Advance Care Planning





End of Life Care Plan

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







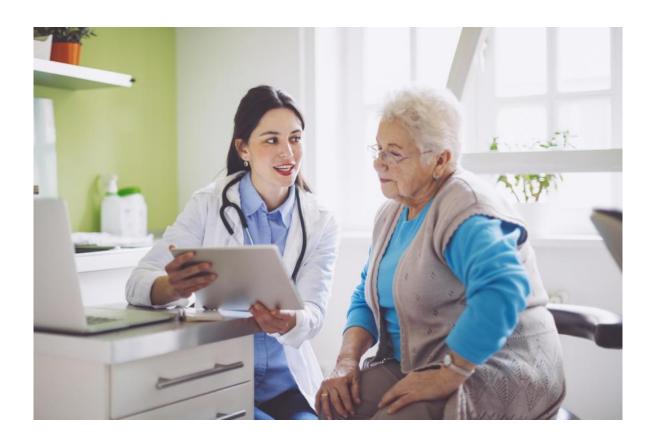
How to start the conversation?



- 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"
 - o ask permission to discuss
- Good starting points:
 - O What do you understand about your illness?
 - O What confuses you about your illness?
 - O 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"
 - o "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

Follow those orders, then contact physician/APN. This Madrical Order Shoot is based on the current medical condition of the selection and their wishes stated verbally or in a written advance directive. Any section not completed traples full is that section. Everyone will be treated with dignity and respect.

PLESCIN NAME	SCH Navi (ASI, 1851, ABDS) Dat Of BEST		
_ A	GOALS OF CARE Esos severse for instructions. This section does not constitute a re-	and	
r	END REVENUE FOR RESIDENCE. THE SECRET GRAD HER CONSIDER OF IT	out out	
	MEDICAL INTERVENTIONS: Person is breading and/or in Pall treatment. Use all appropriate medical and surgical intervent indicated. See section D for resuscitation status.	tors as indicated to support Mo. If in a moving locitity, transfer t	
a	presure. Generally avoid interests care. Transfer to hospital for medical interventions. Transfer to hospital only if confert monds connot be neit to care Symptom Youthord Only. Use appressive confert transfer to all weared care and other measures. One anyone, sectioning and ma- to promote confert. Transfer only if confert needs connot be not	est krates.	
	to promote comfort. Transfer only if conitor needs corner be men Additional Orders:	n careel location.	
	ARTIFICIALLY ADMINISTERED FLUIDS AND NUTRITION: Always after food/fluids by record of feacible and dissined.		
С	□ No atticial settlers.	 Defined to a period of anthoid nutrition. Longitum anthoid nutrition. 	
	CARDIOPULMONARY RESUSCITATION (CPR) Proon for no pulse and/or is not benefiting	AIRWAY MANAGEMENT Poson is to respiratory distress with a police	
	□ Alterpt resectation/CFR	s inhabit/use critical weithfun as recolad s Do not inhabit - Use CO, marcal treatment to	
D	© Do not offerept resectation/DNAR Allow Birthrol Death	releve aneay obstaction, medications for conton. In Additional Order for example defined that period of more ventures;	
ı		y decision moleng capacity. I carborius my simogato decision moles, listed below, to modify or sovole the N4 POST orders in g physicians/AFN in keeping with my godis:	
	Past None of Suragate Jaddess on revese)	Plone Number	
	SIGNATURES: / have discussed this information with my physician/AFN.	Hen the person reward above made on anotherical gift to Ver. 10 No. 10 Unknown	
	Nymbre Symbre a Poson Named Alexe	These orders are constaint with the person's medical condit profunction and base known information.	
F	s Houth Case Representative/Legal Guardian s Sponso/Card Union Partner	PBNT - Physician/APN Name Phone No	
	s Panel of Macr s Other Sungate	Physician/APH Signature (Mandatory) Date/Tran	
		Professional Ecoree Humber	

- 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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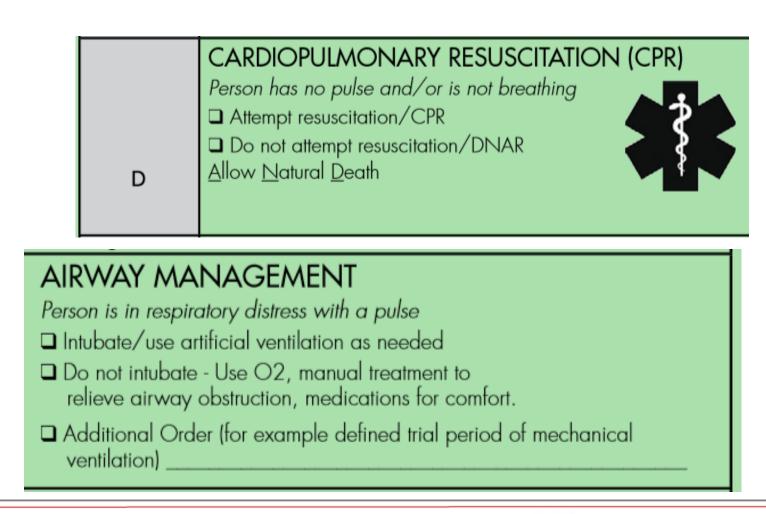
- Goals of care
 - Hopes and fears
 - General or specific
 - What DON'T they want

A GOALS OF CARE
(See reverse for instructions. This section does not constitute a medical order.)





- Code status
 - Give realistic explanations
 - Give advice (DNI but not DNR?)
 - Additional order: trach?







Artificial nutritionFeeding tube?

ARTIFICIALLY ADMINISTERED FLUIDS AND NUTR	RITION:
 Always offer food/fluids by mouth if feasible and desired. □ No artificial nutrition.	 Defined trial period of artificial nutrition. Long-term artificial nutrition.





- Medical interventions
 - Level of care: Full, limited, comfort only
 - O Location of care: DNH?

L				
		MEDICAL INTERVENTIONS: Person is breathing and/or has a pulse		
		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.		
		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.		
		 Transfer to hospital for medical interventions. Transfer to hospital only if comfort needs cannot be met in current location. 		
	В	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.		
		Additional Orders:		
4				





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

If I lose my decision-making capacity, I authorize my surrogate decision maker, listed below, to modify or revoke the NJ POLST orders in my treating physician/APN in keeping with my goals: Pes No Health care representative identified in an advance directive Other surrogate decision maker	consultation with
Print Name of Surrogate (address on reverse) Phone Number	





- 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





Resources

respectingchoices.org



