

Hosparus Inc.
Making Choices for End-of-Life Care
in Kentucky

Whether you are a Hosparus patient, considering hospice care, or completely healthy right now, it is never too soon to think about and plan for the kind of care you would like to receive if you can no longer make decisions. Advances in medical science and technology have given us complex choices for end of life care. Conversations about dying are difficult, but it is important that you talk with your loved ones about your choices before a crisis occurs. In order to execute any of the documents mentioned in this information, an individual must be an adult, at least eighteen years old and have decision-making capacity.

This information is provided to help you understand your choices, make decisions and plan for care that honors your wishes. Although an attorney is not required for many of your decisions, you may want to talk with one before you sign these documents. Laws are complex and an attorney can guide you and answer your questions about your legal choices.

ADVANCE DIRECTIVES

Advance directive is the term that refers to your spoken and written instructions about your future medical care and treatment. A Living Will is a written document that puts into words your wishes in the event that you become terminally ill and unable to make and communicate your wishes. Your advance directives may specify your wishes and may also include the name of a person of your choice to make health care choices for you when you cannot make the choices for yourself. Having advance directives does not take away your right to decide your current health care. As long as you are able to decide and express your decisions, your advance directives will not be used. Your advance directives also will not be implemented if you are pregnant.

You may appoint a health care surrogate to make medical decisions on your behalf. If you choose to designate a surrogate, make sure that you discuss your wishes with that person and that they are someone you trust to carry out your wishes. Your designated surrogate must follow any directions and limitations you specify in your Living Will and only in the absence of directions will decide what life-prolonging treatments are to be withheld or withdrawn, taking into account what decision would be in your best interest. It is recommended that you also appoint an alternate health care surrogate in case your first choice is not available when decisions must be made.

Based on your advance directives, your Living Will document may include your decision about:

- The withholding or withdrawal of life-prolonging treatment
- The withholding or withdrawal of artificially provided nutrition or hydration
- The designation of a health care surrogate
- The donation of all or any part of your body

If you wish to make a Living Will you may do so by filling out an appropriate form and signing it in front of two witnesses or in front of a notary public. Your witnesses cannot be blood relatives or anyone who would inherit your assets, your physician, an employee of a health care facility in which you are a patient, any person financially responsible for your health care, or anyone precluded from being a surrogate. These same people cannot serve as notary public except for an employee of a health care facility in which you may be a patient. Hosparus staff/volunteers may not serve as witnesses. Select Hosparus staff may serve as notary public.

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Once you have signed a Living Will, make sure that your loved ones, your health care surrogate, physician, attorney and any other health care providers know that you have an advance directive. Be sure to tell them where it is located. Ask your physician and other health care providers to make your advance directives part of your permanent medical record.

DO NOT RESUSCITATE (DNR)

Hosparus patients are asked to consider their wishes regarding a Do Not Resuscitate status, which means that no cardiopulmonary resuscitation (CPR) is to be initiated at the time of death. We hope that the following information, which has been gathered from current research, will help you with this.

- CPR is sometimes helpful when the heart and lungs stop suddenly due to a problem that can be fixed, such as an abnormal heart rhythm during a heart attack.
- CPR involves pressing on the chest and giving electrical shocks to the chest. Medications may be given and a tube may be placed in the throat to help breathing.
- CPR can cause injuries such as broken ribs or a collapsed lung.
- When CPR is started within 5 minutes of the heart stopping in patients who do not have severe chronic diseases, it may be successful in prolonging life.
- For patients dying of cancer or other severe chronic illnesses, CPR will not prevent death.

While you are in an acute care hospital or in a nursing facility the doctor will write an order for your wishes to be honored. If you are home when an emergency occurs, there is no medical chart or physician's order. Therefore for situations outside of the hospital or health facility, you may execute an Emergency Medical Services (EMS) DNR. You must provide a copy of the DNR form to emergency personnel in order for your wishes to be followed. Your EMS DNR may be canceled by you at any time. Having a DNR is not required for participation in a hospice program. Patients/families **not** wishing DNR status may secure emergency assistance by calling 911. EMS personnel will attempt to resuscitate patients who do not have a DNR Order form or bracelet to present to them. However, EMS is **not** a covered hospice service.

