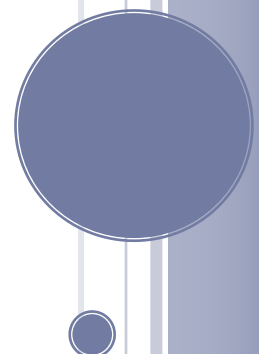


NEVADA PATIENT INFORMATION ON ADVANCE DIRECTIVES

Making sure your future health care choices are honored

What kind of medical care would you want if you were too ill or hurt to express your wishes? Advance directives are legal documents that tell your doctor, health care professionals, family and friends your wishes about your health care ahead of time. There are also documents which can be used to appoint someone to make decisions for you if you cannot do so yourself. You can say “yes” to treatment you want and “no” to treatment you don’t want.

Carson Tahoe Health
5/1/2025



NEVADA PATIENT INFORMATION ON ADVANCE DIRECTIVES

Durable Power of Attorney for Health Care

This enables someone you name to make decisions concerning your health care if you become incapable of doing so yourself.

Declaration


This directs any attending physician to withhold or withdraw treatment which only prolongs the process of dying, when you have an incurable and irreversible condition. There is also a declaration designating another person to decide to withhold or withdraw life-sustaining treatment.

Do-Not-Resuscitate Order

Written by your physician at your direction, this advises health care professionals that you do not wish to undergo CPR if your heart stops beating or if you were to stop breathing.

Physician Order for Life-Sustaining Treatment

This is a detailed document outlining the different types of life-sustaining treatments you would accept or refuse in certain situations.



*There are four types
of
Advance Directives
available in
Nevada*

MEDICAL TREATMENT TERMS

It is important to know the kinds of life-prolonging care to consider if using Advance Directives. There are three kinds to consider: cardiopulmonary resuscitation (CPR), artificial provision of nutrition and fluids (tube-feeding), and active treatment to fight disease. Each is described below.

Life-resuscitating treatment

In Nevada, “life-resuscitating treatment” means cardiopulmonary resuscitation (CPR) or a component of CPR, including chest compressions, defibrillation, assisted ventilation, airway intubation, or administration of drugs or electric current to restore your heart’s rhythm.

Cardiopulmonary resuscitation is the act of reviving someone whose heart and/or breathing have stopped. CPR can include basic and advanced measures.

The basic measures are:

- Cardiac compression (repeatedly pressing on the chest to squeeze the heart so that blood begins to circulate again)
- Mouth-to-mouth breathing, to push air into the lungs

The advanced measures are:

- Intubation (putting a tube through the mouth or nose)
- Defibrillation (powerful electrical shocks to the chest to start the heart beating again)
- Strong medications to correct the heart rhythm

The success of CPR depends on the individual’s previous health and on how soon the procedure is started. The best results occur in a generally healthy person whose heart stops unexpectedly, and when CPR is started promptly.

The chance of restarting the heart is much less likely when it has stopped as the result of many chronic problems.

Prompt CPR can save a person’s life and prevent damage to the body’s tissue and organs. On the other hand, brain damage is likely if more than about four minutes have elapsed before

Modern hospitals and nursing homes automatically attempt CPR on anyone whose heart and/or breathing stops, unless there is a Do Not Resuscitate - or “DNR” order - on file for the patient. A DNR order can only be written by a doctor with the permission of the patient, his or her health care agent or the family.

the procedure is started. Other risks include injuries to the chest and liver as a result of the force applied during chest compression.

Artificial Provision of Nutrition and Fluids

Artificial provision of nutrition and fluids, also called “tube-feeding,” is used either temporarily or permanently when patients are unable to swallow. There are three ways to provide artificial nutrition and fluids:

- The nasogastric tube, which is inserted through the nose into the stomach;
- The gastrostomy tube, which is inserted surgically through the stomach walls;
- Intravenous tubes, placed into veins in the arms or chest.

Nevada law permits individuals to refuse tube-feeding. However, some doctors are reluctant to withhold or withdraw tube-feeding from an unconscious patient unless the patient has left specific instructions to do so.

