Palliative Care Topics in Dementia

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Assistant Professor
University of Nevada, Reno School of Medicine
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Overview

• Introduction
• Disease progression
• Tube feeding
• Advance care planning
• Pain and symptom management
• Caregiver support
What is Dementia?

• A decline in cognitive functioning
• Severe enough to affect daily living
• Not occurring exclusively in delirium
• Not explained by another mental disorder, e.g., depression or schizophrenia
• A.k.a., Major Neurocognitive Disorder in the DSM-V

Sanford Center for Aging
University of Nevada, Reno
Dementia Types

- Alzheimer’s disease
- Vascular disease
- Lewy body dementia
- Frontotemporal dementia
- Mixed
- Plus many more....
## Dementia Severity by IADLs/ADLs

<table>
<thead>
<tr>
<th>Severity</th>
<th>Functional Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI</td>
<td>None</td>
</tr>
<tr>
<td>Mild</td>
<td>IADLs</td>
</tr>
<tr>
<td>Moderate</td>
<td>ADLs</td>
</tr>
<tr>
<td>Severe</td>
<td>Complete dependence</td>
</tr>
</tbody>
</table>
# Dementia Severity by Cognitive Test

<table>
<thead>
<tr>
<th>Severity</th>
<th>MMSE</th>
<th>Mini-Cog</th>
<th>Functional Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI</td>
<td>26-30</td>
<td>&lt; / = 26</td>
<td>None</td>
</tr>
<tr>
<td>Mild</td>
<td>21-25</td>
<td>18-25</td>
<td>IADLs</td>
</tr>
<tr>
<td>Moderate</td>
<td>11-20</td>
<td>10-17</td>
<td>ADLs</td>
</tr>
<tr>
<td>Severe</td>
<td>0-10</td>
<td>0-9</td>
<td>Complete dependence</td>
</tr>
</tbody>
</table>
**"MINI-MENTAL STATE"**

<table>
<thead>
<tr>
<th>Maximum Score</th>
<th>Score</th>
</tr>
</thead>
</table>

**ORIENTATION**

5 ( ) What is the (year) (season) (date) (day) (month)?
5 ( ) Where are we: (state) (county) (town) (hospital) (floor).

**REGISTRATION**

3 ( ) Name 3 objects: 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he learns all 3. Count trials and record.

| Trials |

**ATTENTION AND CALCULATION**

5 ( ) Serial 7's. 1 point for each correct. Stop after 5 answers. Alternatively spell "world" backwards.

**RECALL**

3 ( ) Ask for the 3 objects repeated above. Give 1 point for each correct.

**LANGUAGE**

9 ( ) Name a pencil, and watch (2 points)
Repeat the following "No ifs, ands or buts." (1 point)
Follow a 3-stage command:

"Take a paper in your right hand, fold it in half, and put it on the floor" (3 points)

Read and obey the following:

CLOSE YOUR EYES (1 point)

Write a sentence (1 point)
Copy design (1 point)

| Total score |

ASSESS level of consciousness along a continuum: Alert, Drowsy, Stupor, Coma
### Montreal Cognitive Assessment (MOCA)

#### Visual-Spatial/Executive
- Copy cube:
  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

- Draw clock (6:55):
  - [ ]
  - [ ]
  - [ ]

#### Naming
- Rhinoceros:
  - [ ]
- Camel:
  - [ ]

#### Memory
- Read list of words, subject must repeat them. Do 2 trials, even if 1st trials successful. Do a recall after 5 minutes.
- **First trial:**
  - FACE: 18
  - VELVET: 5
  - CHURCH: 4
  - DAISY: 2
  - RED: 4
  - **Total:** 33

- **Second trial:**
  - FACE: 18
  - VELVET: 5
  - CHURCH: 4
  - DAISY: 2
  - RED: 4
  - **Total:** 33

- **Correct:** [ ]

#### Attention
- Read list of digits (1 digit/sec). Subject has to repeat them in the forward order.
  - [ ] 2 1 8 5
  - [ ] 4

- Read list of digits (1 digit/sec). Subject has to repeat them in the backward order.
  - [ ] 7 4 2

- **Total:** [ ]

#### Language
- Read list of letters. The subject must tap with his hand at each letter. Note points if 2 errors.
  - [ ] F R A C M N A A J K L B A F K D E A A A A J M O A A B

