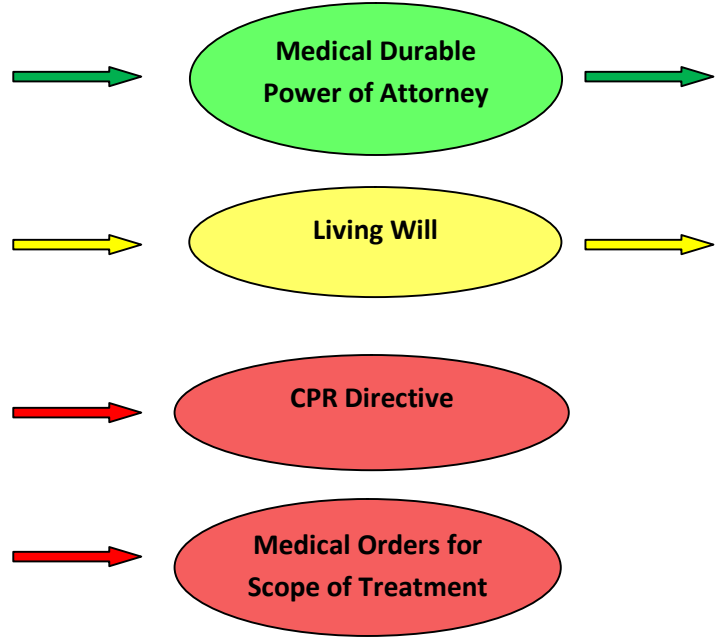


Legend: ● = Strongly recommended Use this form or process now ● = Optional/at patient's or agent's discretion ● = Not appropriate at this time/for this pt

Advance Care Planning Algorithm

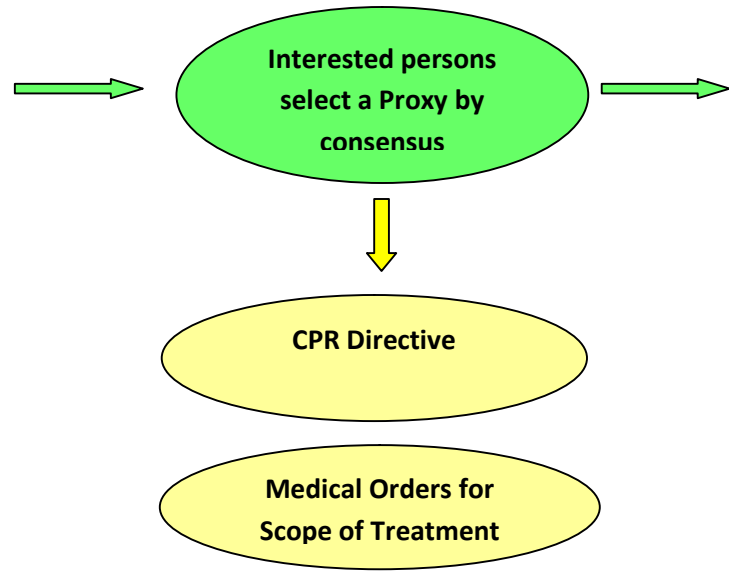
Patient is 18 or older, has capacity to make healthcare decisions, and is NOT currently seriously ill.



Have you thought about who you would want to make healthcare decisions for you if you can't?
 If you were hurt or sick and couldn't decide for yourself what medical care you would want, who would you trust to speak for you?
 MDPOA should be: Available, Willing, Informed, Backed up by alternate agent and written instructions

If you were terminally ill, and not able to make your own decisions, would you want your doctors to keep you alive with medicine or machines? What about tube feeding?
 If you were in a deep, irreversible coma – the kind that is called “persistent vegetative state,” would you want your doctors to keep you alive with medicine or machines? What about tube feeding?
 Are there other special instructions you might like to make for your care when you have a terminal illness and can't make decisions for yourself, or are in a deep, irreversible coma?

Patient is 18 or older, has NOT appointed an MDPOA, does not have capacity to make healthcare decisions, and is seriously ill or injured.



Physician determines and documents incapacity.
 Physician or designee contacts and gathers as many “interested persons” as reasonably possible.
 “Interested persons” select a Proxy decision maker by consensus. Patient must be told of the choice of Proxy and may object. Any one of the other parties may object. If consensus can't be reached, guardianship proceedings must commence.
 Physician documents Proxy selection.
 Proxy makes decisions according to known wishes of patient or, if not known, best interests. Must consult with patient (to extent possible) and group of interested persons on each decision.
 Intended for emergencies and episodes only; if patient has ongoing need for surrogate, guardianship must be sought.

Patient is over 60, has capacity to make healthcare decisions, and is NOT now seriously or chronically ill.



Medical Durable Power of Attorney



Living Will



CPR Directive



You know, even though your health is very good, it's not impossible that you could have a heart attack or stroke or other sudden health problem. CPR looks great on television, but in reality only about 17% of people who receive CPR survive, and the survival rate of people over 60 is about half that. The risk of serious physical or mental damage is very high. That risk might be one you are willing to take, and I'll support you in that, but if you would prefer to refuse CPR, we can do that too.



Medical Orders for Scope of Treatment

If patient does not have capacity, the MDPOA may execute a CPR Directive or a MOST on behalf of the patient. Ensure that patient's wishes are expressed, so far as they are known; if not known, MDPOA should act in patient's best interests. MDPOA cannot execute a Living Will on behalf of a patient. MDPOA cannot revoke a Living Will executed by the patient, unless specifically authorized to do so in the Living Will or MDPOA document. MDPOA cannot revoke a CPR directive executed by the patient. MDPOA may modify a MOST originally completed by patient, but should do their best to balance patient's wishes with changing conditions.

Patient is over 60, has capacity to make healthcare decisions, and has one or more serious or chronic illnesses.



Medical Durable Power of Attorney



Living Will



CPR Directive



Medical Orders for Scope of Treatment



You know, we're working hard to manage your [SERIOUS OR CHRONIC ILLNESS]. It's not uncommon for people with your condition to have sudden flare-ups or events that might need emergency medical attention or a trip to the hospital. It would be very helpful to all the people taking care of you to know your wishes for certain kinds of treatments, especially if you can't communicate in a crisis. If you like, we can talk about those wishes now – before a crisis – and record them on a special form that you should keep handy and take with you if you have to go to the hospital. This form will act like a prescription from me to other doctors, so they'll know exactly what you want and don't want.



Patient is over 60, has one or more serious or chronic illnesses, and does NOT have capacity or an MDPOA



Interested persons select a Proxy by consensus



Proxy can execute a CPR directive or MOST on behalf of incapacitated patient, being sure to follow patient's wishes or best interests.