

# All About Advance Directives

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# Healthcare Decisions Day

Cornerstone VNA is proud to recognize National Healthcare Decisions Day (NHDD), which is on April 16<sup>th</sup>.

Throughout the month of April, many local health care organizations, including Cornerstone VNA, are working to promote the importance of advance care planning.







# About Cornerstone VNA



Nonprofit, founded in 1913



185 Staff



40+ Communities



Serving All Ages



5 Programs





# Our 5 Programs



Home Care



Hospice Care



Palliative Care



Life Care – Private Duty



Community Care





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# What Are They?

Advance Directives are important instructions that you share with your family, friends or medical providers regarding your future care.







## Why Have Advance Directives?

Take control over your own medical care and ensure your health care wishes are met.

### **An Advance Directive:**

- Gives your loved one's peace of mind.
- Minimizes stress.
- Reduces potential conflicts among family members.





# Completing your Advance Directives

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- Advance Directives need to be in writing.
- It is very important that you use Advance Directive forms specifically created for your state so that they are legal.
- AARP, The National Hospice and Palliative Care Organization, your state hospice organization, local hospitals, public health departments, state bar associations or state aging offices provide state-specific forms and instructions.





# Completing your Advance Directives

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- Read the forms carefully and make sure you follow legal requirements determined by your state.
- You can fill out a living will and medical power of attorney form without a lawyer.
- You may need to have 2 witness signatures or get the forms notarized.



# What Do They Entail?

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To ensure that everyone understands your instructions, the State of NH recognizes a written advance directive as a legal document with two parts:

**These two types of Advance Directives are typically combined into a single Advance Directive document.**

- A **living will** states, in advance, a person's instructions or preferences about future medical treatments, particularly end-of-life care, in the event the person loses capacity to make health care decisions.
- A **health care power of attorney** appoints a person (typically called a health care agent, but also proxy, health care representative, or other name depending on the state) to make decisions for the person (the principal) in the event of incapacity (temporary or permanent) to make health care decisions.





# Living Will

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- The purpose of a living will is to provide loved ones with care instructions to follow in case you're ever unable to act autonomously.
  - This might happen if you become physically or mentally incapacitated, either through an accident or illness. Common scenarios include terminal illness, comas, and dementia.
- The most common statement in a living will is to the effect that:
  - *If I suffer an incurable, irreversible illness, disease, or condition and my attending physician determines that my condition is terminal, I direct that life-sustaining measures that would serve only to prolong my dying be withheld or discontinued.*



# Living Will

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- A living will only takes effect after a primary physician determines certain medical conditions are met, and sometimes a second doctor is required to confirm the decision.
- According to the American Bar Association, “Physicians prefer these documents because they provide a written expression from you as to your medical care and designate for the physician the person they should consult concerning unanswered medical questions.”





# Living Will

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- You do not need a lawyer to have a living will, although you can use an attorney if you like.
- There are a number of online sites where you can get a free form to create a living will.
  - [Healthynh.org](http://Healthynh.org)
  - [Mainelse.org](http://Mainelse.org)
- It does not have to be complex or elaborate.
- Specific requirements vary by state, so make sure and check the requirements where you reside.



# Medical Durable Power of Attorney

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- One of your first considerations with your advance directives should be whether you want to appoint someone as your medical durable power of attorney (DPOA), which allows the person you designate to make medical decisions on your behalf if something happens that is not covered in your living will.
- This person is also known as your healthcare proxy.





# Medical Durable Power of Attorney

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- According to the National Institute on Aging (NIA), your healthcare proxy should be familiar with your values and wishes, which means that he or she will be able to decide as you would when treatment decisions need to be made.
- Having advance health directives and appointing someone with DPOA will also assist your physician in the event your family has disagreements regarding your care.



# Medical Durable Power of Attorney

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In order to activate your medical DPOA, a doctor or ARNP must certify that you meet one of three conditions:

- 1) to be near end-of-life, even while still receiving treatments
- 2) to be permanently unconscious - no brain waves are detected or you are incapacitated due to unconsciousness, and
- 3) you are so disoriented that you do not have the mental capacity to make a decision about your medical care.