- **Total:** [ ]

- **Serial 7 subtraction starting at 100:**
  - [ ] 93
  - [ ] 86
  - [ ] 79
  - [ ] 72
  - [ ] 65

- **Total:** [ ]

#### Abstraction
- Nouns: banana - mango, fruit - vegetable, train - bicycle, watch - ruler

- **Total:** [ ]

#### Delayed Recall
- Has to recall words with no due date.
- **Total:** [ ]

#### Orientation
- [ ] Date
- [ ] Month
- [ ] Year
- [ ] Day
- [ ] Place
- [ ] City

**Points for Uncued: total only.**

**Total:** [ ]

---

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www.mocatest.org

Administered by:

TOTAL: [ ]

Sanford Center for Aging
University of Nevada, Reno
<table>
<thead>
<tr>
<th>FAST Scale Item</th>
<th>Activity Limitation with Alzheimer's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 1</td>
<td>No difficulty, either subjectively or objectively</td>
</tr>
<tr>
<td>Stage 2</td>
<td>Complaints of forgetting location of objects; subjective work difficulties</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Decreased job functioning evident to coworkers; difficulty in traveling to new locations</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances)</td>
</tr>
<tr>
<td>Stage 5</td>
<td>Requires assistance in choosing proper clothing</td>
</tr>
<tr>
<td>Stage 6</td>
<td>Decreased ability to dress, bathe, and toilet independently</td>
</tr>
<tr>
<td>Substage 6a</td>
<td>Difficulty putting on clothes properly</td>
</tr>
<tr>
<td>Substage 6b</td>
<td>Unable to bathe properly, may develop fear of bathing</td>
</tr>
<tr>
<td>Substage 6c</td>
<td>Inability to handle mechanics of toileting (e.g., forgets to flush, does not wipe properly)</td>
</tr>
<tr>
<td>Substage 6d</td>
<td>Urinary incontinence</td>
</tr>
<tr>
<td>Substage 6e</td>
<td>Fecal incontinence</td>
</tr>
<tr>
<td>Stage 7</td>
<td>Loss of speech, locomotion, and consciousness</td>
</tr>
<tr>
<td>Substage 7a</td>
<td>Ability to speak limited (1-5 words a day)</td>
</tr>
<tr>
<td>Substage 7b</td>
<td>All intelligible vocabulary lost</td>
</tr>
<tr>
<td>Substage 7c</td>
<td>Non-ambulatory</td>
</tr>
<tr>
<td>Substage 7d</td>
<td>Unable to smile</td>
</tr>
<tr>
<td>Substage 7e</td>
<td>Unable to hold head up</td>
</tr>
</tbody>
</table>
# Dementia Progression

<table>
<thead>
<tr>
<th>FAST Stage</th>
<th>Functional Impairment</th>
<th>Dementia Severity</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td>MCI</td>
<td>Pre-clinical</td>
</tr>
<tr>
<td>2</td>
<td>None</td>
<td>MCI</td>
<td>Pre-clinical</td>
</tr>
<tr>
<td>3</td>
<td>None</td>
<td>MCI</td>
<td>Pre-clinical</td>
</tr>
<tr>
<td>4</td>
<td>IADLs</td>
<td>Mild</td>
<td>1-3</td>
</tr>
<tr>
<td>5</td>
<td>ADLs</td>
<td>Moderate</td>
<td>2-8</td>
</tr>
<tr>
<td>6</td>
<td>ADLs</td>
<td>Moderate</td>
<td>2-8</td>
</tr>
<tr>
<td>7</td>
<td>Complete dependence</td>
<td>Severe</td>
<td>6-12</td>
</tr>
</tbody>
</table>
Case

A 92-year-old man with moderate dementia due to Alzheimer’s disease is brought in to clinic by his daughter who is concerned that he is not eating enough.

Which of the following is the most appropriate initial step in the evaluation of the patient’s nutritional status?

a. albumin level
b. calorie log
c. prealbumin level
d. review of prior weights
e. vitamin B12 level
Case

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Which of the following is the most appropriate initial step in the evaluation of the patient’s nutritional status?

