OBSERVE, DECIDE, ACT: HOW TO LOOK FOR AND RESPOND TO MEDICAL RED FLAGS

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LEARNING OBJECTIVES

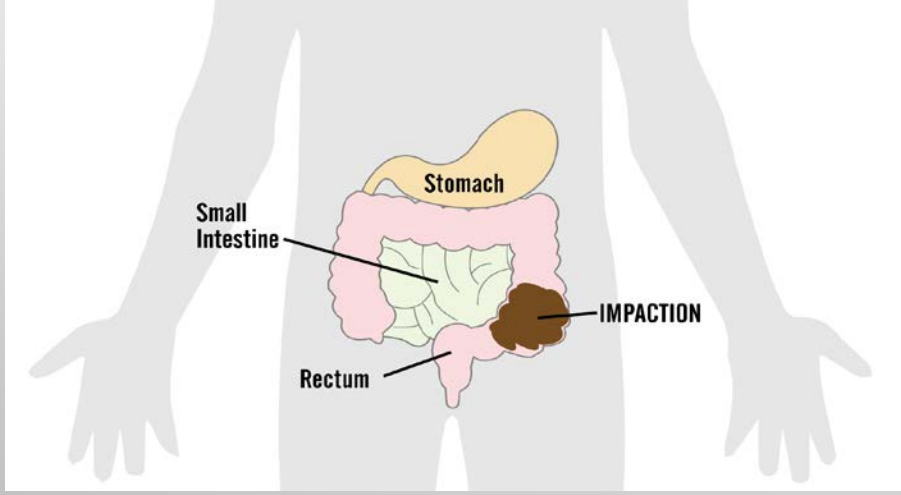
- IDENTIFY COMMON MEDICAL CONDITIONS IN DD ADULTS
- IDENTIFY EARLY WARNING SIGNS OF SEPSIS
- PREVENTION AND TREATMENT OF COMMON MEDICAL CONDITIONS
- ISSUES W/ CONSENTS, WHEN TO INVOLVE NBRC PHYSICIAN OR NURSE
- DISCUSS END OF LIFE DECSIONS/POLST

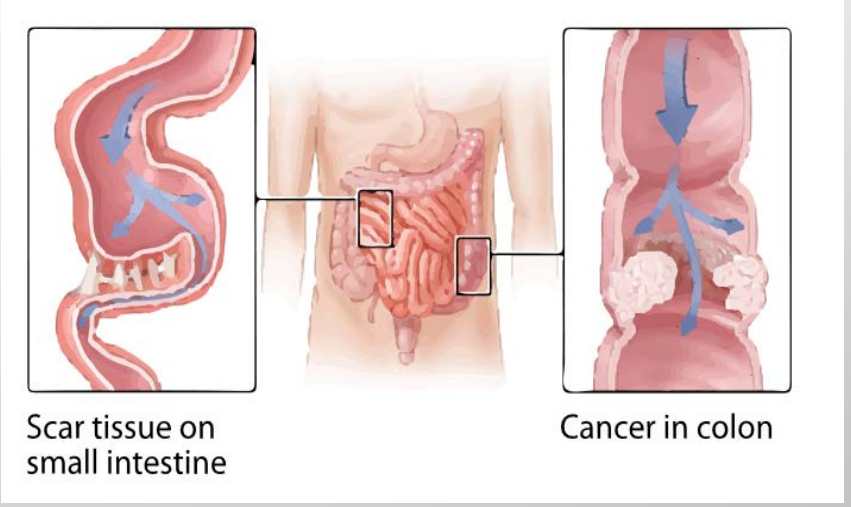
The Fatal Five Plus!

- BOWEL OBSTRUCTION
- ASPIRATION
- GERD
- SEIZURES
- SEPSIS
- + DEHYDRATION

Bowel Obstruction

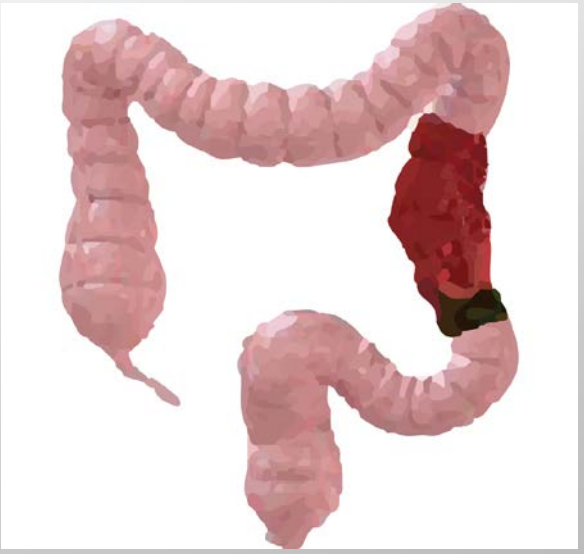
BLOCKING OF MOVEMENT THROUGH THE GI TRACT FROM SCAR TISSUE, LACK OF MOVEMENT (PERISTALSIS) OR CONSTIPATION OR FOREIGN BODY





Bowel Obstruction

- MAJOR CAUSE OF DEATH IN THE COMMUNITY
- INABILITY TO COMMUNICATE PAIN OR OTHER SYMPTOMS
- OVER-RELIANCE ON BOWEL MANAGEMENT MEDICATIONS
- SOME MEDICATIONS CAN PREDISPOSE TO THIS
- FAILURE TO IMPLEMENT EARLY INTERVENTION
- RISK OF REPEAT INCIDENTS IS VERY HIGH!