AUTHORIZATION TO MAKE HEALTHCARE DECISIONS

If you have not executed a Living Will and have not designated a healthcare surrogate and you are no longer able to make your own decisions, Kentucky has defined the people who can make decisions in your behalf.

1. The judicially appointed guardian of the patient, if the guardian has been appointed and if medical decisions are within the scope of the guardianship
2. The attorney-in-fact named in a durable power of attorney (DPOA), if the DPOA includes authority for health care decisions
3. The spouse of the patient
4. An adult child of the patient, or if the patient has more than one (1) child, the majority of the adult children who are reasonably available for consultation
5. The parents of the patient
6. The nearest living relative of the patient, or if more than one (1) relative of the same relation is reasonably available for consultation, a majority of the nearest living relatives.

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ORGAN AND TISSUE DONATION

Authorization to give all or any of your body upon death can be indicated in your Living Will. Generally, hospice patients are not eligible to donate organs due to the disease process and its effect on the body. Hospice patients may be eligible to donate eyes, corneas, bone or tissues (such as skin, heart valves, veins, tendons, etc.) for research purposes and, in some rare circumstances, for transplantation. If you are considering such a donation, you or a family member should call the Kentucky Organ Donation Affiliates at 1-800-525-3456.

POWER OF ATTORNEY (POA) AND DURABLE POWER OF ATTORNEY (DPOA)

A power of attorney is used to grant another person authority to assist you or make decisions in your behalf. A power of attorney may cover financial matters, give health care authority, or both. Your power of attorney does not have to be an attorney; it can be an adult that you trust. A durable power of attorney has authority to make decisions in your behalf when you are no longer able to do so. Because a person named as your power of attorney is not required to accept the responsibility, it is important that you talk with that person to ensure that he or she is willing to serve.

Because the amount of authority granted with a power of attorney varies depending on the type of document you execute, it is important for you to carefully consider your wishes. Sample documents are provided for your convenience. It may be important for you to consult with an attorney for an explanation about the powers that are associated with executing this type of document. You should also consult your bank about any special requirements they may have.

NOW WHAT?

1. Your advance directives are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed originals to your healthcare surrogate and durable power of attorney, doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records there.
3. Be sure to talk to your healthcare surrogate and durable power of attorney, doctor(s), clergy, family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.
5. Remember, you can always revoke your documents.
6. Be aware that your documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given an EMS DNR.

Living Will Directive

My wishes regarding life prolonging treatment and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious, have been indicated by checking and initialing the appropriate lines below. Specifically,

_____ I designate _____ as my health care surrogate(s) to make health care decisions for me in accordance with this directive when I no longer have decisional capacity.

If _____ refuses or is not able to act for me, I designate _____ as my health care surrogate(s). Any prior designation is revoked.

If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below.

_____ I direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

_____ **I DO NOT** authorize that life-prolonging treatment be withheld or withdrawn.

_____ I direct the withholding or withdrawal of artificially provided nutrition and hydration.

_____ **I DO NOT** direct the withholding or withdrawal of artificially provided nutrition and hydration.

_____ I authorize my surrogate(s), designated above, to withhold or withdraw artificially provided nutrition and hydration, or other treatment, if the surrogate determines that withholding or withdrawing is in my best interest, but I do not mandate that withholding or withdrawing.

_____ I authorize the giving of all or any part of my body upon death.

_____ **I DO NOT** authorize the giving of all or any part of my body upon death.

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated in accordance with this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

If I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this directive shall have no force or effect during the course of my pregnancy.

(over)

I understand the full importance of this directive, and I am emotionally and mentally competent to make this directive.

Signed this _____ day of _____ (month), _____ (year).

Signature of Grantor

Address of Grantor

In our joint presence, the Grantor, who is of sound mind and eighteen (18) years of age or older, voluntarily dated and signed this instrument or directed it to be dated and signed for the Grantor.