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b. calorie log
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d. review of prior weights
e. vitamin B12 level
Dementia, Meal Preparation and Eating

• As dementia progresses, people lose the desire and the ability to eat
• In mild dementia, patients might have difficulty with meal preparation
• In moderate dementia, patients might need prompting
• In advanced dementia, patients might need help with eating
• Eating problems can lead to malnutrition, electrolyte disturbances, aspiration, pneumonia, and death
Advanced Dementia Has a Complicated Clinical Course

• After 18 months:
  – 54.8% had died
  – 41.1% had had PNA
  – 52.6% had had a febrile illness
  – 85.8% had had an eating problem***

***weight loss, swallowing or chewing problem, refusal to eat or drink, suspected dehydration, and/or persistently reduced oral intake

Advanced Dementia Has a Complicated Clinical Course

• 6-month mortality rates in residents with the following:
  – pneumonia – 46.7%
  – febrile illness – 44.5%
  – eating problem – 38.6%

• Median survival: 478 days

• Of those who died, in the last 3 months of life:
  – 37.3% had pneumonia
  – 32.2% had a febrile illness
  – 90.4% had an eating problem

Advanced Dementia: A Terminal Condition

• There were 42 sentinel events*** in 31 patients over 18 months
• Only 7 occurred in the last 3 months of life

*** seizure, gastrointestinal bleeding, hip fracture, stroke, and myocardial infarct
Case

A 92-year-old man with moderate to severe dementia from Alzheimer’s disease has had a 10-pound weight loss in the last 6 months. The patient has diabetes. HgbA1c measurements have been normal in the last few years, and he does not require any medications for his diabetes. His only medication is lisinopril for hypertension.

Which of the following is the most appropriate initial step to address feeding difficulties?

a. antidepressant
b. appetite stimulant
c. gastrostomy tube
d. hand feeding
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b. appetite stimulant  
c. gastrostomy tube  
d. hand feeding
Types of Tube Feeding

• Nasogastric (NG) tubes
  – For shorter-periods of time, no more than 2 weeks, typically
  – Often seen in critically-ill patients

• Percutaneous endoscopic gastrostomy (PEG) tubes
  – For longer periods of time
  – Often seen in post-stroke and ALS patients
Indications for Tube Feeding

- Short-stay, critically-ill patients
- Post-stroke patients with dysphagia
- Patients with good functional status who have cancers causing proximal obstructions
- Patients undergoing chemotherapy and radiation for cancers in the upper GI tract or head and neck
- ALS patients
- **NOT** advanced dementia
Tube Feeding in Advanced Dementia

• Does not improve quality of life, morbidity or mortality in patients with advanced dementia

• Sampson et al, 2009 completed a meta-analysis
  – “no conclusive evidence that enteral tube nutrition is effective in terms of prolonging survival, improving quality of life, or leading to better nourishment or decreasing the risk of pressure sores”
  – May increase risk of aspiration, pneumonia and death
Tube Feeding in Advanced Dementia Does Not Improve Mortality

• Meier et al, 2001 looked at 99 hospitalized patients with advanced dementia
  – 51 received feeding tubes
  – 31 did not
  – 17 already had feeding tubes in place
  – 6-month mortality was no different in patients with advanced dementia who received a feeding tube during hospitalization and those who did not (195 days v 189 days) (p = 0.9)
Tube Feeding in Advanced Dementia Does Not Improve Mortality

- Murphy et al, 2003 looked at 41 hospitalized veterans with dementia referred for feeding tube placement with 23 undergoing the procedure and 18 not.

- Median mortality was the same in patients with dementia who received PEGs and those who did not (59 days vs 60 days) ($p = 0.37$)
Tube Feeding in Advanced Dementia Does Not Improve Mortality

Kaplan-Meier survival curve comparing the group that underwent percutaneous endoscopic gastrostomy (PEG) with the group that did not undergo PEG. Based on the log-rank statistic ($P = .37, df=1$), the findings were not statistically significant.