WARNING SIGNS OF BOWEL OBSTRUCTION

- ANOREXIA (LOSS OF APPETITE)
- VOMITING
- CONSTIPATION/INABILITY TO PASS STOOLS OR GAS
- PAIN/ BEHAVIOR CHANGE
- BLOATING/CRAMPING
- SWOLLEN BELLY
- FEVER

TREATMENT OF BOWEL OBSTRUCTION

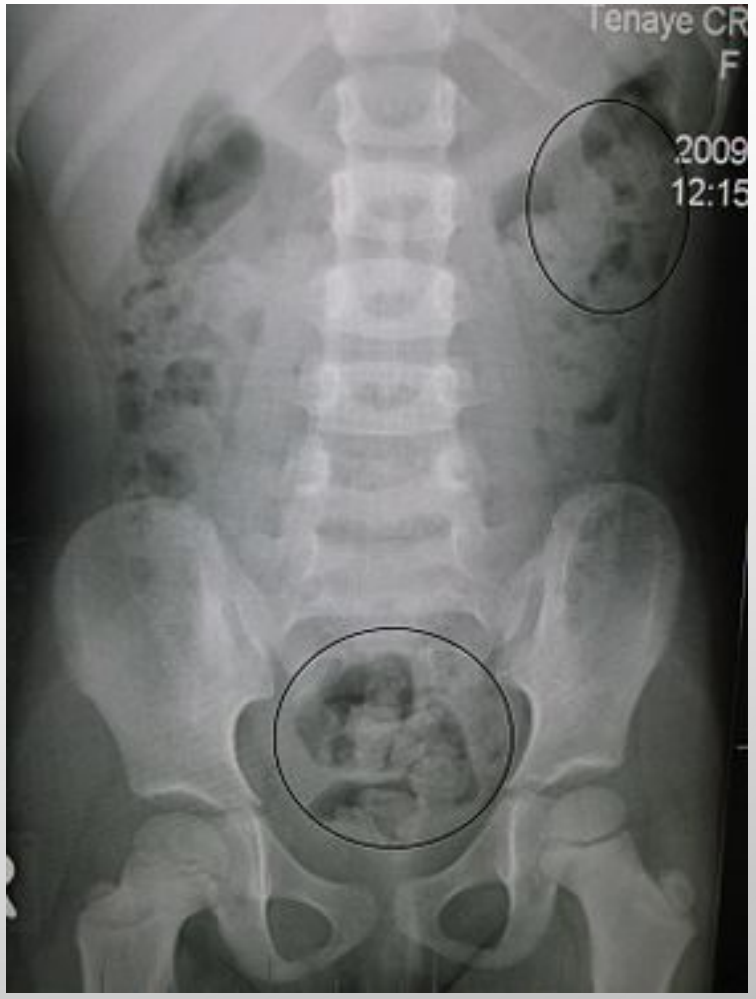
- NPO, IV
- NASOGASTRIC (NG) TUBE
- BOWEL REST OF DUE TO PARALYTIC ILEUS/PARTIAL OBSTRUCTION
- SURGERY TO CORRECT OR REMOVE THE CAUSE OF OBSTRUCTION (TUMOR, ADHESIONS, STRICTURE), ISCHEMIC BOWEL, REPAIR HERNIA, OR FIX THE SEGMENT OF INTESTINE AT RISK OF REPEATED VOLVULUS.
- DURING SURGERY, A SEGMENT OF DAMAGED OR STRANGULATED INTESTINE ALSO MAY BE REMOVED.
- MAY NEED AN OSTOMY

CONSTIPATION

- CAN PRESENT IN MANY WAYS
- STRAINING, HARD STOOLS
- ABDOMINAL PAIN
- SENSATION OF INCOMPLETE EVACUATION
- ANOREXIA
- VOMITING/DIARRHEA/BLOOD IN STOOLS
- BLOATING
- UTI’S
- MEDICATION INTOXICATION
- BEHAVIORAL OUTBURSTS

CONSTIPATION - CAUSES

- DECREASED GI MOTILITY
- IMMOBILITY
- LACK OF SENSATION
- DIET
- MEDICATIONS
  - ANTI-EPILEPTIC DRUGS
  - ANTIPSYCHOTICS
  - IRON
  - ANTI-CHOLINERGICS
  - OPIATES
  - ANTACIDS WITH CALCIUM OR AL
  - CLONIDINE
- PICA
  - COMMON
  - MAY CAUSE BOWEL OBSTRUCTION



PREVENTION OF CONSTIPATION

- INCREASE FLUID (1500-2000 ML PER DAY)
- INCREASE FIBER SLOWLY (25-30 GM PER DAY)
- INCREASE EXERCISE
- BOWEL TRAINING (AFTER WAKING OR MEALS)
- – SQUAT POSITION OR
- – LEFT SIDE LYING WHILE BENDING KNEES AND MOVING LEGS TOWARD THE ABDOMEN

TREATMENT OF CONSTIPATION

- RECTAL DISIMPACTION-ENEMAS, SUPPOSITORIES
- EVACUATING HIGHER STOOLS-MILK OF MAGNESIA, MIRALAX, MAGNESIUM CITRATE
- MAINTENANCE THERAPY-BULKING AGENTS (E.G.METAMUCIL), LAXATIVES (MIRALAX, SENNA, MILK OF MAGNESIA, BISACODYL), SOFTENING AGENTS (DOCUSATE OR COLACE), LUBRICATING AGENTS(GLUCERINE SUPPOSITORY)