Death usually occurs within 2 to 14 days after tube-feeding is withheld or withdrawn. Many people worry that the lack of food and water will mean a painful death. Tube-feeding is most commonly withheld or withdrawn when people are unconscious or on the verge of death. At this state most patients have lost the desire for nourishment and the sensation of thirst or pain. As a precaution against discomfort, comfort care is routinely provided in the interim before death.

Active Treatment to Fight Disease

Active treatment to fight disease includes intensive treatment (the kind of high-technology care usually provided in hospital intensive care units) and non-intensive treatment. These are outlined below.

- Ventilators, commonly called respirators, are machines that can breathe for a patient if lung function is inadequate. This is done through a tube inserted into the windpipe via the nose or mouth or through a tracheotomy, a hole cut in the windpipe at the front of the neck.

Of the two procedures, passing a tube through the nose or mouth is the least comfortable because it prevents the patient from speaking and eating, and it triggers the gag reflex. The tracheotomy, on the other hand, requires anesthesia and surgery, but eventually allows the patient to take food by mouth and to talk for short periods off the ventilator.

A ventilator is particularly helpful in getting a patient through a short-term crisis. It also has risks and can cause complications.

- Kidney dialysis involves the use of a machine to clean the blood when the kidneys no longer function properly. Dialysis takes several hours, several times a week, and can be quite uncomfortable.

Dialysis can be used on a temporary basis while a patient recovers from an acute illness or awaits a kidney transplant, or on a permanent basis in the case of more serious kidney problems. Complete kidney failure is a common part of the dying process.

- Invasive monitoring involves the use of intravenous lines (to administer drugs or fluids and to take blood samples) and catheters (to monitor heart and kidney function).
- Electrical pacemaker and other devices can be used to support the failing heart.
- Major surgery can be used to restore function or relieve pain.
- Antibiotics (available in pill form or by injection) to treat infections.
- Blood transfusion.
- Chemotherapy (a drug treatment) and radiation to fight cancer.

**Sometimes a patient
is so ill that he
cannot refuse
treatment.
Therefore, it is very
important to have an
advance directive if
you wish to refuse
life-sustaining
treatment during a
terminal illness.**

YOUR RIGHTS

Nevada law provides that a patient retains the right to make decisions regarding the use of life-sustaining treatment, so long as he is able to do so. It provides that a patient has a right to refuse treatment to the extent permitted by laws and to be informed of the consequences of that refusal.

You may also refuse treatment if you are able to make that decision and to be informed of the consequences of that refusal. A qualified patient may also forego life-sustaining treatment if he is able to do so.

You do not have to write an Advance Directive... it is entirely up to you.

You may change or cancel these documents at any time in accordance with state law.

Any change or cancellation should be written, signed and dated in accordance with state law, and copies should be given to your family doctor, or to others to whom you may have given copies of the original.

If you wish to cancel an advance directive while you are in the hospital, you should notify your doctor, your family, and others who may need to know.

You may orally revoke an existing Advance Directive. Even without a change in writing, your wishes stated in person directly to your doctor generally carry more weight than a Declaration or Durable Power of Attorney for Health Care Decisions, as long as you can decide for yourself and can communicate your wishes. But be sure to state your wishes clearly and be sure that they are understood.

If you are in a terminal condition (you are dying and there is no hope of a cure) and ***are no longer able to make decisions regarding administration of life-sustaining***

treatment and have no advance directive, life-sustaining treatment can be withheld or withdrawn after your physician consults with your family members.

If your spouse, an adult child or if more than one child, a majority of the adult children who are reasonably available for consultation, your parents, an adult brother or sister or, if there is more than one sibling (brother or sister) a majority of the adult siblings who are reasonably available for consultation, or the nearest other adult relative by blood or adoption who is reasonably available for consultation, in that order of priority, may in good faith and for your best interest,

It is advisable that those dear to you be aware of your wishes and where your original Advance Directive is so that your wishes can be carried out. You may also want to discuss an Advance Directive with your lawyer, but you do not need a lawyer to use any of the forms in this packet.

consent in writing attested by two witnesses to the withholding or withdrawal of treatment.

THE FOUR TYPES OF ADVANCE DIRECTIVES

(These forms are available at the end of this document.)