Murphy, 2003.
PEG Tube Side Effects in Advanced Dementia

- Pain
- Infection
- Bleeding
- Malfunctioning
- Aspiration
- Diarrhea
- Physical and chemical restraints
- Immobility
- Pressure ulcers
- Decreased socialization
Tube Feeding in Advanced Dementia Does Not Prevent or Help Pressure Ulcers

- Teno et al, 2012 looked at nursing home patients with severe cognitive impairment who had been hospitalized within the last year
  - Patients who had PEGs were almost 2 times more likely to develop pressure ulcers than patients who did not (35.6% v 19.8%) (95% CI 1.95 – 2.65)
  - Patients who had PEGs were less likely to see improvement in pressure ulcers than patients who did not (27.1% v 34.6%)
PEG Tube Side Effects in Advanced Dementia

• Patients who have feeding tubes
  – May have diarrhea, leading to skin breakdown
  – May be agitated and have to be physically and chemically restrained, leading to immobility and skin breakdown
Tube Feeding in Advanced Dementia: AGS Position Statement

• Tube feeding – not recommended
• Hand feeding – recommended
• Patient’s wishes should be followed
Hand Feeding in Advanced Dementia

• Eliminates side-effects associated with tube feeding
• Allows for comfort
• Relieves hunger and thirst
• Allows for socialization
Case

A 78-year-old woman has mild dementia due to Alzheimer’s disease. She is disoriented to time and place but knows family members and caregivers by name.

This patient’s capacity to make decisions regarding her health care is best determined by which of the following?

a. ability to understand treatment options
b. mental status testing
c. probate court decision
d. psychiatric examination
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b. mental status testing
c. probate court decision
d. psychiatric examination
Educating Health Care Proxies is Important

- **Mitchell et al, 2009**
  - Nursing home residents with advanced dementia who had proxies who felt as though they understood the complications to expect in advanced dementia were less likely to receive burdensome interventions (OR 0.12, 95% CI 0.04 – 0.37)

- **Lopez et al, 2010**
  - Looked at two nursing homes, one with a high tube-feeding rate (41.8%) versus one with a low tube-feeding rate (10.7%)
  - The low-use nursing home had a culture that valued advanced care planning and shared decision making with proxies
  - At the low-use nursing home, a physician was noted to tell families that tube feeding had no mortality benefit and conveyed a preference for hand feeding over tube feeding
Advance Directive (AD)

- See attachment
- Identifies a Durable Power of Attorney (DPOA)
- States medical wishes
- NOT an order
- State-specific
- In Nevada, patients can initial and/or write wishes
- May require interpretation from healthcare providers prior to implementation
6. STATEMENT OF DESIRES.
(With respect to decisions to withhold or withdraw life-sustaining treatment, your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, indicate your desires below. If your desires are unknown, your agent has the duty to act in your best interests; and, under some circumstances, a judicial proceeding may be necessary so that a court can determine the health care decision that is in your best interests. If you wish to indicate your desires, you may INITIAL the statement or statements that reflect your desires and/or write your own statements in the space below.)

(If the statement reflects your desires, initial the line next to the statement.)

1. I desire that my life be prolonged to the greatest extent possible, without regard to my condition, the chances I have for recovery or long-term survival, or the cost of the procedures.
   Initial __________________

2. If I am in a coma which my doctors have reasonably concluded is irreversible, I desire that life-sustaining or prolonging treatments not be used.
   Initial __________________

3. If I have an incurable or terminal condition or illness and no reasonable hope of long-term recovery or survival, I desire that life-sustaining or prolonging treatments not be used.
   Initial __________________

4. Withholding or withdrawal of artificial nutrition and hydration may result in death by starvation or dehydration. I want to receive or continue receiving artificial nutrition and hydration by way of the gastro-intestinal tract after all other treatment is withheld.
   Initial __________________

5. I do not desire treatment to be provided and/or continued if the burdens of the treatment outweigh the expected benefits. My attorney-in-fact is to consider the relief of suffering, the preservation or restoration of functioning, and the quality as well as the extent of the possible extension of my life.
   Initial __________________

(If you wish to change your answer, you may draw an “X” through the answer you do not want, circle the answer you prefer, and initial the changes)
Part II: Declaration Relating to the Use of Life-Sustaining Treatment

If I should lapse into an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time (a terminal condition) and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Nevada Uniform Act on the Rights of the Terminally Ill, to:

1. Keep me comfortable and allow natural death to occur. I do not want any life-sustaining treatment or other medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means.

2. Keep me comfortable and allow natural death to occur. I do not want any life-sustaining treatment or other medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means.

3. Try to extend my life for as long as possible, using all available life-sustaining treatment or other medical interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, I want to receive nutrition and fluids by tube or other medical means.