Aspiration

Breathing food or fluid into the airway

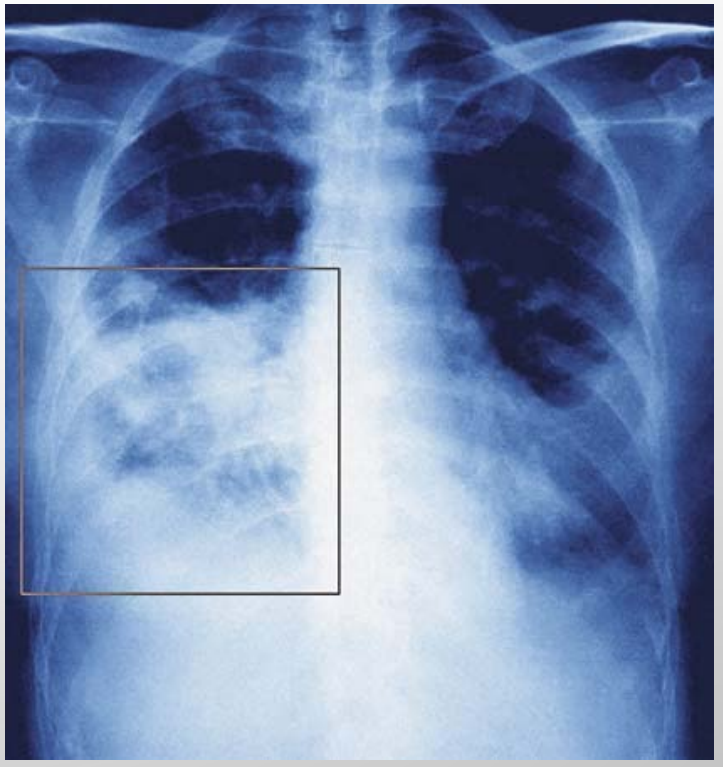
ASPIRATION

- IMPORTANT CAUSE OF HOSPITALIZATION AND DEATH
- IDENTIFYING ROOT CAUSE IS CRITICAL
- STAFF TRAINING AND RISK FACTORS
- MAY BE SILENT (WITHOUT OVERT SIGNS)

ASPIRATION

- ACUTE
- LARGE QUANTITY OF ASPIRATED MATERIAL

  CAN RESULT IN DEATH
- SMALLER QUANTITY
  - PNEUMONIA
- RECURRENT ASPIRATION
  - FREQUENT PNEUMONIA
  - WHEEZING

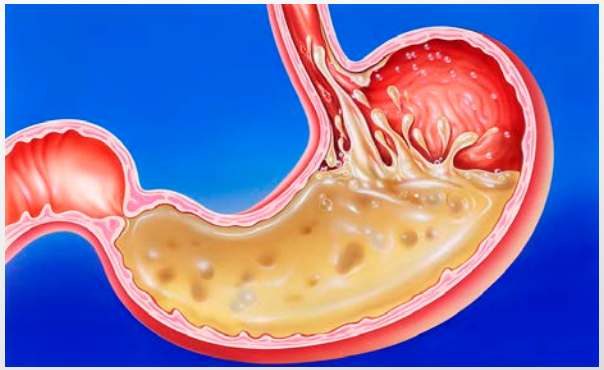


ASPIRATION – SUBTLE SIGNS AND SYMPTOMS

- COUGH - ESPECIALLY WITH FEEDING
- REFUSAL TO DRINK THIN LIQUIDS
- RESISTANCE IN EATING OR DRINKING
- RECURRENT PNEUMONIA
- REACTIVE AIRWAY DISEASE

ASPIRATION - CAUSES

- CONSTIPATION
- GERD
  - RECLINED POSITIONING
  - LIQUID DIET
- DYSPHAGIA
- GI DYSMOTILITY
- SEDATION
  - MEDICATIONS
  - ILLNESS

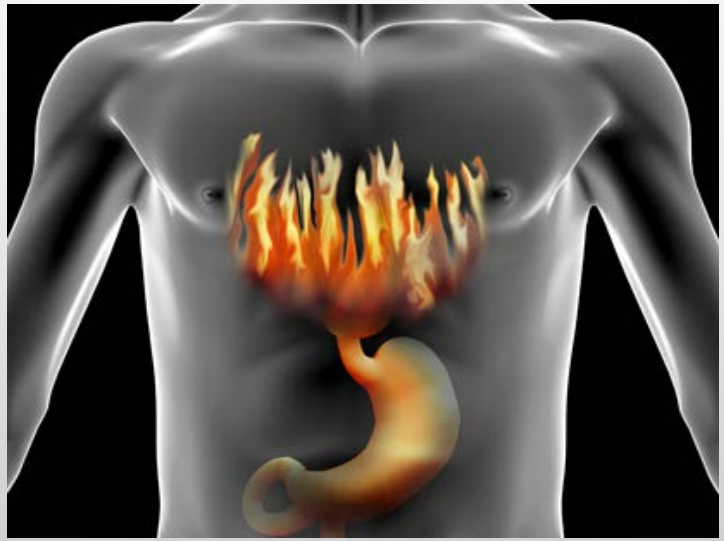


TREATMENT AND PREVENTION OF ASPIRATION

- VIDEO OF BARIUM SWALLOW
- ANTIBIOTICS, OXYGEN, SOMETIMES INTUBATION
- PREVENTION-POSITIONING, APPROPRIATE DIET, EATING SLOWLY AND DELIBERATELY, GOOD DENTAL AND ORAL HYGIENE

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

Back flow of partially digested food and acid into the esophagus causing pain and inflammation



COMMON SIGNS

- HEARTBURN
- HANDS IN MOUTH
- AGITATION WITHIN 30 MINUTES OF EATING
- REFUSING MEALS
- AGITATION AND RESTLESSNESS IN THE MIDDLE OF THE NIGHT
- CLINICAL SIGNS: ANEMIA (LOW HEMOGLOBIN) AND ALBUMIN (BLOOD PROTEIN)
- UNEXPLAINED WEIGHT LOSS REGARDLESS OF INTAKE

GASTROESOPHAGEAL REFLUX DISEASE (GERD)

- MULTIPLE CAUSES OF DEATH
  - MASSIVE GI BLEED
  - ESOPHAGEAL CANCER
  - ASPIRATION OF STOMACH CONTENTS

TREATMENT OF GERD

- AVOID GREASY, SPICY FOODS, ALCOHOL, CAFFEINE
- WEIGHT CONTROL
- SITTING UPRIGHT 3 HOURS AFTER MEALS
- AVOID SMOKING
- AVOID TIGHT CLOTHES
- ELEVATE HEAD OF BED
- ANTACIDS, H2 BLOCKERS AND PPI

