



# ADVANCE DIRECTIVES

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# *What is an Advance Directive?*

**Advance Directives are instructions for your future medical care**

The State of NH recognizes Advance Directives  
as legal documents with 2 parts:

a Durable Power of Attorney for Healthcare (DPOAH) & a Living Will

*Both pieces are important:*

The **DPOAH** answers **who** can make your medical decisions

The **Living Will** answers **how** you want the medical decisions to be made





# *What is a Durable Power of Attorney for Healthcare (DPOAH)?*

**A DPOAH is a person you have identified to make medical decisions for you if/when you cannot**

The DPOAH's authority does not take effect unless you are certified by your medical provider to lack capacity

Circumstances where you could be considered **incapacitated**:

*During Surgery/Anesthesia  
Advanced Dementia/Alzheimer's  
Persistent Vegetative State*





# Who Should Act as my DPOAH?



**Typically, there is 1 primary DPOAH plus an alternate**

The alternate does not have any authority unless the 1<sup>st</sup> person is unavailable/unwilling

*You can select multiple people to share decision-making, but be aware that unresolved disagreements may need to defer to Probate Court which takes time, money, & discord*

## Consider who meets criteria such as:

- Must be 18 years or older
- Able to respect *your* wishes, not act on their own biases
- Likely to be available geographically and/or in regard to lifespan
- Able to handle decision-making during times of distress



# *What is a Living Will?*

**A Living Will is a guide for your DPOAH & health care team to understand your preferences about what life-sustaining medical treatment you do – or don't – want**



*Do you want attempts at life-sustaining treatment, no matter what?*

*Do you want life-sustaining treatment only if there is reasonable hope for recovery?*



# *Are Advance Directives Required?*

**No, but patients are encouraged to communicate their preferences & values to their families & health care providers**



## ***Regulatory Guidance***

- Federal Patient Self Determination Act of 1990
- NH State Law: Title X, Public Health, Chapter 137-J

*Advance Directives remain in effect indefinitely, unless updated*

*Advance Directives are nationally valid throughout the United States*

***"It always seems too soon, until it's too late"***



# *What if I **Don't** Have an Advance Directive?*

**NH law allows the appointment of a temporary surrogate in this sequence:**

1. Spouse
2. Adult Child
3. Parent
4. Adult Sibling
5. Adult Grandchild
6. Adult Aunt, Uncle, Niece, or Nephew
7. Close Friend
8. Agent of your Estate



*The surrogate serves up to 180 days; after that time, a guardian must be appointed via Probate court*





# *How do I Make an Advance Directive?*

1. **Obtain the forms** from your primary care provider or the Foundation for Healthy Communities:  
[www.healthynh.org](http://www.healthynh.org)
2. **Discuss your preferences** with your loved ones
3. **Complete the forms** & sign them in front of 2 witnesses or a Notary Public / Justice of the Peace



You do not need a lawyer to complete the forms, though you may wish to consult one if you have specific concerns





# *Where do I Keep Copies of my Advance Directive?*



*Even if you don't regularly seek care at your local hospital, think about where you're most likely to be brought in the event of a medical emergency*

- In your **personal files**
- With your **lawyer**
- With your named **DPOAH**
- At your **PCP's** office
- At your **specialist's** office
- At your local **hospital**



# What is **Not** Included in an Advance Directive?

A Living Will states what kind of *general* treatments you'd like to receive, but it is not a medical order

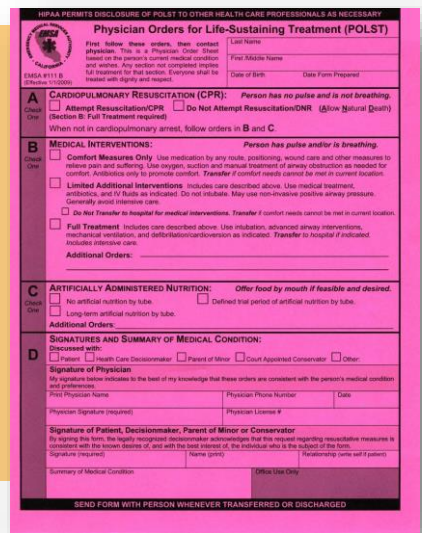
Medical Orders are not part of an Advance Directive; those must be obtained through your provider

Advance Directives

**Do Not Resuscitate**



**Physician Order for Life Sustaining Treatment**



HPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

**Physician Orders for Life-Sustaining Treatment (POLST)**

First follow these orders, then contact physician. This is a Physician Order Sheet based on the person's current medical condition and wishes. Not valid for emergency resuscitation for that person. Everyone must be treated with dignity and respect.

Last Name: \_\_\_\_\_ First Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date Form Prepared: \_\_\_\_\_

**A CARDIOPULMONARY RESUSCITATION (CPR):** Person has no pulse and is not breathing. (Section B: Full Treatment required)

☐ Attempt Resuscitation/CPR ☐ Do Not Attempt Resuscitation/DNR (Show Natural Death)

When not in cardiopulmonary arrest, follow orders in B and C.

**B MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.

☐ Comfort Measures Only: Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Antibiotics only to provide comfort. Transfer if comfort needs cannot be met in current location.

☐ Limited Additional Interventions: Includes care described above. Use medical treatment, antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid invasive care.

☐ Do Not Transfer to hospital for medical interventions. Transfer if comfort needs cannot be met in current location.

☐ Full Treatment: Includes care described above. Use intubation, advanced airway interventions, mechanical ventilation, and dialysis/extracorporeal circulation as indicated. Transfer to hospital if indicated. Includes intensive care.

Additional Orders: \_\_\_\_\_

**C ARTIFICIALLY ADMINISTERED NUTRITION:** Offer food by mouth if feasible and desired.

☐ No artificial nutrition by tube. ☐ Defined trial period of artificial nutrition by tube.

☐ Long term artificial nutrition by tube.

Additional Orders: \_\_\_\_\_

**D SIGNATURES AND SUMMARY OF MEDICAL CONDITION:**

Discussed with: ☐ Patient ☐ Health Care Decisionmaker ☐ Parent of Minor ☐ Court Appointed Conservator ☐ Other

Signature of Physician: \_\_\_\_\_ My signature below indicates to the best of my knowledge that these orders are consistent with the person's medical condition and preferences.

Print Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature (required): \_\_\_\_\_ Physician License #: \_\_\_\_\_

Signature of Patient, Decisionmaker, Parent of Minor or Conservator: \_\_\_\_\_ By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Signature (required): \_\_\_\_\_ Name (print): \_\_\_\_\_ Relationship (write self if patient): \_\_\_\_\_

Summary of Medical Condition: \_\_\_\_\_ (Other Use Here)

SEND FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

**Do Not Intubate**





# Monadnock

## COMMUNITY HOSPITAL

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