Signature of Witness

Signature of Witness

Address of Witness

Address of Witness

OR

Commonwealth of Kentucky)
) SS
County of _____)

Before me, the undersigned authority, came _____, the Grantor, who is of sound mind and eighteen (18) years of age or older, executed the foregoing Living Will and acknowledged that he/she voluntarily dated and signed this instrument or directed it to be signed and dated for the Grantor.

Done _____ day of _____ (month), _____ (year).

Notary Public, State-at-Large

Date my commission expires

Execution of this document restricts withholding and withdrawing of some medical procedures. Consult Kentucky Revised Statutes or your attorney.

**THIS IS A FORM OF LEGAL DOCUMENT.
LEGAL OR OTHER PROFESSIONAL COUNSEL
SHOULD BE CONSULTED BEFORE SIGNING.**

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT, that I, _____,
Social Security Number _____, of _____ County, Kentucky,
revoke all previous powers of attorney made by me, and hereby constitute and
appoint _____, my true and lawful attorney-in-fact and agent, with full power and
authority to do in my name and on my behalf any and all acts which I might do if personally present and
acting on my own behalf including, but without limiting the generality of forgoing the powers hereinafter set
forth. If _____ shall die or resign as my attorney-in-fact,
I hereby appoint _____, as my attorney-in-fact, with all the rights
and powers of my original attorney-in-fact, including the following powers:

1. To demand, receive and receipt for all monies and property, tangible or intangible, of whatever kind, to which I may be or may hereafter become entitled, the receipt of said attorney-in-fact being binding upon me to the same extent as if made by me personally;
2. To purchase, lease, sub-lease, mortgage, pledge, sell, or otherwise deal with, any property, real or personal, tangible or intangible, or mixed, which I may now own or hereafter acquire or in which I may have or acquire any right title or interest of any kind;
3. To borrow or lend monies, and to give or receive security therefore;
4. To enter into contracts of any kind or description whatsoever, and to exercise any right, option or election which I may have or acquire under any contract;
5. To compromise, settle or renew any claim of or against me, or any right which I may be entitled to assert and which may be asserted against me;
6. To assert by litigation or otherwise any claim of mine, and to defend any claim that may be asserted against me, with full right to employ counsel and agents which, in the discretion of said attorney-in-fact, may be necessary in connection therewith;
7. To prepare and file tax returns of all kinds, including, but without limitation, Federal and State income taxes, ad valorem taxes, license taxes and special assessments, and to pay such taxes or to negotiate or agree with relation to postponements or deficiencies therein, or waivers of any statute of limitation, including the right to protest or pay under protest any tax or assessment, and to employ counsel or accountants for any matter in which the same may, in the discretion of my said attorney-in-fact be helpful;
8. To cancel, surrender, borrow upon or change the beneficiary upon any policy of insurance, owned by me or in which I may have an interest, and to exercise any further right in relation thereto which I might exercise personally;
9. To sign checks upon, and withdraw funds from, any bank account/accounts which I may have or may hereafter establish and to negotiate notes in my name and to endorse any check, note or other negotiable instrument whatever payable to me;
10. To execute instruments to affect the transfer of title to any motor vehicle owned by me;