SEIZURES

A seizure is a sudden stereotyped episode with change in motor activity, sensation, behavior, and/or consciousness due to an abnormal electrical discharge in the brain

SEIZURES

- EPILEPSY –RECURRENT UNPROVOKED SEIZURE
- VARYING PRESENTATIONS
- STATUS EPILEPTICUS
- ACCURATE SEIZURE RECORD VERY HELPFUL IN MANAGEMENT
- TAKE VIDEO!
- TREATMENT DEPENDS ON CAUSE
- ANTIEPILEPTIC DRUGS
- FOLLOW UP WITH NEUROLOGIST

SEIZURES – PRECIPITATING FACTORS

- INFECTION
- MEDICATION COMPLIANCE ISSUES
- TUMOR
- SHUNT ISSUES
  - MAY SEE CHANGE IN LOC
- HEAD INJURY
- STROKE
- HYPOGLYCEMIA
- ELECTROLYTE IMBALANCE

SEIZURE VIDEOS

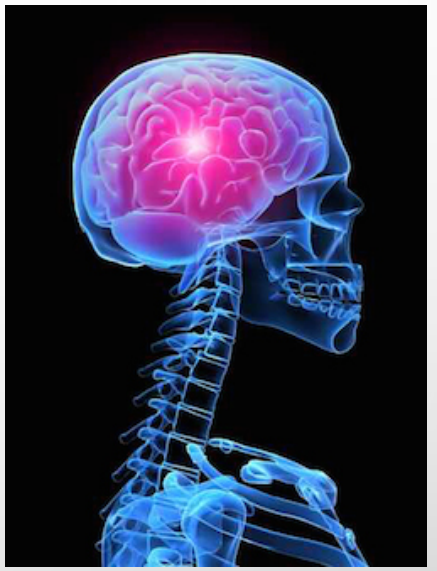
HTTPS://EPILEPSYONTARIO.ORG/RESEARCH-AND-RESOURCES/SEIZURE-VIDEOS/

SEIZURE FIRST AID

- Ease the person to the floor.
- Turn the person gently onto one side.
- Clear the area around the person of anything hard or sharp (This can prevent injury).
- Put something soft and flat, like a folded jacket, under his or her head.
- Remove eyeglasses.
- Loosen ties or anything around the neck that may make it hard to breathe.
- Time the seizure. Call 911 if the seizure lasts longer than 5 minutes.

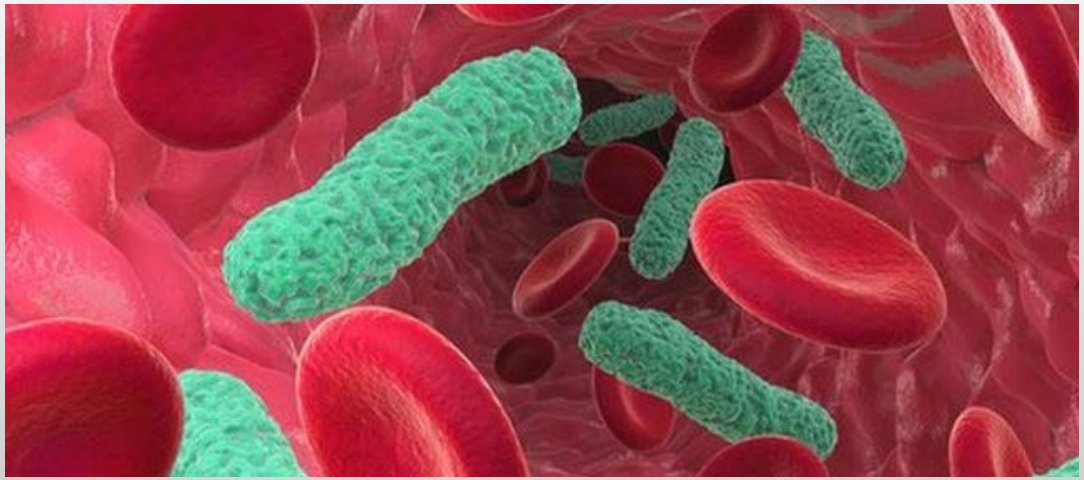
STATUS EPILEPTICUS

- DEFINED COMMONLY AS REPEATED SEIZURES WITHOUT A RETURN TO CONSCIOUSNESS LASTING LONGER THAN 30 MINUTES.
  - RESPIRATORY SUPPRESSION
  - SUDEP - SUDDEN UNEXPLAINED DEATH IN EPILEPSY
- MEDICAL EMERGENCY



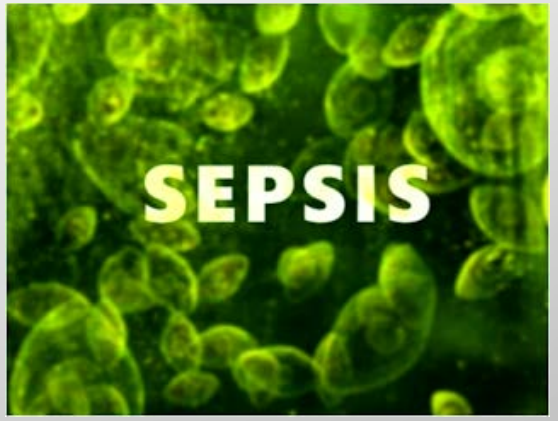
SEPSIS

Life threatening organ dysfunction due to failure of the immune system to respond to infection.



