	Procedure Number: PR008-439
	Effective Date: 10/4/2012
	Title: Advance Directives

<p>SCOPE (choose from: District wide, Ambulance, Family Practice Clinic, Golden View Terrace, Home Health Hospice, Hospital): Hospital</p>
<p>LEVEL (any departments within service areas that the procedure applies to): Acute Care Emergency Department</p>
<p>POSITION(S) RESPONSIBLE: Providers Registered Nurses Licensed Practical Nurses Social Workers</p>
<p>PURPOSE: To identify whether or not patients have executed an Advance Directive to guide care.</p>

PROCEDURE:

Definition:


An Advance Directive is a document of written instructions, such as a living will or durable power of attorney for health care recognized under State law relating to the provision of health care when the individual is incapacitated.

Procedures:

All patients admitted to an in-patient will have the Advance Directive Acknowledgment form signed.

Assessment Criteria

- Determine the patient's age
- Identify the patient's primary language and any communication barriers.
- Assess the patient's cognitive level and ability to make decisions regarding treatment.
- Find out if the patient already has an advanced directive
- If yes, scan to patient chart.
- If no, provide the patient education about advanced directives and then ask the patient if he/she wishes to complete one. If the patient decides they would like to complete an advanced directive, refer the patient to the appropriate resources. If not, document the patient preference of the advance directive assessment in the health care record.

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Description of the Practice


If a living will has been signed or a health care proxy has been designated, do the following:

- Make sure that the documents can be easily found and accessed in the patient's chart.
- Communicate the document's existence to the practitioner.
- Determine if the designated health care proxy has a copy of the document.
- Review and clarify the document with the practitioner, patient, or proxy so that everyone is clear about the patient's wishes.

If the patient hasn't signed a living will or if a durable Power of Attorney hasn't been executed, do the following:

- Provide the patient (and, if appropriate, the patient's family or significant others) with information about advance directives.
- Ask the patient if he would like to involve family members in discussions about advance directives; be sure to be sensitive to how the patient's beliefs and values may affect the discussion regarding advance directives.
- Be sensitive to the patient's and their family's fears about death in discussions about advance directives.
- Respect the patient's right not to complete advance directives.
- Reassure the patient that by signing an advance directive doesn't mean they'll receive substandard care.
- Help a patient execute an advance directive, and make suggestions as to whom to give advance directives and where to keep them.
- Scan signed advance directive into patient's electronic chart, and communicate to the staff the patient's wishes.

Forms to Follow

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ADVANCE DIRECTIVE ACKNOWLEDGEMENT

PLEASE READ THE FOLLOWING FOUR STATEMENTS:

Place your initials after each statement.

1. I have been given written materials about my right to accept or refuse medical treatments. _____ (initialed)

2. I have been informed of my rights to formulate an Advance Directive. _____ (initialed)

3. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. _____ (initialed)

4. I understand that the terms of any Advance Directive that I have executed will be followed by the health care facility and by my caregivers to the extent permitted by law. _____ (initialed)

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

- I HAVE** executed an Advance Directive
- I HAVE NOT** executed an Advance Directive

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Patient Sticker