11. To sell, purchase, dispose of, assign and pledge any U.S. savings bonds and U.S. Treasury securities in which I may have an interest;
12. Third parties to whom this Power of Attorney is presented may rely upon photocopies of the original document. Further, they may rely upon a written statement or affidavit of Attorney-in-Fact as to the then current effectiveness of this document;
13. To enter any safe deposit box held in the name of the undersigned, and to place items therein, or remove items therefrom;
14. My attorney-in-fact is specifically authorized to sell, purchase, assign or transfer any stock or other securities held by me and to receive the proceeds therefrom and to deposit such proceeds to my account or other accounts or dispose of same in such manner as my said attorney-in-fact may determine; and
15. To make all decisions related to my personal health care, including but not limited to:
 - a. The power to retain or discharge employees, companions, nurses or doctors for me;
 - b. The power to admit or release me from any hospital or health care facility;
 - c. The power to make any medical decisions concerning me or consent on my behalf to any treatment, physical or psychiatric, or surgical procedure for any injury or disease from which I may be suffering;
 - d. The power to have access to any medical records concerning my condition;
 - e. The power to make anatomical gifts on my behalf;
 - f. The power to demand on my behalf that medical therapy be discontinued or not be instituted, including but not limited to cardiopulmonary resuscitation, the implantation of a cardiac pacemaker, renal dialysis, parenteral feeding, the use of respirators or ventilators, blood transfusion, nasogastric tube use, intravenous feedings, endotracheal tube use, antibiotics and organ transplants. My attorney-in-fact shall try to discuss this decision with me; however, if I am unable to communicate, my attorney-in-fact shall make the decision guided by my previously expressed preferences and secondarily by the physician's diagnosis;
 - g. The power to sign or otherwise use any medical insurance in my name for my benefit;

_____ This Durable Power of Attorney shall be effective as of its date of execution and shall remain in effect until revoked in writing and shall not be affected by subsequent disability or incapacity of the principal, or lapse of time;

OR

_____ This Durable Power of Attorney shall become effective upon the disability or incapacity of the principal.

No person acting in reliance upon this power shall be charged with notice of any revocation hereof in the absence of actual knowledge of such revocation.

It is my intention to grant to my attorney-in-fact full and complete authority to act for me and in my stead in all matters. In no event shall persons relying on this Power of Attorney be required to ascertain the authority of my attorney-in-fact to act hereunder, and all persons dealing with said attorney-in-fact shall be entitled, in the absence of actual knowledge of revocation, to rely upon the authority of such person, and the acts of such person shall bind me and acquit persons dealing with my said attorney-in-fact to the same extent as if I had been acting in my own behalf.



Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order



Person's Full Legal Name _____

Surrogate's Full Legal Name (if applicable) _____

I, the undersigned person or surrogate who has been designated to make health care decisions in accordance with Kentucky Revised Statutes, hereby direct that in the event of my cardiac or respiratory arrest that this **DO NOT RESUSCITATE (DNR) ORDER** be honored. I understand that DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart function, more specifically the insertion of a tube into the lungs, or electrical shocking of the heart or cardiopulmonary resuscitation (CPR) will be started by emergency medical services (EMS) personnel.

I understand this decision will *not* prevent emergency medical services personnel from providing other medical care.

I understand that I may revoke this DNR order at any time by destroying this form, removing the DNR bracelet, or by telling the EMS personnel that I want to be resuscitated. Any attempt to alter or change the content, names, or signatures on the EMS DNR form shall make the DNR form invalid.

I understand that this form, or a standard EMS DNR bracelet must be available and must be shown to EMS personnel as soon as they arrive. If the form or bracelet is not provided, the EMS personnel will follow their normal protocols which could include cardiopulmonary resuscitation (CPR) or other resuscitation procedures. I understand that should I die, EMS personnel will require this form and/or bracelet for their records.

I give permission for information about this EMS DNR Order to be given to the prehospital emergency medical care personnel, physicians, nurses, or other health care personnel as necessary to implement this directive.

I hereby state that this **'Do Not Resuscitate (DNR) Order'** is my authentic wish not be resuscitated.

Person/Legal Surrogate Signature _____
Date

Commonwealth of Kentucky County of _____

Subscribed and sworn to before me by _____ to be his/her own free act and deed, this _____ day of _____, 19_____.

_____, Notary Public
My commission expires: _____

In lieu of having this Form notarized, it may be witnessed by two persons not related to the individual noted above.

WITNESSED BY:

1. _____

2. _____

This EMS Do Not Resuscitate Form was approved by the Kentucky Board of Medical Licensure at their March 1995 meeting.

Complete the portion below, cut out, fold, and insert in DNR bracelet



I certify that an EMS Do Not Resuscitate (DNR) form has been executed.

