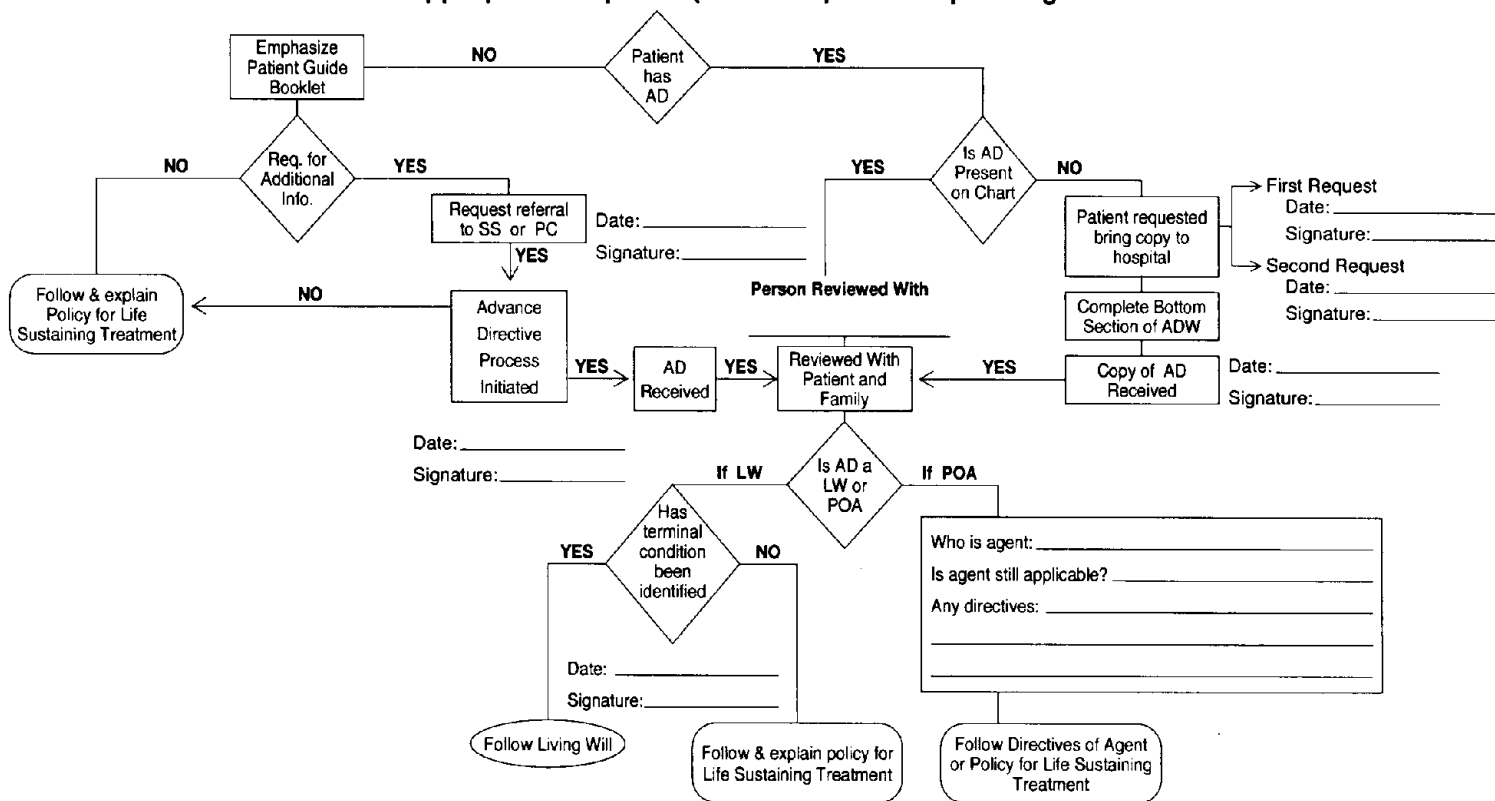


ADVANCE DIRECTIVE WORKSHEET (ADW)

Initiation Date: _____ Inpatient Recurrent Outpatient Observation Outpatient Invas. Procedure

Circle appropriate response (Yes or No) and complete algorithm.



On this date _____ I, _____ (Patient or legal guardian) request the following care in the event that the attending physician determines that my _____ (Name of patient, if being completed by guardian) condition (be it injury, disease, or illness) is terminal, incurable and irreversible.

You MUST indicate Yes or No for each listed procedure.

Cardiopulmonary Resuscitation (CPR) Yes No
 Use of Respirators or Ventilators Yes No
 Administration of Medications other than those necessary to prevent infection, provide comfort or alleviate pain. Yes No
 Other Additional Care: _____

I fully understand the impact and potential consequences of this document and wish to emphasize my desire to have the procedures performed or withheld (as indicated above).

Signature of Patient or Legal Guardian _____

Date _____

Witness Signature _____

Date _____

Attending Physician Comments: _____

Revocation of Advance Directive:

On this date _____ I, _____ (Patient or Legal Guardian) revoke any previous Advance Directives. (complete a new ADW)

Signature of Patient or Legal Guardian _____

Date _____

Witness Signature _____

Date _____

ADVANCE DIRECTIVE WORKSHEET GUIDELINES

1. Initiate worksheet on all inpatients, observation patients and recurring outpatients.
2. If the patient does NOT have an AD and does NOT want additional information:
 - a. Circle NO and NO on the ADW.
 - b. No signature is required.
 - c. The worksheet is complete.
3. If the patient does NOT have an AD BUT wants to initiate one:
 - a. Circle NO and YES on the ADW.
 - b. Request referral to Social Services or Pastoral Care
 - c. When AD completed:
 1. Review with patient / family
 2. Initial ADW to indicate document review
 3. Complete the remainder of the algorithm
 - d. The worksheet is complete.
4. If the patient does HAVE an AD but has NOT brought it in:
 - a. Circle YES and NO on the ADW.
 - b. Request the patient to bring copy of the AD to the hospital.
 - c. Complete the bottom section of the ADW.
 - d. Patient / legal guardian and nurse sign the ADW.
 - e. When AD brought in:
 1. Review with patient / family
 2. Initial ADW to indicate document review
 3. Complete the remainder of the algorithm
 - f. The worksheet is complete
5. If the patient does HAVE an AD and HAS brought it in:
 - a. Circle YES and YES on the ADW
 - b. Review the AD with the patient / family
 - c. Initial ADW to indicate document review
 - d. Complete the remainder of the algorithm
 - e. The worksheet is complete