SEPSIS

- CAUSED BY AN INFECTION OR ITS TOXIN SPREADING THROUGH THE BLOODSTREAM
- OCCURS WHEN LARGE NUMBERS OF INFECTIONS AGENTS INVADE THE BLOODSTREAM LEADING TO BACTEREMIA
- INITIAL INFECTION OFTEN COMES FROM:
    - BURN, ULCER OR OPEN WOUND
    - PNEUMONIA
    - URINARY TRACT INFECTION (UTI)
    - PNEUMONIA

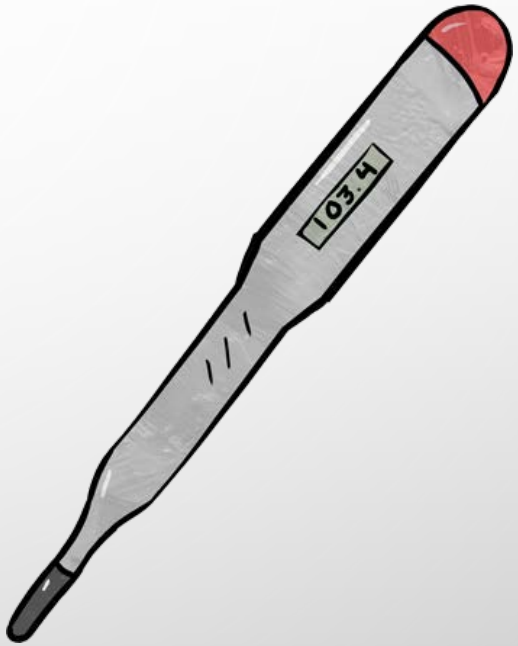


SEPSIS IS A SILENT KILLER

- A “SILENT KILLER” WHOSE EARLY DIAGNOSIS COULD SAVE THOUSANDS OF LIVES EACH YEAR
- SHOULD BE TREATED AGGRESSIVELY
- VERY PREVALENT, COSTLY DISEASE WITH A HIGH IN-HOSPITAL MORTALITY RATE

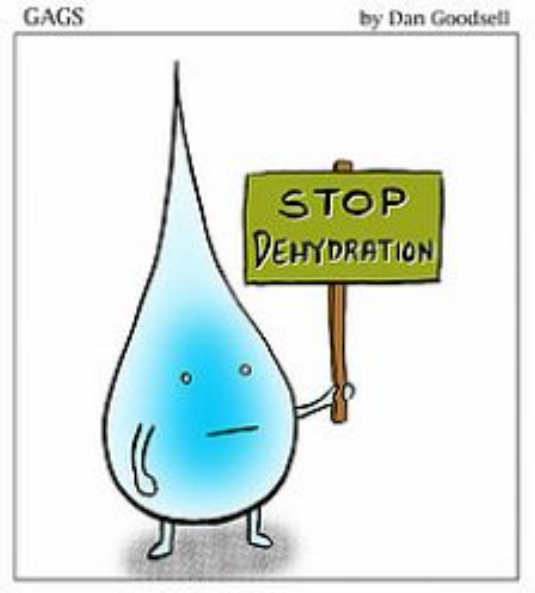
SEPSIS SIGNS AND SYMPTOMS

- HIGH TEMPERATURE/ HYPOTHERMIA
- RAPID PULSE (>90/MIN)
- RAPID BREATHING (RR>22/MIN)
- CHILLS
- LOW BLOOD PRESSURE (SYSTOLIC <100)
- MOTTLING OF THE SKIN
- CONFUSION AND LIGHTHEADEDNESS



DEHYDRATION

- VOMITING, DIARRHEA
- LIMITED INTAKE
    - LIMITED ABILITY TO COMMUNICATE THIRST
    - IMMOBILITY TO ACCESS FLUIDS
    - LOSS DURING INTAKE
    - MEDICAL CONDITIONS – DIABETES MELLITUS
    - STAFF AWARENESS
- DYSPHAGIA
- DROOLING
- IF PEG TUBE – INADEQUATE AMOUNT OF FLUIDS PROVIDED
- DRAINING PEG- EXCESS FLUID LOSS WITHOUT REPLACEMENT
    - FOLLOW ELECTROLYTES



PREVENTION OF FATAL FIVE

- BALANCED DIET
- PLENTY OF FLUIDS(8-10 CUPS/DAY). CAUTION IN G-TUBE FED
- FIBER IN DIET/TREATMENT OF CONSTIPATION
- PRECAUTIONS FOR GERD/ASPIRATION
- IDENTIFY WARNING SIGNS OF SEPSIS EARLY
- SEIZURE FIRST AID
- ESTABLISH BASELINE: COMMUNICATE THIS WITH ER/HOSPITALIST
- AGE RELATED CHANGES
- EXERCISE
- SCREENING COLONOSCOPY AFTER AGE 50

SPASTICITY-TREATMENT

- ANTI-SPASMOTICS
- BOTOX INJECTIONS
- INTRATHECAL THERAPY
- PT/OT
- NEUROLOGICAL CONSULTATION
- REHAB/SURGICAL CONSULTATION FOR CONTRACTURES
- SPINE CORRECTION

OSTEOPOROSIS

- UP TO 50% OF IDD INDIVIDUALS HAVE OSTEOPOROSIS OR OSTEOPENIA*
- NON-WEIGHT BEARING
- CEREBRAL PALSY
- DOWN'S SYNDROME
- MEDICATIONS LIKE STEROIDS/ANTIEPILEPTIC DRUGS

* CHRISTOPHER D. PRATER, M.D., and ROBERT G. ZYLSTRA, ED.D., L.C.S.W., Medical Care of Adults with Mental Retardation *Am Fam Physician*. 2006 Jun 15;73(12):2175-2183.