Person's Name (print or type) _____

Person's or Legal Surrogate's Signature _____

**KENTUCKY EMERGENCY MEDICAL SERVICES
DO NOT RESUSCITATE (DNR) ORDER**

INSTRUCTIONS

PURPOSE

This standardized EMS DNR Order has been developed and approved by the Kentucky Board of Medical Licensure, in consultation with the Cabinet for Human Resources. It is in compliance with KRS Chapter 311 as amended by Senate Bill 311 passed by the 1994 General Assembly, which directs the Kentucky Board of Medical Licensure to develop a standard form to authorize EMS providers to honor advance directives to withhold or terminate care.

For covered persons in cardiac or respiratory arrest, resuscitative measures to be withheld include external chest compressions, intubation, defibrillation, administration of cardiac medications and artificial respiration. The EMS DNR Order does **not** affect the provision of other emergency medical care, including oxygen administration, suctioning, control of bleeding, administration of analgesics and comfort care.

APPLICABILITY

This **EMS DNR Order** applies only to resuscitation attempts by health care providers in the **prehospital** setting (i.e., certified EMT-First Responders, Emergency Medical Technicians, and Paramedics) — in patients' homes, in a long-term care facility, during transport to or from a health care facility, or in other locations outside acute care hospitals.

INSTRUCTIONS

Any adult person may execute an EMS DNR Order. The person for whom the Order is executed shall sign and date the Order and may either have the Order notarized by a Kentucky Notary Public or have their signature witnessed by two persons not related to them. The executor of the Order must also place their printed or typed name in the designated area and their signature on the EMS DNR Order bracelet insert found at the bottom of the EMS DNR Order form. The bracelet insert shall be detached and placed in a hospital type bracelet and placed on the wrist or ankle of the executor of the Order.

If the person for whom the EMS DNR Order is contemplated is unable to give informed consent, or is a minor, the person's legal surrogate shall sign and date the Order and may either have the form notarized by a Kentucky Notary Public or have their signature witnessed by two persons not related to the person for which the form is being executed or related to the legal health care surrogate. The legal health care surrogate shall also complete the required information on the EMS DNR bracelet insert found at the bottom of the EMS DNR Order form. The bracelet shall be detached and placed in a hospital type bracelet and placed on the wrist or ankle of the person for which this Order was executed.

The original, completed EMS DNR Order or the EMS DNR Bracelet must be readily available to EMS personnel in order for the EMS DNR Order to be honored. Resuscitation attempts may be initiated until the form or bracelet is presented and the identity of the patient is confirmed by the EMS personnel. **It is recommended that the EMS DNR Order be displayed in a prominent place close to the patient and/or the bracelet be on the patient's wrist or ankle.**

REVOCATION

An EMS DNR Order may be revoked at any time orally or by performing an act such as burning, tearing, canceling, obliterating or by destroying the order by the person on whose behalf it was executed or by the person's legal health care surrogate.

IT SHOULD BE UNDERSTOOD BY THE PERSON EXECUTING THIS EMS DNR ORDER OR THEIR LEGAL HEALTH CARE SURROGATE, THAT SHOULD THE PERSON LISTED ON THE EMS DNR ORDER DIE WHILE EMS PREHOSPITAL PERSONNEL ARE IN ATTENDANCE, THE EMS DNR ORDER OR EMS DNR BRACELET MUST BE GIVEN TO THE EMS PREHOSPITAL PERSONNEL FOR THEIR RECORDS.



Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order



Person's Full Legal Name _____

Surrogate's Full Legal Name (if applicable) _____

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I understand this decision will *not* prevent emergency medical services personnel from providing other medical care.

I understand that I may revoke this DNR order at any time by destroying this form, removing the DNR bracelet, or by telling the EMS personnel that I want to be resuscitated. Any attempt to alter or change the content, names, or signatures on the EMS DNR form shall make the DNR form invalid.

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I give permission for information about this EMS DNR Order to be given to the prehospital emergency medical care personnel, physicians, nurses, or other health care personnel as necessary to implement this directive.

I hereby state that this **'Do Not Resuscitate (DNR) Order'** is my authentic wish not be resuscitated.

