

## **SENIOR FOCUS**

### ***Important Documents***

Marge Toeset, Social Worker  
Pondera Medical Center

### **THREE IMPORTANT DOCUMENTS**

Filling out forms is never a pleasant chore for anyone. However, as we grow older it is important to get our affairs in order, to complete documents that may be needed later on, and to organize files so that in an emergency family can readily find what is needed. It is important for YOU to decide, while you can, who will make decisions for you when you cannot. Otherwise someone you might not trust will make decisions later on in your life, because you did not take the time to do it. No one likes to have others tell them what to do, so why not make end of life choices now, while you have the ability to choose what you want? Three documents that seem to be relegated to the end of the list of things to do are: Power of Attorney (POA), Durable Power of Attorney for Health Care (DPAHC) and the Provider Orders for Life-Sustaining Treatment (POLST). Last November I talked about acronyms and these three were briefly mentioned. This month I will expand on them.

***The Power of Attorney (POA)*** needs to be drawn up while you are still able to make your needs known, have the ability to understand what the POA document says, and are able to clearly determine who should decide your financial matters should you become incapacitated. The POA grants power to the person of your choice regarding your real property transactions; banking, bills and personal finance; business operations; estate and trust transactions; Social Security, Medicaid, VA or other benefits; personal property transactions; stocks, bonds, options and commodities; insurance and annuities; claims and litigation; trust matters and retirement plan transactions. When you are no longer able to comprehend what the document says you will not be able to create the POA. You are the best person to make the decision regarding who may eventually manage your finances, so why not do it now before it is too late? Please consult an attorney for further explanation and to assist you with drawing up the POA. There are also forms available on-line.

***The Durable Power of Attorney for Healthcare (DPAHC)*** is a document in which a person gives permission for someone to make medical decisions if you are incapacitated, either temporarily or permanently, because of surgery, dementia or some other medical condition. Some facilities will not perform surgery unless this document is in place. The person you grant this authority to should be one who would make a health care decision as you would if you were able. It generally gives authority for that person to consent to any care, treatment, service or procedure to maintain, diagnose or treat your mental or physical condition. Please consult an attorney for further explanation and to assist you with drawing up the DPAHC. There are also forms available on-line.

***The Provider Orders for Life-Sustaining Treatment (POLST)*** is a one page form intended for anyone “with an advanced life-limiting illness.” The POLST form clearly states the person’s

preferences for resuscitation, defines the use of antibiotics and other medications, and defines the use of artificially administered nutrition (feeding tube). This form can be downloaded from [polst.mt.gov](http://polst.mt.gov) or at the Social Worker's office at PMC. What follows are your choices in each area.

- **CPR** (Cardiopulmonary Resuscitation) **vs. DNR** (Do Not Resuscitate). It is important to know what it will mean if someone performs CPR on you if you stop breathing. Your age and physical health may come into play with your decision regarding CPR. CPR can include someone breathing into your mouth and pressing on your chest, using an electrical shock or drugs to try to get your heart to work, or having a tube inserted to help you breathe. CPR works best if you are healthy and if it is given within a few minutes of when your heart or lungs stop working. If you are older and weak CPR works less than 3% of the time. Surviving CPR might mean that you may have to go on a breathing machine, you may need additional care in the intensive care unit, you may have brain damage, or your ribs might be cracked because of the pressure of the compression. All of these need to be considered as well as what your ultimate goal is. Even if you decide not to have CPR and you continue to live, you will still receive the care that you need. DNR means Do Not Resuscitate and you be allowed a natural death and no heroic measures will be used to keep you alive.
- Treatment options that you decide on if you have a pulse and are breathing would be: comfort measures only, limited additional interventions or full treatment. **Comfort Measures Only** means that you would be given medication, repositioning, or other care to keep you comfortable. You would go to the hospital only if comfort care could not be obtained in your current location. **Limited Additional Interventions** means that you will be given the same care as for comfort measures and in addition, IV fluids and cardiac monitoring may be used as needed. Advanced airway interventions or mechanical interventions would not be used. Less invasive airway support, such as CPAP (Continuous Positive Airway Pressure) or BiPAP (Bilevel Positive Airway Pressure) may be considered. You could be sent to the hospital if it is indicated for treatment or comfort, but generally the intensive care unit would be avoided. **Full Treatment** is when, in addition to the care described above, intubation, advanced airway interventions, mechanical ventilation, drugs or electricity are used to keep you alive. Transfer to the hospital and intensive care would also be implemented as indicated.
- **Artificially Administered Nutrition** (continue to offer food and fluid by mouth if feasible and/or desired). The options here would be no artificial nutrition by feeding tube, defined trial period of artificial nutrition by feeding tube, or long term artificial nutrition by feeding tube.

It is important to discuss all of the options presented in the POLST, preferably with your physician and your family, and what that would mean for you. How would you or your family be affected by the choices that are made? And, it is important to remember that at any time you may change your mind about the choices that you made.