

Maintaining Quality Health and Wellness After The Diagnosis and

Partnering with Your Physician for Optimum Care
Presented by:



- 1. Determine where is the safest, healthiest, and happiest place for your loved one to live.



5 Steps to Navigate Dementia

- 2. Establish a capable and compassionate healthcare team.



5 Steps to Navigate Dementia

- 3. Undergo the proper education for you and your family on Alzheimer's and Dementia.



5 Steps to Navigate Dementia

- 4. Establish an Advanced Directive and POLST form.



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 (Revised 11/2009)

Last Name _____
 First/Middle Name _____
 Date of Birth _____ Date Form Prepared _____

A Check One
CARDIOPULMONARY RESUSCITATION (CPR): *Person has no pulse and is not breathing.*
 Attempt Resuscitation/CPR Do Not Attempt Resuscitation/DNR (Allow Natural Death)
 (Section B: Full Treatment required)
 When not in cardiopulmonary arrest, follow orders in B and C.

B Check One
MEDICAL INTERVENTIONS: *Person has pulse and/or is breathing.*
 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: _____

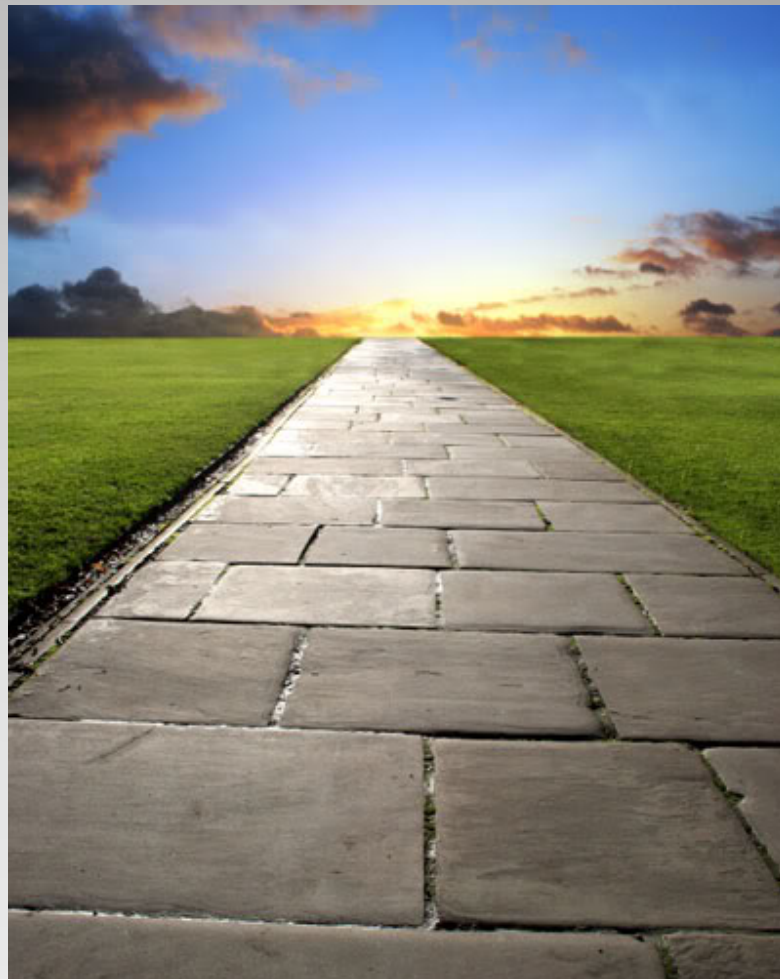
C Check One
ARTIFICIALLY ADMINISTERED NUTRITION: *Offer food by mouth if feasible and desired.*
 No artificial nutrition by tube Defined trial period of artificial nutrition by tube.
 Long-term artificial nutrition by tube.
 Additional Orders: _____

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.
 First 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

5 Steps to Navigate Dementia

- 5. Maintain your focus and dedication to the well being and dignity of your loved one through the end of their life.



5 Steps to Navigate Dementia

**1 (855)-GEISSMD
(714) 577-2271
geissmed.com**

