

Pitfalls of Advance Directives in the Post-Acute Space

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The Good, The Bad and The Ugly

A Spaghetti Western ?

or Your Medical History ?

What Can You Do To Help Yourself ?

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#1 The Good

Patient to ER

Advance Directive Durable

Health Care POA

Agent is with Patient

ER is saying DNR ?

Agent Says No ! Full Code !

ER repeats DNR ?



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Advance Directives are Not DNRs

At any age, a medical emergency can leave a person too ill to make his or her own health care decisions.

Typically health care choices are documented in living wills and/or durable powers of attorney for health care. These are referred to as advance directives and are not intended to be end of life instructions.

Often they are done as a part of an estate plan.



POLSTS are Not DNRs

The POLST is a medical order, not a legal document. The POLST can become outdated and produce the wrong life or death result. If a POLST is not kept current or followed correctly, a person's wishes may evaporate in a medical emergency.



HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY	
Physician Orders for Life-Sustaining Treatment (POLST)	
First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Any section not completed implies full treatment for that section. Everyone shall be treated with dignity and respect.	
EMSA #111 B (Effective 1/1/2009)	
Last Name _____	
First/Middle Name _____	
Date of Birth _____ Date Form Prepared _____	
A Check One	CARDIOPULMONARY RESUSCITATION (CPR): <i>Person has no pulse and is not breathing.</i> ☐ Attempt Resuscitation/CPR (Section B: Full Treatment required) ☐ Do Not Attempt Resuscitation/DNR (Allow Natural Death) When not in cardiopulmonary arrest, follow orders in B and C.
B Check One	MEDICAL INTERVENTIONS: <i>Person has pulse and/or is breathing.</i> ☐ Comfort Measures Only Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to promote comfort. Transfer if comfort needs cannot be met in current location. ☐ Limited Additional Interventions Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care. ☐ Do Not Transfer to hospital for medical interventions. Transfer if comfort needs cannot be met in current location. ☐ Full Treatment Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care. Additional Orders: _____
C Check One	ARTIFICIALLY ADMINISTERED NUTRITION: <i>Offer food by mouth if feasible and desired.</i> ☐ No artificial nutrition by tube. ☐ Defined trial period of artificial nutrition by tube. ☐ Long-term artificial nutrition by tube. Additional Orders: _____
D	SIGNATURES AND SUMMARY OF MEDICAL CONDITION: Discussed with: ☐ Patient ☐ Health Care Decisionmaker ☐ Parent of Minor ☐ Court Appointed Conservator ☐ Other: Signature of Physician My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences. Print Physician Name _____ Physician Phone Number _____ Date _____ Physician Signature (required) _____ Physician License # _____ Signature of Patient, Decisionmaker, Parent of Minor or Conservator 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. Signature (required) _____ Name (print) _____ Relationship (write self if patient) _____ Summary of Medical Condition _____ Office Use Only _____
SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED	



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#2 The Bad

Health Care agent can not be there when medical decisions are being made.

Medical Strangers are not always interpreting legal documents correctly or the documents leave gaps.

Health Care agent wonders what is happening ! ?



#3 The Ugly

No Phone Call to Health Care Agent?

No Transport to Another Facility ?

Patient illness prevents the patient from

voicing their medical choices now -

has to "trust" the medical stranger.

Is this Informed Consent?

Hospital Release for patient now is

not back to home but to the morgue



1, 2, 3 Strikes You're Out

You can prepare
Be Your Own Coach!*

**Make Your Health Care Choices at the right
time when you have the capacity to
communicate and document your intent in
your own words
What's next then?**

* From Sports Lead: www.surviveastroke.org

Sports Lead – Be Your own Coach



**Learn About Medical
Emergencies Happen
Awareness of Medical
Develop a Plan**

**Be a Coach for Your
Medical !
Make it Fun – Get
Interested- Make it
Happen !
Only You Can Make
The Difference for
Yourself.
Contact Me If You
Need Ideas Before
Its Too Late**



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