



## ADVANCE DIRECTIVE INFORMATION STATEMENT

### PATIENT INFORMATION REGARDING ORGANIZATION POLICIES AND PROCEDURES

You have received a copy of the Patient Bill of Rights document in addition to several other forms/handouts. These materials were reviewed with you on the initial visit by organization personnel. In addition, there are other organization policies and procedures reviewed with you that are related to your rights as a patient receiving service from this organization. These policies and procedures are summarized below:

### ADVANCE DIRECTIVES/WITHHOLDING OF RESUSCITATIVE SERVICES

You were asked during the initial visit if you had executed an Advance Directive. If you have not executed an Advance Directive, you have also been provided with literature relative to your rights under federal and state law to execute such a document.

Organization policy states that:

"The organization recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is the policy of the organization to encourage individuals and their families to participate in decisions regarding care and treatment. Valid Advance Directives, such as living wills, Durable Powers of Attorney and DNR (Do Not Resuscitate) or DNI (Do Not Intubate) Orders will be followed to the extent permitted and required by law. In the absence of Advance Directives, the organization will provide appropriate care according to the plan of treatment authorized by the attending physician. The organization will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an Advance Directive."

It is also the organization's policy that:

"In the event of cardiac or pulmonary arrest, cardiopulmonary resuscitative measures will be promptly initiated unless a Do Not Resuscitate/Do Not Intubate (DNR/DNI) order has been written by the physician in charge and documented in the patient's clinical record."

### GUIDELINES

1. A DNR and/or DNI decision is to be made by the attending physician in consultation with the patient or other legally responsible person when, in the judgment of the physician, the patient suffers from an incurable terminal illness, death is reasonably imminent in all medical probability, and resuscitation will do nothing to relieve the underlying disease condition, nor the probability of death. This order must be written in the patient's clinical record as any other treatment order.
2. The DNR/DNI order will be re-evaluated under the following conditions:
  - A. There is a significant change in patient condition
  - B. At the request of the patient guardian

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## GUIDELINES (continued)

3. It will be the responsibility of the nurse to communicate to the primary attending physician any change in the patient's condition which may make a continuing DNR/DNI order questionable, so that the physician (or other authorized licensed independent practitioner) may re-evaluate the appropriateness of the order.
4. The order may be revoked at any time, verbally or in writing, by the competent patient, the incompetent patient's guardian, or by the attending physician (or other authorized licensed independent practitioner).
5. The DNR/DNI order(s) will be kept in the patient's clinical record and a copy will be kept in the patient's home.
6. Any organization staff member informed of or provided with a revocation of consent will immediately record the revocation request in the patient's clinical record, cancel the order, and notify the physician (or other authorized licensed independent practitioner) responsible for the patient's care of the revocation and cancellation.

## ETHICS

It is also this organization's policy that if an organization staff member informs management that he/she cannot implement an Advance Directive or DNR/DNI order on the basis of personal belief or conscience, then that organization staff member will be reassigned.

As a consequence of the complex technical and ethical issues arising today in the provision of care at home, the organization has ethics advisors. These advisors assist the organization in responding to the challenges confronting health care providers who are involved in difficult treatment choices and care decisions. Care decisions may involve ethical issues regarding the withholding or withdrawal of treatment. You, or your representative, have the right to participate in any discussions concerning ethical issues arising from your care.

If you have any questions concerning your rights, these related policies, or other organization policies, please discuss them with your nurse or call the McCortney Hospice office at 405.360.2400 and ask to speak with the Clinical Supervisor.