



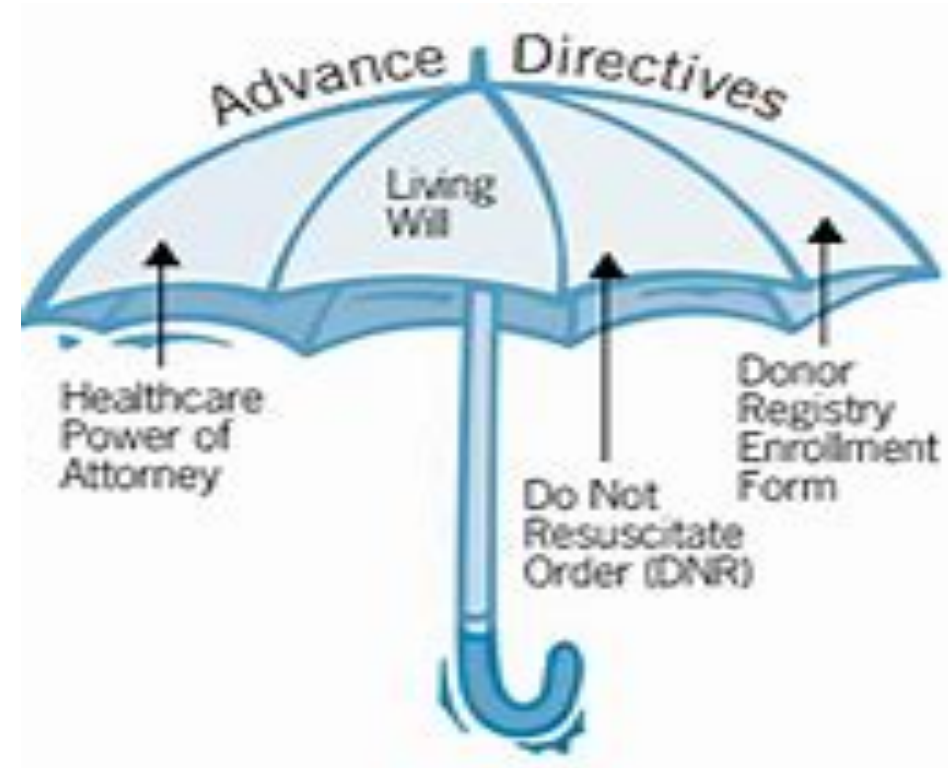
Advanced Health Care Planning and Self-Care during COVID-19

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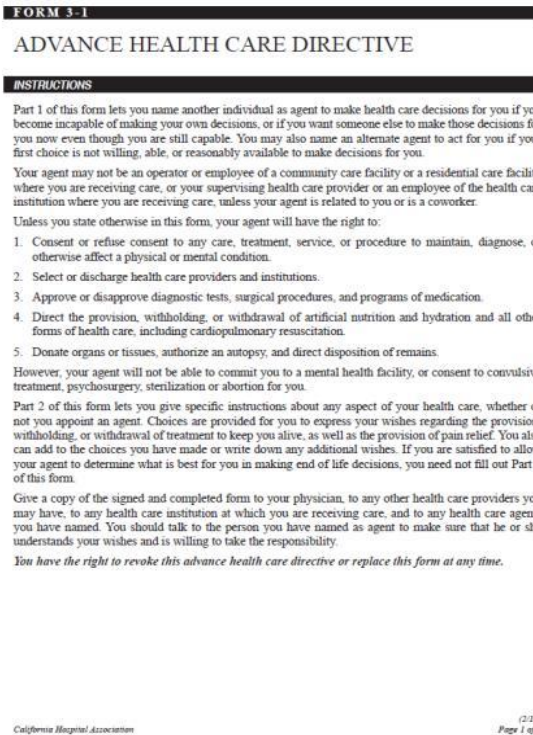
Advance Health Care Planning:

Advanced Directives

- Legal Document
- Expresses your desire regarding medical treatment
- Self Determination



Advanced Directive Form Options:



<https://cchealth.org/healthplan/pdf/2019-Advance-Directive.pdf>

http://www.calhospital.org/sites/main/files/file-attachments/Forms_3.pdf

<https://agingwithdignity.org/>





Physician Orders for Life-Sustaining Treatment (POLST)

First follow these orders, then contact physician. 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.*

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.*

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.

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.

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.

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

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 → Healthcare Agent if named in Advance Directive: Name: _____ Phone: _____

Advance Directive not available

No Advance Directive

Signature of Physician
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 Name: _____ Physician Phone Number: _____ Physician License Number: _____

Physician 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 his request regarding resuscitative measures is consistent with the local decision of, and with the best interest of, the patient who is the subject of the form.

Print Name: _____ Relationship: (with self if patient) _____

Patient Information

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

Healthcare Provider Assisting with Form Preparation N/A if POLST is completed by signing physician

Name: _____ Title: _____ Phone Number: _____

Additional Contact None

Name: _____ Relationship to Patient: _____ Phone Number: _____

Directions for Healthcare 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 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 healthcare 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 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.
- POLST must be signed by a physician and the patient or decisionmaker to be valid. Verbal orders are acceptable with follow-up signature by physician in accordance with local protocol.
- If a translated form is used with patient or decisionmaker, the original signed POLST form is 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.
- 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/DNR."
- 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 a signed and dated document. It is recommended that revocation be documented by drawing a line through

Physician Order for Life-Sustaining Treatment (POLST)

<https://polst.org/>



Differences between POLST and Advance Directive

| Characteristics | POLST | Advance Directive |
|-------------------------------------|--|-------------------------------|
| Population | For the seriously ill | All adults |
| Timeframe | Current care | Future care |
| Who completes the form | Health Care Professionals | Patients |
| Resulting form | Medical Orders (POLST) | Advance Directives |
| Health Care Agent or Surrogate role | Can engage in discussion if patient lacks capacity | Cannot complete |
| Portability | Provider responsibility | Patient/family responsibility |
| Periodic review | Provider responsibility | Patient/family responsibility |

A POLST Complements an Advanced Directive (AHCD). A POLST does not replace an AD.

**Advanced
Directive &
POLST:**

“Give yourself the gift of making your own end of life choices”.



COVID-19 Self-Care

- Brain/ Mental Health
- Foods-Nourishment
- Sleep
- Practice Kindness and Gratitude
- Take a few minutes to breath
- Music
- Creativity
- Use Social Media Mindfully
- Virtual Therapy (connecting with others in a new way)
- Figure out what works for you.



**Be kind.
Be patient.
Be generous.
Be accepting.
Be all of these things
to yourself.
That is where
it begins.**

Seed & Song

Self-Care

- Permission to pause
- Avoid comparison
- You are unique
- Find balance
- One Step at a time

“The relationship you have with yourself sets the tone for the relationship you have with others”.

-Robert Holden