Person/Legal Surrogate Signature **Date**

Commonwealth of Kentucky County of _____

Subscribed and sworn to before me by _____ to be his/her own free act and deed, this _____ day of _____, 19_____.

_____, Notary Public
My commission expires: _____

In lieu of having this Form notarized, it may be witnessed by two persons not related to the individual noted above.

WITNESSED BY:

1. _____

2. _____

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I certify that an EMS Do Not Resuscitate (DNR) form has been executed.

Person's Name (print or type) _____

Person's or Legal Surrogate's Signature _____

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If the person for whom the EMS DNR Order is contemplated is unable to give informed consent, or is a minor, the person's legal surrogate shall sign and date the Order and may either have the form notarized by a Kentucky Notary Public or have their signature witnessed by two persons not related to the person for which the form is being executed or related to the legal health care surrogate. The legal health care surrogate shall also complete the required information on the EMS DNR bracelet insert found at the bottom of the EMS DNR Order form. The bracelet shall be detached and placed in a hospital type bracelet and placed on the wrist or ankle of the person for which this Order was executed.

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REVOCATION

An EMS DNR Order may be revoked at any time orally or by performing an act such as burning, tearing, canceling, obliterating or by destroying the order by the person on whose behalf it was executed or by the person's legal health care surrogate.

IT SHOULD BE UNDERSTOOD BY THE PERSON EXECUTING THIS EMS DNR ORDER OR THEIR LEGAL HEALTH CARE SURROGATE, THAT SHOULD THE PERSON LISTED ON THE EMS DNR ORDER DIE WHILE EMS PREHOSPITAL PERSONNEL ARE IN ATTENDANCE, THE EMS DNR ORDER OR EMS DNR BRACELET MUST BE GIVEN TO THE EMS PREHOSPITAL PERSONNEL FOR THEIR RECORDS.

HOSPARUS INC. Policies and Procedures	
Advance Directives	
Regulatory: 42 CFR 489.102; 42 CFR 418.52 (a) (2)	Section: Patient Care
Joint Commission: RI.01.05.01	Attachments: A, B, C, D, F, G, H, I, J, K, L, M
NHPCO: EBR 1.3; EBR 1.4; EBR 1.5	Effective: 9/95
Main Groups Affected: Admissions, Physicians, Social Workers, Nurses	Reviewed/Revised: 12/07; 5/08; 7/10

Policy Statement: Hosparus complies with all State and Federal laws regarding advance directives and informs and distributes written information to the patient on his or her right to formulate advance directives. The provision of hospice care is not conditioned upon whether or not the individual has executed an advance directive.

Definitions:

Power of Attorney (POA) – A document that authorizes someone to act in another’s behalf, only as long as the grantor still has capacity to make decisions for him/herself if necessary. The powers may not continue once the person becomes incapacitated or disabled. The document must specify particular powers granted, and/or any limits to such powers, particularly personal, healthcare and/or financial decision making.

Durable Power of Attorney (DPOA) – Power of Attorney that continues to be effective after a person becomes disabled or incapacitated. It should also specify the particular powers granted, and/or any limits to such power, especially powers pertaining to personal, healthcare and/or financial decision-making.

Full code by default – Patient is undecided or has not made a decision regarding resuscitation. When a patient is in an inpatient setting and stops breathing, if he/she or the family has not requested DNR status, he/she will be assumed to be full code. If the Call Center receives a call from a patient’s home that the patient has stopped breathing, staff will offer to make a visit or advise the individual present to call 911. If a staff member who is not CPR certified is present in the home and the patient stops breathing staff should call 911. CPR certified staff members should start CPR and have caregiver call 911. When a patient who resides in a nursing facility stops breathing, the facility will follow their protocol for responding to a person as “full code by default”.