OSTEOPOROSIS - CONSIDERATIONS

- CONSIDER SCREENING – HEEL SCAN, CT BONE DENSITY
  - DEXA DIFFICULT DUE TO COOPERATION ISSUES
- PRESENTATION OF FRACTURES MAY BE ATYPICAL
- LOWER THRESHOLD FOR RADIOGRAPHIC IMAGING
- CONSIDER FULL LOWER EXTREMITY EVALUATION OF A LIMP
- VITAMIN D SUPPLEMENTATION FOR 25 HYDROXY VITAMIN D LESS THAN 40

BEHAVIORAL ISSUES

- BEHAVIOR DIRECTED TOWARD SELF
  - SELF- INJURIOUS BEHAVIOR
  - SELF- STIMULATING BEHAVIOR
- BEHAVIOR DIRECTED TOWARD OTHERS
  - INAPPROPRIATE TOUCHING
  - AGGRESSION
- MANAGEMENT
  - EVALUATE FOR MEDICAL CAUSES- VERY IMPORTANT
  - BEHAVIOR SUPPORT PLAN
  - PSYCHIATRIC REFERRAL (CAUTION-OVERUSE OF ANTIPSYCHOTICS)
  - THINK ABOUT TRAUMA/ENVIRONMENTAL CHANGES

SKIN INTEGRITY

- PRESSURE ULCERS NOT UNCOMMON
- MOSTLY POSITION RELATED
  - WHEELCHAIR
  - BED
  - ADAPTIVE EQUIPMENT/SHOES
- TREATMENT
  - FREQUENT TURNING
  - PADDING OR ADJUSTING EQUIPMENT
  - ZINC, VIT C, PROTEIN SUPPLEMENTATION
  - WOUND CLINIC
  - SURGICAL REFERRAL

ALTERNATE NUTRITION ROUTES

- PEG
  - ASPIRATION
  - MALNUTRITION
  - MEDICATION ADMINISTRATION
- J-TUBE
  - ASPIRATION, CLOGGED EASILY
  - FAILURE OF PEG
- COMBINATION
  - SEVERE REFLUX/ASPIRATION WITH PEG ALONE
    - MONITOR ELECTROLYTES

DENTAL ISSUES

- OVER-CROWDING OF TEETH
- EARLY PERIODONTAL DISEASE
- LIMITED ABILITY FOR EFFECTIVE DAILY HYGIENE
- RELAXED FACIAL MUSCLES WHICH ALLOW TEETH TO EXTRUDE
- TONGUE THRUSTING CONTRIBUTES TO MAL-ALIGNMENT
- BRUXISM COMMON

PROVIDING DENTAL CARE

- DAILY HYGIENE-TRICKS AND TOOLS
- ANNUAL DENTAL VISIT
- VIRTUAL DENTAL HOME
- SEDATION
- DENTAL DISEASE CAN PRESENT WITH REFUSAL TOO EAT, ABNORMAL BEHAVIORS

FALL RISK AND PREVENTION

- FALLS CAN CAUSE BROKEN BONES AND HEAD TRAUMA.
- INJURIES FROM FALLS CAN LEAD TO DECREASED FUNCTIONALITY OR DEATH.
- OUR ADULT CLIENTS OF ANY AGE HAVE SAME RISKS OF FALLING AS GENERAL POPULATION OVER AGE 65.
- ABOUT 30% OF ADULTS WITH I/DD FALL EACH YEAR. 15% OF THOSE FALLS RESULT IN SERIOUS INJURY.
- 2/3 OF CLIENTS WHO FALL WILL FALL AGAIN.

FACTORS THAT INCREASE FALL RISK

- HISTORY OF PREVIOUS FALLS
- WEAK MUSCLE STRENGTH
- IMPAIRED (POOR) BALANCE
- UNSTEADY GAIT (WALKING)
- ELIMINATION PROBLEMS/INCONTINENCE
- POOR VISION/EYESIGHT

MORE FALL RISK FACTORS

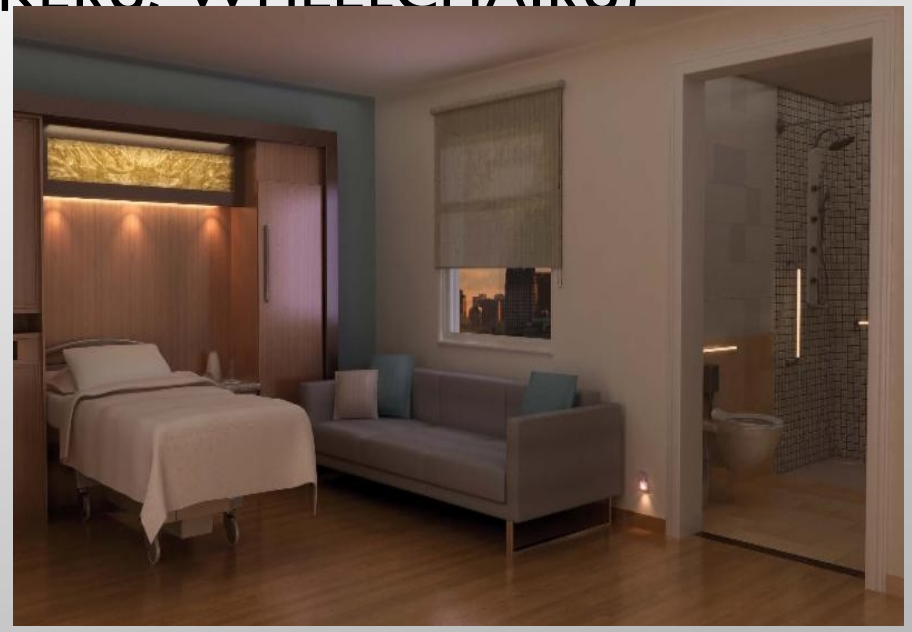
- MULTIPLE MEDICATION USE
  - SEIZURE, ANTIDEPRESSANTS, BENZODIAZEPINES, ANTI-PSYCHOTICS, BLOOD PRESSURE MEDICATIONS
- LOW BLOOD PRESSURE
  - POSTURAL HYPOTENSION: DIZZINESS CAN EXIST 25-30 MINUTES AFTER CHANGING POSITION
  - POSTPRANDIAL HYPOTENSION: MOST FALLS IN NURSING HOMES OCCUR AFTER A MEAL
- FATIGUE
- DEHYDRATION
- INFECTIONS (E.G.URINARY TRACT INFECTIONS)
- DELIRIUM
- OSTEOPOROSIS