The advance directives and certification from the doctor or ARNP should be together after the DPOA has been activated so that they can be presented to any medical authorities when needed. It is important to note that your medical DPOA is only authorized to make medical decisions on your behalf, not financial decisions.



# Medical Treatment Options to Be Covered

## Common treatment options include:


### Cardiopulmonary Resuscitation (CPR) or fibrillation


- Do you want doctors to use compressions or electrical shock to restart your heart if it stops beating?
- If you do not want CPR or other life saving measure performed, you can include a DNR or Do-Not-Resuscitate order as part of your advance directive. If you have a DNR request, a doctor will include a DNR order in your medical chart, which is accepted in all hospitals across all states. You can also include a DNR form on your refrigerator at home, which will alert any emergency personnel, and those close to you, that you do not want any life saving measures if you stop breathing.
- If you would like to set up a DNR order for home, talk with your doctor and request a signed DNR form. The bottom of the form can be removed and kept in your wallet for when you're out in the community. It is important to understand that you have the right to change your mind and request CPR.



# Do Not Resuscitate Form (DNR)

- New Hampshire DNR Form

New Hampshire "DNR"	SEND ORIGINAL PINK FORM WITH PATIENT WHEN TRANSFERRED OR DISCHARGED	 Foundation for Healthy Communities
<b>PORTABLE DO NOT ATTEMPT RESUSCITATION (P-DNR) ORDER</b>		
This is a Physician/Advanced Practice Registered Nurse Order Sheet. It is based on patient wishes and medical indications regarding <i>Do Not Attempt Resuscitation (DNR)</i> orders in the event of cardiac or respiratory arrest, as discussed with the patient.	Last Name of Patient	
	First Name/Middle Initial of Patient	
	Patient's Date of Birth	Last 4 Digits of SSN
<b>A. Applies only when patient is not breathing <u>or</u> has no pulse. Check box and complete mandatory signature lines in sections A and B.</b>		
<input type="checkbox"/> <b>Do Not Attempt Resuscitation (DNR)</b> (DNR means: No chest compressions, No intubation, No assisted ventilation, No defibrillation, No pharmacologic resuscitation.)		
_____ Physician/APRN Name (Print)      Physician/APRN Signature (Mandatory)      Date and Time		
Other instructions or special circumstances (if applicable)		