Any questions regarding how to interpret or apply my declaration shall be resolved by my agent appointed under a durable power of attorney for health care (Part I), if I have appointed one.

I further direct that:

__________________________________________

__________________________________________

__________________________________________

(Attach additional pages if needed)
Physician Orders for Life-Sustaining Treatment (POLST)

• See attachment – the bright pink form
• States a patient’s medical wishes
• In advanced dementia, patients’ durable powers of attorney (DPOAs) can choose for patients “to allow for a natural death” and to have “no feeding tube” if those would be patients’ wishes
• Orders that must be followed
  – Paramedics should not resuscitate someone who has chosen to allow for a natural death
  – Physicians should not insert a PEG tube for someone who has chosen no feeding tube
• Different than the AD
• Should supplement the AD
• State-specific
• In Nevada, the person or DPOA must complete the form
# NEVADA POLST (Physician Order for Life-Sustaining Treatment)

**HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS & ELECTRONIC REGISTRY**

Faxed, copied or electronic versions of a Nevada POLST are legal and valid.

## SIDE 1: Medical Orders

Consult this form when patient lacks decisional capacity. It is intended to be honored by any healthcare provider who treats the patient in any healthcare setting, including, without limitation, a residence, health care facility or the scene of a medical emergency (NRS 449.69+). A section not completed does not invalidate the rest and indicates full treatment for that section.

### CARDIOPULMONARY RESUSCITATION (CPR)
- Patient/resident has no pulse & is not breathing.
  - [ ] Attempt Resuscitation (CPR)
  - [ ] Allow Natural Death (Do Not Attempt Resuscitation)

**When not in cardiopulmonary arrest follow orders in Section B**

### MEDICAL INTERVENTIONS
- Patient/resident has pulse and/or is breathing.

Life-sustaining treatment may be ordered for a trial period to determine if there is benefit to the patient. If a life-sustaining treatment is started, but turns out not to be helpful, the treatment can be stopped.

1. **Comfort Measures Only.** The patient/resident is treated with dignity, respect and kept clean, warm and dry. Reasonable measures are made to offer food and fluids by mouth as tolerated, and attention is paid to hygiene. Medication, positioning, wound care and other measures are used to relieve pain and suffering. Oxygen, suction and manual treatment of airway obstruction may be used as needed for comfort. These measures are to be used where the patient/resident lives. Transfer only if comfort needs cannot be met in current location.

### Limited Medical Interventions. Comfort measures always provided.

#### a. Life-Sustaining Antibiotics
- [ ] No antibiotics. Use other measures to relieve symptoms:
  - [ ] Administer antibiotics by mouth as necessary
  - [ ] Administer antibiotics IV as necessary

Other Instructions:

#### b. Artificially Administered Fluids and Nutrition
- [ ] No feeding tube
  - [ ] Defined trial period of feeding tube
  - [ ] Long term feeding tube

Other Instructions:

#### c. Other Limitations of Medical Interventions
- [ ] No intensive care admission
- [ ] No x-ray
- [ ] No IV (assure agreement with a. & b. above)
- [ ] No hemodialysis
- [ ] No enteral nutrition
- [ ] No respiratory therapy
- [ ] No dialysis
- [ ] No laboratory testing
- [ ] No antiarrhythmic drugs
- [ ] No blood transfusions

Other Instructions:

### Full Treatment. Includes care above plus endotracheal intubation and cardioversion.

### Additional Instructions:

<table>
<thead>
<tr>
<th>Section</th>
<th>Date (Required)</th>
<th>Physician Signature (Required)</th>
<th>Physician Name (Print)</th>
</tr>
</thead>
</table>

Physician Office Address:  
Physician Phone:  
Physician License No:

Send original with patient when discharged or transferred

NEVADA FORM 111913  
Approved December 2013
NEVADA POLST (Physician Order for Life-Sustaining Treatment)

Patient Name: 

