

Advance Care Planning

- Goals of Care/ End of life goals should be discussed at the time of admission to facility and readdressed periodically and with any change to health status (review process)
- A Surrogate decision maker should be identified using hierarchy
 - Are these individual aware of patient's goals/wishes and engaged in patient's care?
 - Does this person have a copy of the advanced directive (if completed)?
- End of life decisions should be recorded using an advanced directive/ POLST form
- There should be a clear way to identify patient's who have an advanced directive/ POLST

Advance Care Planning

- Only 40% of Americans have advance directives
 - 60% of Boomers
 - 80% of people 75 years and older
 - Often incomplete or not updated
- Advance directives:
 - Living will
 - **POLST**
 - DNR/DNI
 - Medical POA
 - Organ donation



How to start the conversation?




- Ideally: Early, recurring
 - Do not need more than a few minutes at a time
 - Advance Care Planning is billable:
 - CPT 99497- first 30min
 - CPT 99498- every 30 min thereafter
- Give a “warning shot”
 - ask permission to discuss
- Good starting points:
 - What do you understand about your illness?
 - What confuses you about your illness?
 - Do you know if it is curable?



- Discuss prognosis :
 - “treatable” vs “curable”
- Don’ts:
 - “there is nothing left to do”
 - “time to talk about the end”
 - “no other options”
- Hopes? Fears? What is most important to you now?
- Use this information to make plans (short term and long term) that address the patient’s goals
- Follow up and adjust plans based on outcome
 - Do not need a “final decision”
 - Involve family if possible
 - Make it routine

NEW JERSEY PRACTITIONER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)

Follow these orders, then contact physician/APN. This Medical Order Sheet is based on the current medical condition of the person(s) below and their wishes stated verbally or in a written advance directive. Any section not completed implies full completion of that section. Everyone will be treated with dignity and respect.

Person Name (Last, first, address)	Date of Birth
A	GOALS OF CARE (See reverse for instructions. This section does not constitute a medical order.)
B	MEDICAL INTERVENTIONS: Person is breathing and/or has a pulse <input type="checkbox"/> Full Treatment: Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to indicated. See section D for resuscitation status. <input type="checkbox"/> Limited Treatment: Use appropriate medical treatment such as antibiotics and IV fluids as indicated. May use non-invasive positive pressure. Generally avoid invasive care. <input type="checkbox"/> Transfer to hospital for medical interventions. <input type="checkbox"/> Transfer to hospital only if comfort needs cannot be met in current location. <input type="checkbox"/> Symptom Treatment Only: Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, per second care and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use IV to promote comfort. Transfer only if comfort needs cannot be met in current location. Additional Orders: _____
C	ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: <i>Always after food/fluids by mouth if feasible and desired.</i> <input type="checkbox"/> No artificial nutrition. <input type="checkbox"/> Defined trial period of artificial nutrition. <input type="checkbox"/> Long-term artificial nutrition.
D	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> CARDIOPULMONARY RESUSCITATION (CPR) Person has no pulse and/or is not breathing <input type="checkbox"/> Attempt resuscitation/CPR <input type="checkbox"/> Do not attempt resuscitation/DNR <i>Allow Natural Death</i> </div> <div style="flex: 1; text-align: center;">  </div> <div style="flex: 1;"> AIRWAY MANAGEMENT Person is in respiratory distress with a pulse <input type="checkbox"/> Intubate/use artificial ventilation as needed <input type="checkbox"/> Do not intubate - Use O2, manual treatment to relieve airway obstruction, medications for comfort. Additional Orders (for example defined trial period of mechanical ventilation) _____ </div> </div>
E	If I lose my decision-making capacity, I authorize my surrogate decision maker, listed below, to modify or revoke the NJ POLST orders in accordance with my treating physician/APN's in keeping with my goals. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Health care representative identified in an advance directive <input type="checkbox"/> Other surrogate decision maker _____ First Name of Surrogate (address on reverse) _____ Phone Number _____
F	SIGNATURES: <i>I have discussed this information with my physician/APN.</i> First Name _____ Signature _____ <input type="checkbox"/> Person Named Above <input type="checkbox"/> Health Care Representative/Legal Guardian <input type="checkbox"/> Spouse/Civil Union Partner <input type="checkbox"/> Parent of Minor <input type="checkbox"/> Other Surrogate <div style="margin-top: 10px;"> Has the person named above made an anatomical gift? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown These orders are consistent with the person's medical condition, preferences and best known information. PRN - Physician/APN Name _____ Phone Number _____ Physician/APN Signature (Mandatory) _____ Date/Time _____ Professional License Number _____ </div>