Procedures:

Admissions

1. During the admission interview, and prior to receiving care, the admissions staff or social worker provides written information and instruction on advance directives to the patient. If the patient is unable to understand this information it is given to the patient’s legal health

care representative or proxy. The written information given to the patient and or legal representative includes:

- a. Hosparus's policies on the implementation of the patient's advance directives including any limitations;
- b. A description of the patient's rights under State law, including the patient's right to formulate an advance directive and the right to accept or refuse medical or surgical treatment, including Do Not Resuscitate (DNR) orders.
- c. Documentation provided:
 - i. The Kentucky Advance Directives Packet (Attachment A) includes:
 1. Making Choices for End of Life Care in Kentucky
 2. Kentucky Living Will Directive (Attachment C)
 3. Durable Power of Attorney in Kentucky (Attachment F)
 4. Kentucky EMS Do Not Resuscitate Order and Instructions (Attachment I).
 - ii. The Indiana Advance Directives packet (Attachment B) includes:
 1. Making Choices for End of Life Care in Indiana
 2. Indiana Living Will Declaration (Attachment D)
 3. State of Indiana Life Prolonging Procedures Declaration (Attachment M)
 4. Indiana Durable Unlimited Power of Attorney (Attachment G)
 5. Indiana Appointment of a Health Care Representative or Surrogate form (Attachment H)
 6. Indiana Out of Hospital Do Not Resuscitate Declaration form (Attachment J)

The admitting staff (or other staff as circumstances necessitate) obtains current information about the patient's advance directives and enters specific information about advance directives or end of life wishes on the Advance Directives Form in the Electronic Documentation System (EDS), including an indication of whether or not the information was based on observing the actual documents or verbal wishes made known at the time. This is replicated immediately and available to the team for further follow-up, as needed.

2. Hosparus staff informs each patient, or his/her legal representative, of the right to:
 - withhold or withdraw life-prolonging treatment
 - withhold or withdraw artificially provided nutrition and hydration
 - accept or refuse cardiopulmonary resuscitation
 - donate organs or tissue
 - appoint a health care surrogate and/or durable power of attorney to make health care decisions when he/she is no longer able to make decisions.
3. If the opportunity to formulate an advance directive is declined at the time of admission, the patient may execute one at a later date by notifying a staff member who then notifies the

Social Worker. The Social Worker provides the patient with appropriate forms and ensures that they are properly completed.

4. If copies of a patient's advance directives forms are available, staff will document that on the Continuity of Care form and submit the forms to Medical Records to be scanned into the EDS, to be available for viewing in Suncoast Productions within 7 days, unless otherwise requested.
5. Family members or guardians are provided with information regarding advance directives when the patient is comatose or incapacitated and unable to receive the information. If an adult patient whose physician has determined that he or she does not have decisional capacity has not executed an advance directive, or the advance directive does not address a decision that must be made, the responsibilities are assumed by the party designated by law. (KRS 311.631 or Indiana Code 16-36-4-13, Attachment L) The party designated by law may not complete a Living Will Document or a Durable Power of Attorney document on behalf of an incapacitated person, but may complete an EMS or Out-of-Hospital DNR. If the patient regains capacity, the information is provided directly to the patient.
6. If a patient is capable of understanding and communicating verbally his/her advance directives but is unable to sign his/her name, he/she can direct another adult person to do so in front of two adult witnesses or a notary public.

Social Worker Responsibilities/Expectations

7. The Social Worker is the primary team member responsible for ensuring that advance directive information and assistance are provided as requested by patients and families. The Social Worker reviews existing advance directives with the patient and family to assure the patient's wishes are current and known. If the patient / family has declined the Social Worker, the nurse case manager assumes responsibility for ensuring that advance directive and assistance are provided. The team social worker provides consult to the nurse as needed.
8. If the patient has not completed advance directives, the Social Worker reviews the Hosparus Advance Directives packet, answers questions, and provides counseling as needed.
9. The Social Worker assists in completing any advance directives, as needed. The Social Worker reviews with the patient/family the importance of informing family members and other medical care providers of their wishes. Hosparus staff and volunteers do not serve as witnesses in the formulation of advance directives, but may serve as notaries.
10. The Social Worker will offer to contact the designated Health Care Surrogate and DPOA (if not present during the visit) to verify contact information and assure they are aware of the designation.