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_____ Physician/APRN Name (Print)      Physician/APRN Signature (Mandatory)      Date and Time		
Other instructions or special circumstances (if applicable)		
<b>HOW TO CHANGE THIS FORM</b>		
This form (P-DNR) should be reviewed if: • the patient changes his or her decision or • there is substantial change in patient's/resident's health status, or • the patient is admitted to a new facility. If this form is to be voided, write the word "VOID" in large letters, and then sign, date, and time the form. If applicable, please advise the patient to destroy his or her P-DNR wallet card or remove his or her DNR bracelet or necklace. After voiding the form, a new form may be completed. <b>If no new form is completed, full treatment and resuscitation may be provided.</b>		
<b>B. Advance Directives and Other Patient Wishes:</b>		
Does the patient have a/an:		
Durable Power of Attorney for Healthcare? <input type="checkbox"/> NO <input type="checkbox"/> YES - Document location: _____		
Living Will? <input type="checkbox"/> NO <input type="checkbox"/> YES - Document location: _____		
Organ or Tissue Donation? <input type="checkbox"/> NO <input type="checkbox"/> YES - Document location: _____		
Court-appointed Guardian Over the Person? <input type="checkbox"/> NO <input type="checkbox"/> YES - Document location: _____		
<b>Patient, Parent of Minor, Durable Power of Attorney for Healthcare or Guardian Information:</b>		
_____ Name (Print)      Signature (Mandatory)      Date and Time		
_____ Address of Patient or Minor, Durable Power of Attorney for Healthcare (DPOAH) or Guardian      Phone Number of Patient, DPOAH or Guardian		
_____ Name of Person Preparing Form (Print) (if applicable)      Signature of Person Preparing Form      Date and Time		
SEND ORIGINAL PINK FORM WITH PATIENT WHEN TRANSFERRED OR DISCHARGED		
FHC 42417		
<b>DO NOT ALTER THIS FORM !</b>		
Was the P-DNR Card below completed and retained by the patient? <input type="checkbox"/> NO <input type="checkbox"/> YES		
<b>THIS IS YOUR PORTABLE DNR CARD. REMOVE THE CARD BELOW AND KEEP IT ON YOUR PERSON AT ALL TIMES EVEN IF YOU DECIDE TO WEAR A NH-DNR BRACELET.</b>		
<div><div><b>Portable-DNR</b></div><div><div><b>NEW HAMPSHIRE DO NOT ATTEMPT RESUSCITATION ORDER</b></div><div>As this person's attending physician or APRN and as a licensed physician or APRN, I order that this person SHALL NOT BE RESUSCITATED in the event of cardiac or respiratory arrest.</div><div>_____ Patient Name (Print)      Patient Signature / Date</div><div>_____ Physician/APRN Name (Print)      Physician/APRN Signature / Date</div><div>_____ If applicable: Health Care Agent Name (Print)      Health Care Agent Signature / Date</div></div><div><b>Portable-DNR</b></div><div>_____ Patient Address</div><div>_____ Patient Phone Number</div><div>_____ Physician/APRN Address</div><div>_____ Physician/APRN Phone Number</div><div>_____ Health Care Agent Address</div><div>_____ Health Care Agent Phone Number</div></div>		





# Medical Treatment Options to Be Covered

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## Common treatment options include:

- **Breathing tubes:** If you can't breathe on your own, do you want doctors to insert a tube in your throat or put you on a ventilator?
- **Feeding or hydration:** If you are in a vegetative state, do you want to be indefinitely fed and hydrated?
- **Dialysis:** If your kidneys fail, do you want to be put on a dialysis machine?
- **Pain management:** What sort of pain management options do you want administered?
- **Organ donation:** At the point of death, do you want your viable organs to be donated?



# Have the Conversation

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Filling out advance directives is such an important step, but so is having a conversation with all family members, not just a spouse or the one child you choose as your power of attorney for health care.

It is a gift in the end and it is recommended that anyone over the age of 18 should complete their advance directives.

## **According to the National Institute on Aging (NIA):**

- You may never face a medical situation where you are unable to speak for yourself and make your wishes known. But having an advance directive may give you and those close to you some peace of mind.



## Next Steps...

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- Keep your completed Advance Directive in an easily accessible place.
- Give photocopies to:
  - your primary medical power of attorney,
  - your secondary, alternate agent,
  - your primary care physician (PCP),
  - the medical records department at the hospital you would typically go to.
- Since you might change your advance directive in the future, it's a good idea to keep track of who receives a copy.
- This document stays in effect unless you cancel it or decide to complete a new one with changes.



## Other Considerations

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- You may include your wishes about whether you want to be an organ donor as part of the advance directive. If it is not included, you can still write down your decision about organ donation. However, you should fill out a specific form for that purpose.
- You should also let your loved ones know if you wish to be buried or cremated and any services details or preferences.





# Suggested Resources

- **The Conversation Project - Have You Had The Conversation?**  
[theconversationproject.org](https://theconversationproject.org)
- **Being Mortal** *by Atul Gawande*
- **The Art of Dying Well** *by Katy Butler*
- **The 5 Wishes** [fivewishes.org](https://fivewishes.org)





# Questions?

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If you need healthcare at home,  
you have a choice. We are here  
for you! Visit our website at  
[cornerstonevna.org](http://cornerstonevna.org) for upcoming  
[educational programs](http://cornerstonevna.org), support  
groups, and wellness clinics.

