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Definition: An **advance directive** is a witnessed written document in which you give instructions or express desires concerning any aspect of your future health care if you become incapacitated and cannot make decisions for yourself. Examples of advance directives include a **living will**, a **designation of health care surrogate**, a **do not resuscitate order**, and a **durable power of attorney**. A **health care surrogate** is a person you designate to make medical decisions for you when you become incapacitated.

- ◆ Are you aware that you have the right to accept or refuse medical/surgical care/treatment?  Yes  No
- ◆ Have you designated a health care surrogate or signed a durable power of attorney for health care?  Yes  No
- ◆ Have you signed a living will or another document stating your treatment preferences?  Yes  No
- ◆ Do you have any of the documents with you? Please provide copies to be placed in your medical record.  Yes  No
- ◆ I have received written information regarding advance directives during the admission process.  Yes  No
- ◆ Would you like more information regarding advance directives?  Yes  No
- ◆ Would you like to meet with Social Work to discuss preparations of advance directives?  Yes  No
- ◆ Have you left advance directives at home?  Yes  No

If available, please give the hospital a copy of your living will and/or health care surrogate form. If you have not completed a living will and/or health care surrogate form and would like to do so, one will be provided for you upon request.

**For Patient Access Office Only:** If an inpatient requests additional information regarding advance directives, please call Social Work Services at extension 3344 from 8:00 a.m. to 5:00 p.m. Please contact the social worker on duty through the operator after 5:00 p.m.

Social Worker notified (initials) \_\_\_\_\_

Operator notified (initials) \_\_\_\_\_

Patient Access Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Access Registrar Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

PROHIBITED ABBREVIATIONS - PLEASE WRITE COMPLETE WORD(S)	Abbreviations to avoid:
U - u - IU	microgram symbol µg
Q.D. - QD - q.d. - qd - Q.O.D. - QOD - q.o.d - qod	Greater than or Less than > or <
MS - MSO4 MgSO4	subcutaneous sc
5.0 mg ( trailing zero ) - .5 mg ( lack of leading zero )	

### ADVANCE DIRECTIVE QUESTIONNAIRE INPATIENT & OUTPATIENT

## ADVANCE DIRECTIVES INFORMATION

The majority of the information contained in this printout is derived from material provided by the American Health Information Management Association (AHIMA). For consumer information about medical records, visit the AHIMA web site at <http://www.ahima.org> and follow the links to the "consumer advice" section.

Over the last decade, medical technologies have advanced dramatically, improving care and giving patients new treatment options. These new technologies also mean that you as a "consumer", need to be informed about the treatment choices available and your rights.

Under constitutional and common law, you have the legal right, as a competent adult, to decide what type of treatment you may or may not want. These laws protect your right to refuse medical care, if you so elect.

Many state laws recognize patient wishes regarding the use of life sustaining technology, such as respirators and tube feedings. They allow you to make treatment decisions now regarding your care in the future - at a time when you may not be able to make such decisions for yourself or communicate your decisions to others.

**"You have the legal right to decide what type of treatment you may or may not want"**

### ADVANCE DIRECTIVES

To ensure your treatment choices are carried out, you must document them. Special forms-called advance directives - record your decisions on the type of future medical treatment you want, if you are unable to make these decisions on the type of future medical treatment you want or don't want, if you are unable to make these decisions or unable to communicate them.

No one is required to fill out these documents. However, advance directives permit you to control your medical care. They give guidance to your family or guardians about your treatment wishes. Advance directives also limit the influence of healthcare providers and the legal system regarding your medical treatment. It is important to note that states govern the terms of their residents advance directives, so be sure to know your state laws!

**"Advance directives permit you to control your medical care"**

Deciding whether to complete an advance directive is an extremely important issue. It needs to be considered carefully and usually should be discussed openly with your family, clergy, or close friends. You may ask one of these people to make decisions on your behalf, if you are unable to make your own medical decisions. You will also want to discuss your advance directives with your physician.

The Patient Self-Determination Act, which became effective in December 1991, requires healthcare providers to give you written information about your rights to make decisions concerning your medical care and your right to issue an advance directive. This information must be given to you when you are admitted to a (an):

Hospital, skilled nursing facility, home health agency, hospice program and organization that provides managed care services to Medicare beneficiaries.

### TYPES OF ADVANCE DIRECTIVES

Advance directives are exactly what their name implies: directions written in advance telling your family and your physician exactly what kind of care you want or don't want. Two types of documentation can provide advance directives:

1. Living Wills
2. Health Care Surrogate Designation

**"Living wills are written documents that indicate your wishes regarding life-prolonging medical treatment"**

#### Living Wills

Living wills are written documents that allow you, as a competent adult, to indicate your wishes regarding life-prolonging medical treatment, in the event that you become incapacitated. The living will serves as documentation of your legal right to refuse medical or surgical care and your understanding of the consequences of such refusal.

Living wills generally become effective when two doctors conclude that you have a terminal illness or you are "permanently unconscious" and that you are unable to make your own medical decisions. After signing a living will, you can reasonably expect both your family and your doctor to honor such wishes.

In a living will, you may direct that life-sustaining procedures be withheld or withdrawn and request to be allowed to die naturally. You may indicate pain medication or other comfort procedures be administered to provide relief of pain or unnecessary suffering.

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## **HEALTH CARE ADVANCE DIRECTIVES THE PATIENT'S RIGHT TO DECIDE**

All adult individuals in health care facilities such as hospitals, home health agencies, and health maintenance organizations, have certain rights under Florida law.