11. The Social Worker documents detailed information regarding the patients advance directives on the Advance Directives form in the EDS at the time of the Initial Psychosocial Assessment, or whenever such directives are completed. The Social Worker assures that Advance Directives information is consistent with the Family and Friends form (roles) in EDS. The Plan of Care will reflect any issue related to unresolved advance directives.

All Staff/Caregivers

12. Decisions will be reviewed when there is a change in the caregiver and/or there is a change in the expected course of the illness.
13. Registered nurses, licensed practical nurses and medical doctors employed by Hosparus Inc. and having patient contact are required to maintain current certification in Cardiopulmonary Resuscitation (CPR). If cardiac or respiratory arrest occurs in a patient with a full code status when any certified CPR employee is present, he/she will initiate CPR.
14. Staff for whom CPR certification is not required who witness a cardiac or respiratory arrest in a patient with a full code status contact 911 without initiating CPR.
15. Efforts are made to clarify resuscitation status prior to transfer to the Hosparus Inpatient Care Center (HICC). Patients admitted to the HICC with a full code status have a magnetic red heart placed on the doorframe of their room to aide in immediate recognition of this status. Patients and families are notified prior to admission to the HICC that immediate access to full resuscitative measures is not available at the HICC and transfer to an acute care facility could occur should the patient's condition decline. Requests for HICC admission for patients with a full code status are reviewed by the HICC Medical Director or acting Medical Director prior to placing the patient on the HICC waiting list if there is a significant risk of death within 48 hours of admission.
16. Persons under eighteen years of age do not have the legal authority to complete advance directives. Treatment decisions are the responsibility of the parents/legal guardians. Hosparus staff encourages families to involve children in decisions regarding their care to the extent feasible, given the child's developmental level, emotional and physical status, and desire to participate in discussions or decisions.
17. The Advance Directive for Mental Health Treatment form is available at Attachment K.

Staff Communication Expectations

18. IDT documents Advance Directive updates in EDS as it becomes available and communicates to IDT. Urgent updates must be communicated through voicemail and documented in EDS.

19. DNR orders are signed by the patient's physician with a copy placed in the patient's clinical record, documented in the EDS, and the original retained by the patient and in his or her possession at all times.

Education

20. Education is provided to hospice staff and the community regarding advance directives, advance care planning and patient rights regarding advance directives.

Policy Attachments:

Attachment A Kentucky Advance Directives Packet
Attachment B Indiana Advance Directives Packet
Attachment C Kentucky Living Will Directive
Attachment D Indiana Living Will Declaration
[Attachment E None at this time; was deleted 2008]
Attachment F Durable Power of Attorney Form
Attachment G Durable Unlimited Power of Attorney
Attachment H Indiana Appointment of a HealthCare Representative
Attachment I Kentucky DNR Order and Instructions
Attachment J Indiana Out of Hospital DNR
Attachment K Advance Directive for Mental Health Treatment
Attachment L Responsible Parties Authorized to Make Health Care Decisions
Attachment M State of Indiana Life Prolonging Procedures Declaration

Resources/Tools:

Bibliography: Joint Commission, CMS, Prior Hosparus Policy and Procedure and Attachments

History:

- Policy replaces 2008 Advance Directives Policy and Procedure.
- Names of Attachments of Attachment files have been renamed for consistency with titles of forms.
- The revised Attachment A KY Advance Directives compiles individual forms, saved as Attachments C, F, and I.
- The revised Attachment B IN Advance Directives compiles individual forms, saved as Attachments D, M, J, H and G.
- Attachment E was deleted in 2008. Renaming of Attachments alphabetically was not done, to ensure eliminate costs and potential inconsistencies of reprinting and distributing in Admission Packets.
- Attachments K and L are not part of the standard KY and IN Advance Directives packets, but are available as individual forms, as needed.

Approval Process	Person(s)	Date
Prepared by:	Amy Feusner	July 2, 2010
Reviewed and recommended by:	Policy & Procedure Committee	July 2, 2010
Approved by VP:	Terri Graham	August 1, 2010
Approved by AVP QualEd	Delanor Manson	August 13, 2010