ADVANCE DIRECTIVES

Living Will/Healthcare Proxy
and
Do Not Resuscitate (DNR)
ADVANCE DIRECTIVES

- It is the belief of Trinitas Regional Medical Center that competent adults have the right to make decisions affecting their health care.
- Advance Directives will be honored according to the patient’s wishes.
- Pastoral Care or Department of Social Work will follow up with the patient/family requesting information regarding an Advance Directive/Living Will.
Trinitas Policy

- All patients admitted to Trinitas Regional Medical Center are screened for the existence of an Advance Directive/Living Will.
- Patients will receive written information regarding their individual rights, including the right to make an Advance Directive/Living Will.
- Trinitas will not discriminate against any patient with regard to provision of care or in any other way based upon the presence or absence of an Advance Directive/Living Will.
What Are Advance Directives?

- Advance Medical Directives are:
  - written documents that allow patients to give directions about future medical care in the event that they are too ill or hurt to express their wishes.

- There are two types of Advance Directives:
  - Living Wills
  - Healthcare Proxy
Living Will

- A Living Will provides written instructions regarding a person’s wishes regarding health care.
- Without a living will family members make some or all healthcare decisions.
- Problems occur if family members:
  - Do not know your wishes
  - Disagree about the best course of action
- A hospital physician who does not know you may become your decision maker
A medical power of attorney (or healthcare proxy) allows you to appoint a person you trust as your healthcare agent (or surrogate decision maker), who is authorized to make medical decisions on your behalf.
New Jersey Law States:

- Advance Directives are legal documents:
  - Person must be over 18 years of age.
  - Must be witnessed by 2 adults.
  - The Directive must comply within state law.
  - The law protects healthcare workers from any legal action.
  - The medical record must indicate presence of an Advance Directive.
The Patient Self-Determination Act (PSDA)

Requires health-care facilities that receive federal funding to:

- Discuss Advance Directives with Patients:
  - At the time of admission, staff must provide patients with written information about their right to make health-care decisions.

- Have a Written Policy on Advance Directives:
  - In most cases, health-care facilities must follow the instructions set out in a living will – or take directions from the patient’s proxy.
The existence of an advance directive, or lack of one, must be entered into the patient's permanent medical record.

If the patient has a copy of an existing advanced directive, 3 copies will be made with 2 copies placed on the medical record and one forwarded to the Vice President of Mission Effectiveness (Sr. Mary Corrigan).

If the patient does not have a copy, they will be asked to bring a copy to be placed on medical record.

If the patient has no advanced directive, the patient or family will be offered a copy of the Advance Directive Informant packet.
Do Not Resuscitate (DNR)

- TRMC recognizes that life-prolonging treatment is not always appropriate.
- A DR (No Code) order indicates that no Basic or Advanced Life Support efforts (as defined by the American Heart Association) will be initiated in the event of cardiopulmonary arrest.
- The provision of comfort care, including the patient’s emotional and spiritual needs must be met, regardless of their code status.
- In the absence of a DNR, full resuscitation procedures will be initiated.
Do Not Resuscitate (DNR)

- DNR/Therapeutic Options decisions are assessed during the course of care and may be modified through the shared decision making of the patient/surrogate/healthcare team within the framework of medically appropriate care.

- The physician will complete the “DNR/Therapeutic Options” form
  - DNR order is entered into the clinical information system
  - The patient is identified with purple DNR wristband
  - Immediately notify the physician if a patient or surrogate elects to revise a DNR/Therapeutic Options order
  - If ethical or legal issues arise, refer to the policy on Ethics Consultation Guidelines
Could my family prevent my advance directive from taking effect?

Generally, no – though it depends on state law. When families object, hospital staff may be called in to help them understand that the right thing to do is to honor the patient’s wishes.

Do I need to talk to a lawyer?

It’s up to you. You can sign – and even create an Advance Directive without a lawyer’s assistance. However, some people feel more secure if a lawyer looks the documents over.
Can I still get treatment for pain if I have an Advance Directive?

Absolutely. An Advance Directive gives you the ability to be very specific about what kinds of treatment you do or do not want.

Can I change or cancel my Advance Directive?

Yes. As with a will, changes can be made to an advance directive at any time by adding or removing items. An Advance Directive can be canceled by saying “I revoke my Advance Directive” before a witness.
**Key Terms to Know**

- **Cardiopulmonary Resuscitation (CPR)**
  An emergency procedure for reviving a patient whose heart has stopped beating.

- **Respirator**
  A machine (also known as a ventilator) to keep the lungs working when a patient has lost the ability to breathe on his or her own.

- **DNR**
  “Do Not Resuscitate”. A DNR order prevents the health-care team from taking any measures to revive the patient. The DNR must be noted on the patient’s chart.
Key Terms to Know

- **Total Parenteral Nutrition**
  Artificial nutrition and hydration, this is a method for supplying water and nutrients to a patient who can no longer eat or drink.

- **Terminal Illness**
  In general, a terminal illness is one that is incurable and is expected to bring about death within 1 year.

- **Dialysis**
  The use of a special machine to help clean the blood when the kidneys aren’t working properly.