SID 2: Supplementary Patient Preferences

<table>
<thead>
<tr>
<th>Section</th>
<th>ORGAN DONATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>I have documented on my license or state issued ID that I would like to donate my organs</td>
</tr>
<tr>
<td></td>
<td>Other instructions:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Advance Directive</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>The following documents/persons have further information regarding patient’s/resident’s preferences:</td>
</tr>
<tr>
<td></td>
<td>1. Advance Directive (AD): Living Will, Declaration, Durable Power of Attorney (DPOA) for Health Care</td>
</tr>
<tr>
<td></td>
<td>□ NO □ YES If no AD, skip to #2 below</td>
</tr>
<tr>
<td></td>
<td>AD Registered with Secretary of State: □ NO □ YES - Registration No:</td>
</tr>
<tr>
<td></td>
<td>Other location:</td>
</tr>
<tr>
<td></td>
<td>Appointed Agent #1: Telephone No:</td>
</tr>
<tr>
<td></td>
<td>Appointed Agent #2: Telephone No:</td>
</tr>
<tr>
<td></td>
<td>2. If no agent appointed, another person will make decisions for you as determined by Nevada law.</td>
</tr>
<tr>
<td></td>
<td>3. Court-Appointed Guardian □ NO □ YES Name: Telephone No:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Patient / Agent / Parent / Guardian (circle one) Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>I have discussed this form, its treatment options and their implications for sustaining life with my / the patient's health care provider. This form reflects my treatment preferences.</td>
</tr>
<tr>
<td></td>
<td>Signature: Date:</td>
</tr>
<tr>
<td></td>
<td>Consent for Sections A and B above were discussed with and given by:</td>
</tr>
<tr>
<td></td>
<td>□ Patient □ Spouse □ Adult Child □ Court-Appointed Guardian</td>
</tr>
<tr>
<td></td>
<td>□ Parent of Minor □ Health Care Agent (DPOA) □ Other:</td>
</tr>
<tr>
<td></td>
<td>Witnessed by (for any checked above): Date:</td>
</tr>
<tr>
<td></td>
<td>Preparer’s Information</td>
</tr>
<tr>
<td></td>
<td>Preparer’s Name (print): Date:</td>
</tr>
<tr>
<td></td>
<td>Signature of Person Preparing Form:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>Physician initial box to right to verify that information has been provided to the patient to submit their completed and signed POLST form to the Living Will Lockbox. Authorization forms can be found at: <a href="http://www.LivingWillLockbox.com">www.LivingWillLockbox.com</a>.</td>
</tr>
</tbody>
</table>

GENERAL INSTRUCTIONS
- Record all treatments entered on this POLST as orders in patient’s chart.
- Copy POLST form for patient record.
- If orders change complete a new POLST and write VOID across this POLST.
- If no new form is completed, full treatment and resuscitation may be provided.
- Transfer or discharge patient with a current POLST form.

WHEN THIS FORM SHOULD BE REVIEWED
This form (POLST) should be reviewed periodically and if:
- The patient/resident is transferred from one care setting or level to another, or
- There is a substantial change in patient/resident health status, or
- The patient/resident treatment preferences change.

THE LASTEST VERSION OF THE POLST FORM IS AVAILABLE FROM THE NEVADA DIVISION OF PUBLIC AND BEHAVIORAL HEALTH.

Send original with patient when transferred or discharged

NEVADA FORM 1131313
Approved December 2013

www.nevadaplst.org
SYMPTOM MANAGEMENT CASES
Case

A 78-year-old nursing home resident with moderate dementia has become increasingly irritable in the past 3 months. Previously, she was an active participant in the nursing home’s structured walking program. Now, she tries to sit after taking a few steps. She eats less than 50% of her meals and has lost 5 pounds. The patient has a history of hypertension and osteoarthritis. Medications include memantine and amlodipine. On physical exam, the patient attempts to hit you when you extend her right knee. There is some crepitus but no erythema, swelling, or warmth of the right knee. MMSE score is 14/30. PHQ-9 cannot be obtained given the patient’s impaired cognition. Right knee X-ray indicates moderate osteoarthritis.

Which of the following is the most appropriate pharmacotherapy?

a. acetaminophen  
b. citalopram  
c. lorazepam  
d. megasterol acetate  
e. quetiapine
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After treatment of this condition with enemas, which of the following is the most appropriate pharmacotherapy to prevent recurrence?

a. docusate sodium
b. erythromycin
c. polyethylene glycol
d. psyllium
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Caregiver Support

- Alzheimer’s Association
- Family Caregiver Alliance
- Local caregiving agencies
- Sanford Center at UNR
Sources