

## Advance Directives

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## Objectives

The Participant will:

- List reasons why it is essential to discuss goals of therapy with patients.
- Describe myths regarding advance care planning.

## Advance Care Planning

- Patient's Goals of Therapy
- Texas Health & Safety Code Chapter 166 – Advance Directives
  - Medical Power of Attorney
  - Directive to Physicians and Family or Surrogates
  - Out of Hospital Do Not Resuscitate
- On the Horizon
  - Medical Order for Scope of Treatment (MOST)

## Establish Goals of Therapy



## Medical Power of Attorney

INFORMATION CONCERNING  
(DISCLOSURE STATEMENT)

**THE MEDICAL POWER OF ATTORNEY**

THIS IS AN IMPORTANT LEGAL DOCUMENT.  
BEFORE SIGNING THIS DOCUMENT,  
YOUR SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider

## DILBERT



## Directive to Physicians and Family or Surrogates (Living Will)

### DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

Instructions for completing this document:

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your Advance Directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this Advance Directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisors. You may also wish to complete a directive related to the donation of organs and tissues.



"My name is Daniel Nathan Reed. I don't initial anything."

## Out of Hospital DNR (OOHDNR)

Figure 2814C-1 07-22-2012

### OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (OOH-DNR) ORDER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

This Order becomes effective immediately on the date of execution by the declarant or the physician. It is not valid if the declarant is not a legal resident of Texas.

Print Form

Person's full legal name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of the declarant \_\_\_\_\_ Date \_\_\_\_\_ Period ends \_\_\_\_\_

Signature of the physician \_\_\_\_\_ Date \_\_\_\_\_ Period ends \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Period ends \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Period ends \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Period ends \_\_\_\_\_

## On the Horizon —Medical Order for Scope of Treatment (MOST)

### MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST)

Follow the MOST and patient preferences first. Then consult a physician. This MOST may only be changed by a physician or modified by the patient or surrogate(s) before. See the MOST with patient for all details before treatment starts. Any section not completed does not constitute the form and implies M treatment for that section.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ Provider Phone \_\_\_\_\_

**PHYSICIAN RESUSCITATION ORDER: No pulse and not breathing**

**Attempt Resuscitation (CPR)** Take in the whole electrical shocks to the chest (chest compression), and to look for Automaedators

**Do Not Attempt Resuscitation Allow Natural Death (DNRAND)** Provide physical comfort, emotional and respectful support to patient and family.  **DO NOT RESUSCITATE**

**MEDICAL INTERVENTION SCOPE: Unstable, has pulse and is breathing**

For physician order, use appropriate interventions for the scope of treatment preferences noted below. If this section is not completed, then provide M treatment for this section.

**COMFORT INTERVENTIONS ONLY** Assist palliative care needs to provide comfort. Focus on symptom control, dignity and allowing gentle relief of death should occur. Use comfort interventions like oral, subcutaneous or intravenous medications (e.g., opioids, comfort meds, fluids, oxygen, and environmental support).

**INTERMEDIATE INTERVENTIONS** Focus on a balance in order to control distress, may add interventions like intravenous antibiotics, non-invasive breathing support (BIPAP/CPAP), and fluid resuscitation.

**FULL INTERVENTIONS** Provide a holistic and comprehensive care. Use comfort and end-of-life measures, and may add medically

## Myths

- Medical Power of Attorney
- Directive to Physicians and Family or Surrogates (Living Will)
- Out of Hospital DNR (OOHDNR)

## Learning Assessment Question

- Which is/are myth(s) regarding advance care planning?
  - DNR means Do Not Treat
  - A lawyer is required to complete an advanced directive
  - Once a person names a proxy in an advance directive they lose control of their own care
  - All of the above