ENVIRONMENTAL FALL RISK FACTORS

- SLIPPERY OR WET FLOORS
- UNSECURED SMALL RUGS
- CLUTTER

ENVIRONMENTAL FALL RISK FACTORS

- NO BATHROOM HANDRAILS
- DIM OR POOR LIGHTING
- IMPROPER FOOTWEAR
- BROKEN ASSISTIVE DEVICES (CANES, WALKERS, WHEELCHAIRS)



FALL PREVENTION STRATEGIES

- ***EXERCISE!***
  - WALKING
  - INCREASE BALANCE, STRENGTH, FLEXIBILITY, ENDURANCE
- REVIEW MEDICATIONS
  - HAVE DOCTOR DISCONTINUE INAPPROPRIATE OR EXCESSIVE MEDICATIONS
  - KNOW MEDICATIONS WHICH CAN INCREASE RISK OF FALL
- RECOGNIZE SIGNS AND SYMPTOMS OF UNDERLYING ILLNESS
- DIAGNOSE AND TREAT OSTEOPOROSIS
- CHECK VISION YEARLY

FALL PREVENTION STRATEGIES (CONT.)

- IDENTIFY AND ELIMINATE ENVIRONMENTAL HAZARDS
  - REDUCE CLUTTER
  - INSTALL GRAB BARS AND HAND RAILS IN BATHROOMS
  - REPLACE UNSTABLE OR LOW FURNITURE
  - USE COLOR CONTRAST
  - IMPROVE LIGHTING

- SIMPLIFY THE ENVIRONMENT TO IMPROVE MOBILITY

FALL PREVENTION STRATEGIES (CONT.)

- IDENTIFY CLIENTS WHO ARE HIGH RISK FOR FALLS
  - SCREENING TOOLS
  - TIMED GET UP AND GO TEST
- REVIEW/ASSESS CLIENT'S FALL RISK ROUTINELY
- REQUEST PT OR OT SERVICES FOR CLIENT'S WITH UNSTEADY GAIT OR BALANCE
- CORRECT USE OF ASSISTIVE DEVICES (USE THEM IF YOU NEED THEM)
- USE PROPER FOOTWEAR (CONSIDER SHOES IN HOME VS. SOCKS OR SLIPPER)

ESTABLISHING A BASELINE

- FUNCTIONAL STATUS-EATING, AMBULATION, TOILETING, TRANSFER, CLINICAL DIAGNOSES
- BEHAVIORS-SIB, AGGRESSION, USE OF RESTRAINTS 9PHYSICAL AND CHEMICAL), PSYCHOTROPIC MEDICATIONS
- PHYSIOLOGICAL-GI, SEIZURES, ANTIEPILEPTIC MEDICATIONS, SKIN INTEGRITY, BOWEL FUNCTION, NUTRITION, TREATMENTS
- SAFETY-INJURY, FALLS
- FREQUENCY OF SERVICE-OUTPATIENT VISITS, ER VISITS AND HOSPITALIZATIONS
- CHANGE FROM BASELINE IS A RED FLAG

WHEN TO INVOLVE NBRC PHYSICIAN

- MEDICAL CONSULTATION
- FREQUENT ER VISITS/HOSPITALIZATIONS-ALERT US!
- ADVOCACY IN ER/HOSPITAL/DISCHARGE PLANNING
- CONSENTS FOR PROCEDURES
- BIOETHICS MEETINGS/POLST
- HOW TO CONTACT ME-CALL ERS NUMBER (1-800-884-1594) OR MEDICAL CONSENT LINE (707-256-1111) OR CONTACT SERVICE COORDINATOR. DON'T WAIT TILL DISCHARGE!
- INVOLVE PCP/ CALL ADVICE NURSE (E.G. KAISER)

WHEN TO INVOLVE NBRC NURSE

- NEED FOR NURSING ASSESSMENT
- ATTEND CARE CONFERENCE/DISCHARGE PLAN MEETING IN HOSPITAL (MD MAY ALSO ATTEND)
- CREATE NURSING PLAN
- LIAISON WITH NURSES IN COMMUNITY

END OF LIFE PLANNING

- WHAT IS AN ADVANCE DIRECTIVE?
- WHAT IS A POLST?
- WHO IS A DPOA?
- IS THERE A FAMILY MEMBER/CONSERVATOR?
- RESOURCE: **THINKING AHEAD MATTERS**
- *SUPPORTING AND IMPROVING HEALTHCARE DECISION-MAKING AND END-OF-LIFE PLANNING FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES*

(COALITION FOR COMPASSIONATE CARE OF CALIFORNIA)

PHYSICIAN ORDER FOR LIFE SUSTAINING TREATMENTS (POLST)

- USED IN MANY STATES
- RECORDS MEDICAL TREATMENTS WISHES OF THE INDIVIDUAL TOWARDS THE END OF LIFE
- WHETHER TO:
- ATTEMPT CARDIOPULMONARY RESUSCITATION (CPR)
- GIVE ANTIBIOTICS AND IV FLUIDS
- USE A VENTILATOR TO HELP WITH BREATHING AND PROVIDE ARTIFICIAL NUTRITION BY TUBE

POLST-CONT'D

- Guides care provided
- Hospital, nursing home or at home
- Both doctor and patient/patient representative must sign the form (January 2016 can be signed by nurse practitioner or a physician assistant)
- Available in different languages. The signed POLST form must be in English so that emergency personnel can read and follow orders
- POLST does not replace the advance directive.

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

EMSA #111 B
(Effective 4/1/2011)

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. A copy of the signed POLST form is legal and valid. POLST complements an Advance Directive and is not intended to replace that document. Everyone shall be treated with dignity and respect.

