

Discuss the laws in your state related to the nurse practitioner's (NP) role and responsibility in creating and signing advanced directives (ADs). Indicate if the NP can independently complete AD documents or a physician is required to sign or cosign the documents.

Advanced care directives contain information that dictate healthcare decisions and end of life care based on a patient's beliefs and values when they are no longer able to make these decisions for themselves. As Nurse practitioners our role in Advance Care directives is to advocate, facilitate and educate patient's and family members in putting a Advance Directive into place. This includes assessing the best way to provide the education necessary for a patient to understand their treatment options and end of life decisions. This can include listening to their concerns and values and helping them fill out forms. Once an advance directive is put into place our role as providers continues by keeping a copy of an advance directive in patients' health care records and advocating for a patient's legal right to self-determination. Advance directives in California do not require a clinician's signature but can be put into place with the patient's signature and two witnesses or the patient's signature and a notary as the second witness. (Walling, et.al,2019). An advanced directive does not require a physician or NP's signature, however a POLST does require a Physician, Nurse practitioners or a Physician Assistant signature along with the patient's signature. A PA must have an MD cosign the order. However, in California as of January 1st, 2016, a Nurse Practitioner can independently sign a POLST which contains patient's wishes for life sustaining care. Section 480 contained within Legislation bill AB 637. Though these are the guidelines in California you must be aware that the requirements may vary in a different state and are just not automatically part of the NP's scope of practice.

Consider clients you've encountered in practicum (or in your practice as a registered nurse). Identify at least ONE client who may have benefited from a referral to hospice or palliative care. Indicate why this client would have benefited from these services. Describe how as an NP you might approach the conversation with the client.

In practicum last week one of the patients was a 91 yr. old female with end stage heart failure. In addition to heart failure, she has complex comorbidities. She is very aware of her health care status and has expressed frustration in continuing aggressive care. Her daughter, however, wants the patient to continue to do everything possible to prolong her life. This day in clinic we were discussing lab results and discussed with her that her declining kidney function had now reached the stage to begin to need dialysis. The patient stated she was tired of frequent hospitalizations and being "poked and prodded". This patient could benefit from hospice care as she expresses being tired and to old to keep going back and forth in hospital. She has the mental ability to make that decision. If this patient or family member is not quite ready to agree to hospice palliative care can be the step needed to help this patient. As these conversations may be hard to have with patients, they should be based on the patients needs as the center of focus. Some areas to explore re is their understanding of their diagnosis, prognosis, and disease process. Assess their perception of hospice and palliative care remembering to include cultural considerations. Once these areas have be assessed present the benefits of hospice or palliative care and how these