

**POLICY TITLE:** Resident Advance Directives

**DATE:** December 2012

**Purpose:** To initiate a standard protocol to assure that all residents have been informed/educated about their rights to accept or decline treatments and, if they so choose, to formulate an advance directive to document such choices.

1. Prior to or upon admission of a resident to our facility, a facility designee will provide information to the resident concerning his/her right to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives.
2. Each resident will also be informed that our facility's policies do not condition the provision of care or discriminate against an individual based on whether or not the individual has executed an advance directive.
3. Prior to or upon admission of a resident, the facility designee will inquire of the resident, and/or his/her family members, about the existence of any written advance directives.
4. Should the resident indicate that he/she has issued advance directives about his/her care and treatment, documentation must be recorded in the medical record of such directive and a copy of such directive must be included in the resident's medical record.
5. In accordance with current OBRA definitions and guidelines governing advance directives, our facility has defined advanced directives as preferences regarding treatment options and include, but are not limited to:
  - a. Living Will ó A document that specifies a resident's preferences about measures that are used to prolong life when there is a terminal prognosis.
  - b. Do Not Resuscitate ó Indicates that, in case of respiratory or cardiac failure, the resident, legal guardian, health care proxy, or representative (sponsor) has directed that no cardiopulmonary resuscitation (CPR) or other life-saving methods are to be used.
  - c. Do Not Hospitalize ó Indicates that the resident is not to be hospitalized, even if he or she has a medical condition that would usually require hospitalization (Resident must have a DNR order in place for this provision to be applicable).
  - d. Organ Donation ó Indicates that the resident wishes his/her organs to be available for transplantation upon his/her death.
  - e. Autopsy Request ó Indicates that the resident, legal guardian, health care proxy, or representative (sponsor) has requested an autopsy be performed upon the death of the resident. (Note: The person making this request must still be contacted for permission prior to performance of the procedure.)
  - f. Feeding Restrictions ó Indicates that the resident, legal guardian, health care proxy, or representative (sponsor) does not wish for the resident to be fed by artificial means (e.g., tube; intravenous nutrition, etc.) if he/she is not able to be nourished by oral means.

- g. Medication Restrictions ó Indicates that the resident, legal guardian, health care proxy, or representative (sponsor) does not wish for the resident to receive life-sustaining medications (e.g., antibiotics, chemotherapy, etc.).
- h. Other Treatment Restrictions ó Indicates that the resident, legal guardian, health care proxy, or representative (sponsor) does not wish for the resident to receive certain medical treatments. Examples include, but are not restricted to, blood transfusions, tracheotomy, respiratory intubation, etc.
- i. Power of Attorney ó A document that allows an individual to act on behalf of another individual. Financial power of attorney is not applicable to make health care decisions.

All advance directives will be executed under the direction of the resident unless the resident no longer has decision-making capacity, as determined by the physician. When the resident is determined to no longer have decision making capacity, the resident's power of attorney/surrogate decision makers will be effectuated.

- 6. If advance directive documents were developed in another state, the resident must have such documents reviewed and revised (as necessary) by his/her legal counsel in this state before the facility may honor such directives.
- 7. The Interdisciplinary Team will review during the initial care plan conference with the resident his/her advance directives, to ensure that such directives are the wishes of the resident. Additional reviews will be made during the quarterly review process and with any significant change in condition and documented in the resident's medical record.
- 8. Where the resident has decision making capacity, the resident has the right to change or revoke a directive. Documents/documentation will be updated accordingly.
- 9. The Director of Nursing or designee will notify the Attending Physician of advance directives so that appropriate orders can be documented in the resident's medical record. The Director of Nursing or designee shall fax all newly signed advanced directives to the Attending Physician after it is signed by the resident and/or the resident's representative so that the physician could issue an appropriate order in the resident's chart and/or sign the advanced directive, if required by state law. The physician may issue a telephone order pertaining to advanced directives (i.e. DNR), if such order is witnessed by two nurses. The physician must co-sign any telephone orders during his/her next visit to the facility.
- 10. The Nurse Supervisor will be required to inform emergency medical personnel of a resident's advance directive regarding treatment options and provide such personnel with a copy of such directive when transfer from the facility via ambulance or other means is made.
- 11. The facility will be responsible for scheduling advance directive training classes for newly hired staff members as well as scheduling annual advance directive inservicing to ensure that our staff remains informed about the residents' rights to formulate advance directives and facility policy governing such rights.