You have a right to fill out a Form known as an "Advance Directive". The form says in advance what kind of treatment you want or do not want under special, serious medical conditions - conditions that would stop you from telling your doctor how you want to be treated. For example, if you were taken to a health care facility in a coma, would you want the facility's staff to know your specific wishes about decisions affecting your treatment?

### **WHAT IS AN ADVANCE DIRECTIVE?**

An advance directive is a written or oral statement which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made. Two forms of advance directives are:

- A "Living Will" and
- Health Care Surrogate Designation.

An advance directive allows you to state your choices about health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. An advance directive can enable you to make decisions about your future medical treatment.

### **WHAT IS A LIVING WILL?**

A living will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a "living will" because it takes effect while you are still living. Florida law provides a suggested form for a living will. You may use this form or other living will models. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way so that your wishes will be understood.

### **WHAT IS A HEALTH CARE SURROGATE DESIGNATION?**

A "health care surrogate designation" is a signed, dated and witnessed paper naming another person such as a husband, wife, daughter, son or close friend as your agent to make medical decisions for you, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Florida law provides a suggested form for designation of a health care surrogate - you may use it or some other form. You may wish to name a second person to represent you, in case your first choice is not available.

### **WHICH IS BETTER?**

You may wish to have both a living will and a health care surrogate designation, or combine them into a single document that describes treatment choices in a variety of situations, and names someone to make decisions for you should you be unable to make decisions for yourself.

### **DO I HAVE TO WRITE AN ADVANCE DIRECTIVE UNDER FLORIDA LAW?**

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive or designated a health care surrogate, health care decisions may be made for you by your court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend in that order. This person should be called a proxy.

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## DESIGNATION OF A HEALTH CARE SURROGATE

This second type of advance directive can relate to any medical situation-not only end of life decisions.

A designation of healthcare surrogate works as follows: you, as a competent adult, name another competent adult to make medical decisions, if you become incapacitated and unable to make your own wishes known. This advance directive is also sometimes called a healthcare power of attorney. State law outlines who may serve as an agent; usually your doctor cannot be your agent. You may want to choose an alternate agent (a second choice) in case your agent (your first choice) is unwilling, unable, or ineligible to be your agent. An alternate agent has the same authority to make healthcare decisions for you.

**“A durable power of attorney for healthcare allows you to select an adult to make medical decisions for you.”**

In addition to specifying an agent, you also state your wishes concerning artificial life support or other treatments you do not want. The directive may outline treatments that you will accept such as surgery or artificial nutrition and hydration.

Remember, designation of a healthcare surrogate can relate to any medical situation; a living will only becomes effective when you are terminally ill.

## COMPLETING ADVANCE DIRECTIVES.

Each state recognizes different types of advance directives, and some state laws limit the situations in which your advance directives are effective. Therefore, it's important to know your state laws. To obtain information about specific state laws, consult with a lawyer who regularly prepares living wills and healthcare surrogate documents for residents of Florida. They will provide copies of state-specific forms and answer questions about advance directives. Advance directives should be considered carefully. You will want to talk over options with: the person you select as your healthcare agent, your family, clergy, close friends, physician, and perhaps, an attorney.

Talk to your healthcare agent (surrogate). Your agent should know how you feel about quality-of- life issues and medical treatments and conditions. This is important because your agent will need to make difficult medical decisions for you, if you can no longer make your own decisions known. Make certain, also, that the person you have chosen is willing to act as your agent.

**“Each state recognizes different types of advance directives so know your state laws.”**

Talk to your family. It is important for your family to understand your decision. Openly discuss with them the types of treatments you are willing to receive and those you do not want. Let your family know why you feel the way you do, and who have you named to make decisions on your behalf.

Talk to your physician. In order to understand the types of technologies in use today, schedule time to talk to your physician. Bring a list of questions so you don't forget anything.

You may also wish to talk with a clergy member or close friends. You do not need to see an attorney to complete advance directives. However, attorneys can provide insight into your particular state laws and answer specific questions.

After you have completed and signed your advance directives, make copies. Keep one for yourself in a safe and accessible place and send additional copies to: The healthcare surrogate designated to make your medical decisions, your family, clergy, close friends, physician and your attorney.

If you are being treated in a hospital or other healthcare facility, be sure to provide a copy of your advance directives to them.

Make a list of all who receive copies of your advance directives. If you make changes, send the current version to everyone on your list. As a competent adult, you can always make changes to your directives.

A periodic review of your advance directive will ensure it reflects your current treatment choices.

**“Understanding your options will help you make informed decisions about the care you wish to receive or refuse.”**

Understanding your options will help you make informed decisions about the care you wish to receive or refuse. Use advance directives to express your choices now!

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## **CAN I CHANGE MY MIND AFTER I WRITE A LIVING WILL OR DESIGNATE A HEALTH CARE SURROGATE?**

Yes, you may change or cancel these documents at any time. Any changes should be written, signed and dated. You can also change an advance directive by oral statement.

## **WHAT IF I HAVE FILLED OUT AN ADVANCE DIRECTIVE IN ANOTHER STATE AND NEED TREATMENT IN A HEALTH CARE FACILITY IN FLORIDA?**

An advance directive completed in another state, in compliance with the other state's law, can be honored in Florida.

## **WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE IF I CHOOSE TO HAVE ONE?**

Make sure that someone such as your doctor, lawyer or family member know that you have an advance directive and where it is located. Consider the following:

- If you have designated a health care surrogate, give a copy of the written designation form or the original to the person.
- Give a copy of your advance directive to your doctor for your medical file.
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your purse or wallet which states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your doctor, lawyer and/or family member has the latest copy.

For further information regarding advance directives, please ask to speak with a Nicklaus Children's Hospital Social Worker.

Reference: Florida Statutes Chapter 765

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