

UNDERSTANDING ADVANCE CARE DOCUMENTS: WHAT THE NURSE ADVOCATE NEEDS TO KNOW

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Problem: The emergency department is a critical care area for those with immediate health care needs, and death is not an uncommon outcome. The discussion regarding end-of-life care is often a subject nurses feel uncomfortable or unprepared to address. Additionally, nurses often encounter obstacles when providing end-of-life care in the emergency department environment. It is vital that emergency nurses are educated about the many aspects of end-of-life care to feel better prepared to address the topic which will ultimately improve patient care.

Methods: A review of the literature was completed to determine current recommendations on the purposes of advance care documents, how to implement them, how to talk with patients about the importance of completing appropriate advance care documents, and the challenges surrounding the use of advance directives in the emergency department.

Results: Advance care documents are composed of multiple different forms each addressing different aspects of end of life

wishes as well as having distinct uses. Understanding the variations in these documents will lead to a higher level of comfort when enacting the documents in practice. Additionally, many obstacles have been identified with end-of-life care and these obstacles have been addressed throughout this article. Preparing for different obstacles and becoming educated on advance care documents can lead to good quality end-of-life care by emergency department nurses.

Implications for Practice: By educating nurses about advance care planning, end-of-life care, and promoting the use of advance care documents, nurses will feel more comfortable and prepared to provide end-of-life care to their patients which can ultimately improve the quality of care provided in the emergency department.

Key words: Advanced care documents; End-of-life care; Physician order for life-sustaining treatment; Advance directive; Living will; Power of attorney

The emergency department is a specialty care area where lifesaving interventions are implemented daily for those with immediate health care needs. Recent changes in the ED environment, such as an increase in patient census, ED crowding, treatment challenges related to increasing comorbidities, and rising patient-to-nurse ratios have led emergency health professionals to encounter new and more complicated obstacles in providing patient care.¹

The most current information released by the Centers for Disease Control and Prevention examining national trends in ED utilization estimates that approximately 20% of adults in the United States seek medical care at least once a year in the emergency department.² Of those visits, 77% were due to the medical issue being inappropriate for any environment other than the emergency department, a provider advised a patient

to go to the emergency department, or the patient arrived by ambulance or other emergency vehicle.² These data suggest that there is a continuing trend of high utilization of the emergency department for serious health care needs. These national trends have led to an extensive number of ED patients, as well as a substantial number of high-acuity patients. When faced with a higher acuity patient load, emergency health care professionals not only need to prepare for an increase in emergency interventions but also for a higher likelihood of patient death and end-of-life (EOL) care.

The idea of providing good EOL care comes from the concept of "a good death." A good death was described by the Institute of Medicine as "one that is free from avoidable distress and suffering, for patients, family, and caregivers; in general accord with the patients' and families' wishes; and reasonably consistent with clinical, cultural, and ethical standards."³ It is vital that emergency nurses be educated about the many aspects of EOL care; however, many obstacles to providing good EOL care have been identified for emergency medicine professionals. Recognized obstacles of providing good EOL care are the challenges and confusion surrounding advance care documents.

The purpose of this article is to describe advance care documents, including the living will, power of attorney (POA),

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TABLE 1

Comparing physician order for life-sustaining treatment forms and advance directives

	POLST	Advance directives (POA and living will)
Brief description	Recommended for persons with serious illness at any age Guides actions by emergency medical personnel Guides inpatient treatment	Recommended for anyone older than 18 years Consists of a living will and a POA Does not guide actions of emergency medical personnel Superior document
What information is included in the document?	Does not establish a health care proxy Decisions about CPR Medical interventions Comfort measures Limited interventions Full treatment Artificially administered nutrition Administration of antibiotics	Appoints a health care proxy Decisions about CPR Medical interventions Comfort measures Limited interventions Full treatment Medical interventions Artificially administered nutrition Some states include wishes on organ donation, cremation and burial
Time frame	For current treatment	For future treatment
Legal document	No	Yes
Who completes the form?	Health care provider and patient	Patient
Who has to sign the document?	Health care provider and patient	Variable across states; most states require a patient's signature and 2 witnesses
States that acknowledge the document	Currently 19 states endorse: CA, CO, GA, HI, ID, IA, LA MA, MO, NC, NY, OR, PA, TN, UT, VA, WA, WV, WI	Every state has its own advance directive forms
Can it be updated?	Yes	Yes
Where is it stored?	With the patient; it is a portable order and can be moved to different facilities or to the hospital; some states have online POLST registries	With the patient

CPR, Cardiopulmonary resuscitation; POA, power of attorney; POLST, Physician order for life-sustaining treatment.

physician order for life-sustaining treatment (POLST), and advance directive, to ensure that nurses are informed and able to implement and discuss these documents with patients and family members. The focus will be on the differences between the advance care documents, the challenges ED nurses face when using these documents, recommendations to improve practice when implementing medical directives, and strategies to discuss EOL wishes with patients and family members.

Advance Care Documents

To improve EOL care and to uphold the patient's EOL wishes, health care professionals must understand the different advance

care documents. These documents differ from state to state and may not be used or recognized in all states. Advance care documents are separated into 2 categories: the POLST form and advance directives. The differences between POLST forms and advance directives are explained in the following sections and outlined in [Table 1](#).

POLST

It is important for health care professionals to clearly understand the POLST form, because it is typically the most common form seen in the hospital setting. The purpose of the POLST form is to initiate the EOL conversation between patients and providers, promote shared decision making

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