Put it in writing (NJ POLST):

- A) Goals of Care
- B) Medical Interventions
- C) Artificial Fluids and Nutrition
- D) Code Status
- E) Surrogate(s)
- F) Attestation and signatures
- Reverse side) Addresses and phone numbers

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- Goals of Care
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- Artificial Fluids and Nutrition
- Code Status
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- Goals of Care
- Code Status
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- Medical Interventions
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- Goals of care
 - Hopes and fears
 - General or specific
 - What DON'T they want

A	GOALS OF CARE <i>(See reverse for instructions. This section does not constitute a medical order.)</i>
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- Code status
 - Give realistic explanations
 - Give advice (DNI but not DNR?)
 - Additional order: trach?

D	CARDIOPULMONARY RESUSCITATION (CPR) <i>Person has no pulse and/or is not breathing</i> <ul style="list-style-type: none"><input type="checkbox"/> Attempt resuscitation/CPR<input type="checkbox"/> Do not attempt resuscitation/DNAR <u>Allow</u> <u>Natural</u> <u>Death</u> 
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AIRWAY MANAGEMENT <i>Person is in respiratory distress with a pulse</i> <ul style="list-style-type: none"><input type="checkbox"/> Intubate/use artificial ventilation as needed<input type="checkbox"/> Do not intubate - Use O₂, manual treatment to relieve airway obstruction, medications for comfort.<input type="checkbox"/> Additional Order (for example defined trial period of mechanical ventilation) _____
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- Artificial nutrition
 - Feeding tube?

C	ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: <i>Always offer food/fluids by mouth if feasible and desired.</i> <ul style="list-style-type: none"><input type="checkbox"/> No artificial nutrition.<input type="checkbox"/> Defined trial period of artificial nutrition.<input type="checkbox"/> Long-term artificial nutrition.
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- Medical interventions
 - Level of care: Full, limited, comfort only
 - Location of care: DNH?

B	<p>MEDICAL INTERVENTIONS: <i>Person is breathing and/or has a pulse</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Full Treatment. Use all appropriate medical and surgical interventions as indicated to support life. If in a nursing facility, transfer to hospital if indicated. See section D for resuscitation status.<input type="checkbox"/> Limited Treatment. Use appropriate medical treatment such as antibiotics and IV fluids as indicated. May use non-invasive positive airway pressure. Generally avoid intensive care.<ul style="list-style-type: none"><input type="checkbox"/> Transfer to hospital for medical interventions.<input type="checkbox"/> Transfer to hospital only if comfort needs cannot be met in current location.<input type="checkbox"/> Symptom Treatment Only. Use aggressive comfort treatment to relieve pain and suffering by using any medication by any route, positioning, wound care and other measures. Use oxygen, suctioning and manual treatment of airway obstruction as needed for comfort. Use Antibiotics only to promote comfort. Transfer only if comfort needs cannot be met in current location. <p>Additional Orders: _____</p>
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Put it in writing (NJ POLST):

- Surrogate decision maker
 - Consider a “back up”
 - Have surrogate present if possible
 - Can surrogate override the POLST?

E	<p>If I lose my decision-making capacity, I authorize my surrogate decision maker, listed below, to modify or revoke the NJ POLST orders in consultation with my treating physician/APN in keeping with my goals: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Health care representative identified in an advance directive <input type="checkbox"/> Other surrogate decision maker</p> <hr/> <p>Print Name of Surrogate (address on reverse) Phone Number</p>
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Put it in writing (POLST)

- Give patients time to consider their choices
 - “homework” for next visit
 - “full everything” can be complicated for surrogates
- Put it in writing with them!
 - do not have them fill out a POLST alone
- **Valid** POLST form:
 - Must be completely filled out (empty sections default to full aggressive care)
 - Must be signed by: **Attending**, PA, or NP
 - Must be signed, dated/timed, with license #
 - Make sure surrogate is aware/present
 - Make sure POLST is available to patient and health providers
 - **Update** as goals change (progression of disease, hospitalization, change in function)
 - **VOID** the old POLST

respectingchoices.org