Patient Last Name:	Date Form Prepared:
Patient First Name:	Patient Date of Birth:
Patient Middle Name:	Medical Record #: *(optional)*

A — CARDIOPULMONARY RESUSCITATION (CPR): *If person has no pulse and is not breathing. When NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

☐ **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 person has pulse and/or is breathing.*

Check One

☐ **Comfort Measures Only** Relieve pain and suffering through the use of medication by any route, positioning, wound care and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*

☐ **Limited Additional Interventions** In addition to care described in Comfort Measures Only, use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

☐ ***Transfer to hospital only*** *if comfort needs cannot be met in current location.*

☐ **Full Treatment** In addition to care described in Comfort Measures Only and Limited Additional Interventions, use intubation, advanced airway interventions, mechanical ventilation, and defibrillation/ cardioversion as indicated. ***Transfer to hospital*** *if indicated. Includes intensive care.*

Additional Orders: _____

_____

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

Check One

☐ No artificial means of nutrition, including feeding tubes.
☐ Trial period of artificial nutrition, including feeding tubes.
☐ Long-term artificial nutrition, including feeding tubes.

Additional Orders: _____
_____
_____

D — INFORMATION AND SIGNATURES:

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

☐ Advance Directive dated _____ available and reviewed →
☐ Advance Directive not available
☐ No Advance Directive

Health Care Agent if named in Advance Directive:
Name: _____
Phone: _____

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:	Physician License Number:
Physician Signature: *(required)*		Date:

Signature of Patient or Legally Recognized Decisionmaker

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:
Address:	Daytime Phone Number:	Evening Phone Number:

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Patient Information

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

Health Care Provider Assisting with Form Preparation

Name:	Title:	Phone Number:

Additional Contact

Name:	Relationship to Patient:	Phone Number:

Directions for Health Care Provider

Completing POLST

- Completing a POLST form is voluntary. California law requires that a POLST form be followed by health care 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.
- 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 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.
- 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 facility/community policy.
- Certain medical conditions or treatments may prohibit a person from residing in a residential care facility for the elderly.
- 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 person who has chosen "Do Not Attempt Resuscitation."

Section B:

- When comfort cannot be achieved in the current setting, the person, including someone with "Comfort Measures Only," 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 Measures."
- Treatment of dehydration prolongs life. If person desires IV fluids, indicate "Limited Interventions" 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 person is transferred from one care setting or care level to another, or
- There is a substantial change in the person's health status, or
- The person's treatment preferences change.

Modifying and Voiding POLST

- A patient with capacity can, at any time, request alternative treatment.
- A patient with capacity can, at any time, 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, based on the known desires of the individual or, if unknown, the individual'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 PERSON WHENEVER TRANSFERRED OR DISCHARGED

DURABLE POWER OF ATTORNEY (DPOA)

- A PERSON DESIGNATED TO MAKE MEDICAL DECISIONS FOR THE INDIVIDUAL
- THIS IS A DOCUMENT THAT IS SIGNED, DATED AND WITNESSED
- A INDIVIDUAL HAS TO IDENTIFY AN AGENT, PREFERABLY TWO AGENTS, THAT CAN MAKE DECISIONS FOR HIM/HER
- THERE IS NO NEED FOR AN ATTORNEY, NOTARY OR TO GO THROUGH THE COURTS
- DIFFERENT FROM CONSERVATOR

IS A DEVELOPMENTALLY DISABLED PERSON ABLE TO GIVE HIS/HER OWN CONSENTS?

- CALIFORNIA LAW PRESUMES A PERSON HAS CAPACITY TO GIVE OR REFUSE TO GIVE INFORMED CONSENT TO A PARTICULAR MEDICAL TREATMENT IF THAT PERSON CAN DO ALL OF THE FOLLOWING:
- RESPOND KNOWINGLY AND INTELLIGENTLY TO QUERIES ABOUT THAT MEDICAL TREATMENT;
- PARTICIPATE IN THAT TREATMENT DECISION BY MEANS OF A RATIONAL THOUGHT PROCESS;
- UNDERSTAND ALL OF THE FOLLOWING WITH RESPECT TO THAT TREATMENT;
- THE NATURE AND SERIOUSNESS OF THE ILLNESS, DISORDER, OR DEFECT THAT THE PERSON HAS.

REGIONAL CENTER AUTHORITY TO MAKE MEDICAL DECISIONS

- CONSENT AUTHORITY OF REGIONAL CENTERS (WELFARE AND INSTITUTIONS (W&I) CODE SECTION 4655).
- CALIFORNIA LAW STATES THAT THE DIRECTOR OF A REGIONAL CENTER, OR HIS/HER DESIGNEE, MAY GIVE CONSENT TO MEDICAL, DENTAL, AND SURGICAL TREATMENT OF A REGIONAL CENTER CLIENT (PERSON WITH A DEVELOPMENTAL DISABILITY) WHO IS INCAPABLE OF GIVING HIS OR HER OWN CONSENT.
- THIS AUTHORITY CAN BE EXERCISED WHEN THE INDIVIDUAL HAS NO LEGALLY AUTHORIZED REPRESENTATIVE, OR HIS OR HER REPRESENTATIVE DOES NOT RESPOND WITHIN A REASONABLE TIME TO A REQUEST FOR CONSENT.

TAKE HOME POINTS

- WARNING SIGNS OF SEPSIS, BOWEL OBSTRUCTION, ASPIRATION, GERD, FALL RISK
- RESPOND EARLY-GO TO ER/PCP
- CHANGE FROM BASELINE AND FREQUENT ER VISITS/HOSPITALIZATIONS IS A RED FLAG!
- USE RESOURCES! NBRC SC, PHYSICIAN AND NURSE CAN SERVE AS LIAISON AND ADVOCATE
- CHANGES IN DIET, ENVIRONMENT AND INCREASED SUPPORTS AS CLIENTS AGE
- END OF LIFE PLANNING –BEGIN EARLY

RESOURCES

- HTTPS://ODPC.UCSF.EDU/
- HTTPS://VKC.MC.VANDERBILT.EDU/ETOOLKIT/

THANK YOU FOR TAKING CARE OF OUR CLIENTS!
THIS IS HARD WORK! QUESTIONS?