Durable Power of Attorney for Health Care Decisions

This is a signed, dated, and witnessed paper naming another person (such as a husband, wife, daughter, son, or close friend) as your “agent” or “proxy” to make medical decision for you if you should be unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid, such as surgery or artificial feeding.

Declaration

A Declaration generally states the kind of medical care you want (or do not want) if you become unable to make your own decision. It is sometimes called a “living will” because it takes effect while you are still living. The Nevada Legislature has used the word “Declaration” as its preferred type of advance directive.

Do-Not-Resuscitate (DNR) Order

A DNR is a written directive issued by a physician, at your direction, that tells medical professionals not to perform CPR. That means that doctors, nurses and emergency medical personnel will not attempt emergency CPR if you stop breathing or if your heartbeat stops.

CPR, when successful, restores the heartbeat and breathing and allows you to resume your previous lifestyle. The success of CPR depends on your overall health condition. When you are seriously ill or terminally ill, CPR may not work or may only partially work leaving you in a worse medical state than before the heart stopped. Some patients prefer to be cared for without aggressive measures when the end of life is imminent.

Physician Order for Life-Sustaining Treatment (POLST)

A POLST form is a doctor's order that helps you keep control over medical care at the end of life. Like a DNR order, the form tells health care providers which actions to take in the event of a medical emergency.

It tells them things like whether or not to administer CPR, to be taken to a hospital, whether or not you wish to receive artificial nutrition. Like a DNR order, the form tells emergency medical personnel and other health care providers whether or not to administer CPR in the event of a medical emergency. A POLST form may be used in addition to - or instead of - a DNR order. The POLST form may also provide other information about your wishes for end-of-life health care.

A POLST form differs from a DNR order in one important way: A POLST form also includes directions about life-sustaining measures in addition to CPR, such as intubation, antibiotic use, and feeding tubes. It may also indicate whether you have chosen to donate your organs after death.

A doctor can help you create a POLST form if you enter a medical facility or health care setting such as a hospital, nursing home, or hospice care in a facility or at home. The form is legally valid only if explained and signed by the doctor. If a member of the medical staff does not ask you whether you want to create a POLST form, you may ask for one.

THE POLST FORM
HELPS MEDICAL
PROVIDERS
UNDERSTAND YOUR
WISHES AT A GLANCE,
BUT IT IS NOT A
SUBSTITUTE FOR A
PROPERLY PREPARED
HEALTH CARE
DECLARATION (LIVING
WILL) OR DURABLE
POWER OF ATTORNEY.

WHAT DO I DO WITH THESE FORMS IF I COMPLETE THEM?

Your advance directive is complete as soon as you have signed it and it is appropriately witnessed, if applicable. You can give it to your health care professional, or family or friends so that the form is available in case of an emergency. Unless your wishes are known by those involved in your health care, your wishes cannot be honored. It is advisable to provide a copy of the Advance Directive to your healthcare provider.

Federal law requires that the provider or organization must “document” in the individual’s medical record whether or not the individual has executed an Advance Directive.

You may keep a copy of your advanced directives in a secure, confidential “Living Will Lockbox” with the Nevada Secretary of State. This is readily available to you and your health care providers, when needed, 24-7. You choose who may have access to your documents filed in the Lockbox. Through your Lockbox, your health care provider may retrieve a copy of your advance directive during an emergency or illness. Begin the process at www.nvsos.gov.

You should not wait until you are old or facing a serious illness to think about these issues. Thinking about them while you are in good health gives you and your loved ones the opportunity to prepare for the sort of medical crisis that could happen to anyone at any time. You may also want to save a copy of your forms in an online personal health record.

NEVADA STATE LAW CONCERNING ADVANCE DIRECTIVES

Here are the references to Nevada Revised Statute (NRS) regarding Advance Directive options.

NRS 449.600, 449.610 – Declaration

NRS 449.613 – Declaration, appoints another

NRS 162A.700 – 162A.860 – Durable Power of Attorney for Health Care

NRS 450B.510 – 450B.525 – Do-not-resuscitate order

NRS 449.6942 - POLST

NRS 449.905 – Defines “advance directive”