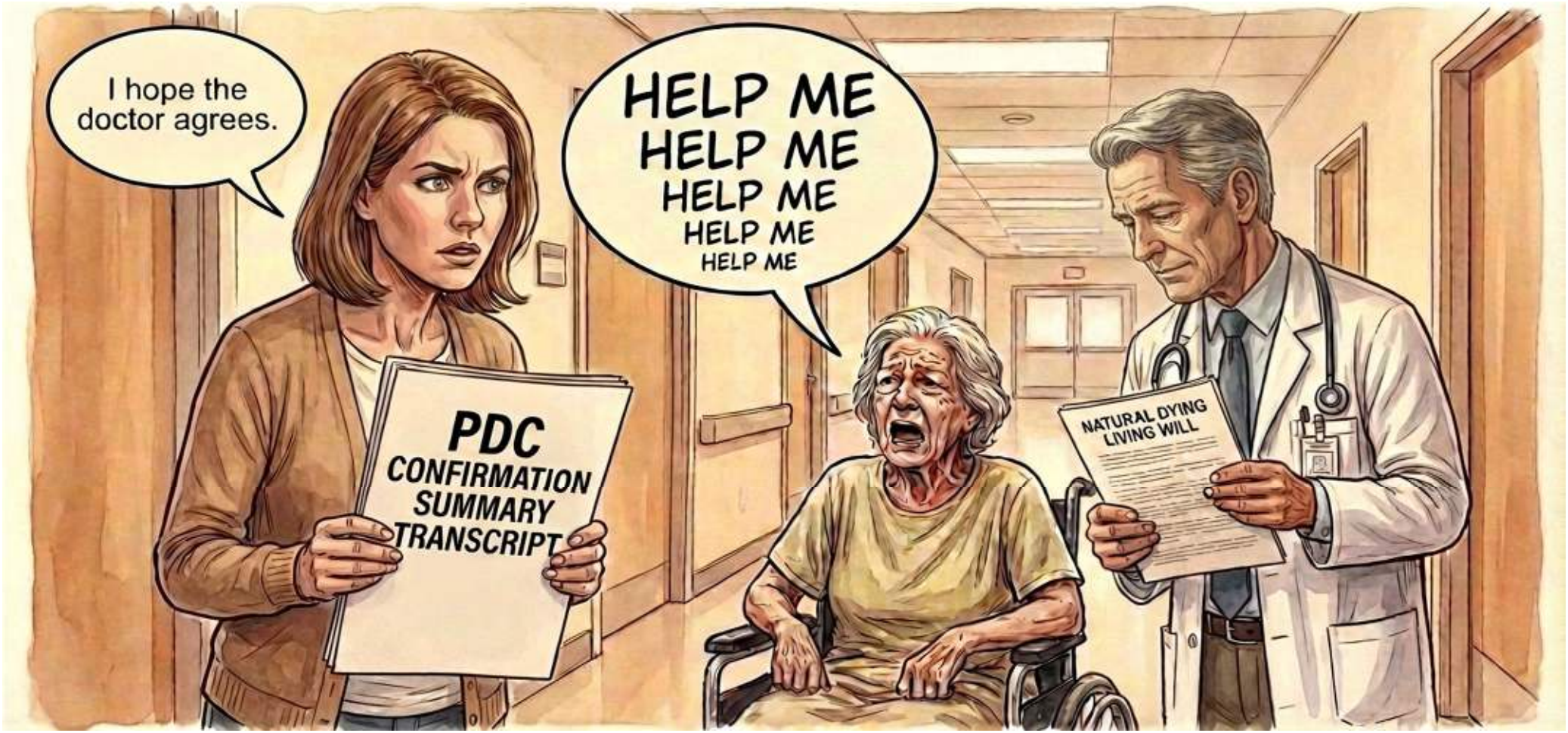

It's good that all of you were able to visit her at the nursing home yesterday. Now we have to choose a POLST.
Natural Dying Living Will
Natural Dying POLST
Moderate Anesthesia POLST
Rapid Sedation to Unconsciousness POLST

Your PDC member/proxy/agent has a "shared decision-making conversation" with your physician

The PDC member with legal standing as your current agent brings:
(A) your Natural Dying Living Will;
(B) the summary and transcript of the PDC "Confirmation Meeting";
(C) the Future POLST that PDC members believe — by a consensus of substituted judgment — is now appropriate for your current condition.

The physician/provider can clinically evaluate you to determine if you have reached a condition with the intensity of suffering that warrants this presented Future POLST. If the physician/provider agrees to implement this POLST, then advance care planning will have been a success. (*See the next two slides*.)

Your current proxy/agent has legal standing to present key documents to your treating physician/provider.



Success = Doctor agrees with orders to reduce your suffering

What's Advance Care Planning Success?

RECAP: After the Patient Decision Committee has their Confirmation Meeting, the currently acting proxy/agent with legal standing meets with the treating physician or provider to present their consensus of substituted judgment of the PDC members. (They have known the patient well from before receiving their diagnosis, and recently visited the patient and discussed his/her condition, which they compared to his/her living will.)

The treating physician or provider compares the Natural Dying Living Will with their current clinical assessment of the patient — to ensure the patient has reached a qualifying condition. The physician also reads the PDC Confirmation and Future POLST signed by a previous physician/provider. All this may lead to agreeing to implement this POLST or writing a similar set of orders. (Physicians may decline or suggest a different treatment plan.)