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Your Advance Care Planning Guide

We plan for college, marriage, a baby and retirement…
but we don't prepare for the unexpected.
Let's change that!

It's as simple as 1, 2, 3

1 Decide 2 Discuss 3 Document

Advance care planning is a process to help your loved ones know how to speak for you if you are ever unable to make your own medical decisions. This planning is important for any adult 18 and over. It should be revisited as your health status changes throughout your life. Advance care planning is a true gift to your loved ones. You never know when the unexpected may happen.

They may be asked to speak for you if you:

- Undergo surgery
- Get a serious illness
- Are in an unexpected accident

In this Guide: Got Plans? It's as simple as 1 **Decide,** 2 **Discuss,** 3 **Document**

**You can print a copy of the Advance Directive for North Carolina to help complete Got Plans? (Available on Gotplans123.org under "forms").*

All Adults (18 and up) should:

Next Steps:

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We plan for college, marriage, a baby & retirement… but we don't prepare for the unexpected.

Let's change that!

Advance Care Planning

It's as simple as 1, 2, 3!

1. **Decide** ***who you trust to speak for you if you cannot make your own medical decisions.***

2. **Discuss** ***your wishes with your loved ones and health care providers.***

3. **Document** ***your wishes in the form of advance directives or portable medical orders.***

   - Health care Power of Attorney
   - Living Will
   - Portable Medical Order (MOST form)

1 Decide *who you trust to speak for you if you cannot make your own medical decisions.*

Choose someone who:

- Has an understanding of your **health** and **well-being.**
- Will **respect** your beliefs and values – even when different from their own.
- Will pay attention to all **important facts and details** needed when making decisions and helping follow-up with treatment plans.
- **Will stand up for you when needed to communicate** with others involved in your life and care.
- **Can be available for you**, to talk to your care team at any time in the hospital, nursing home or doctor's office.
- **Can speak for you; who knows and will honor your wishes.**

These are the people I might ask to be my healthcare agent:

_____

_____

_____

*Use this page to help you complete **Part A: Health Care Power of Attorney (Choosing a Health Care Agent)** in your Advance Directive.

A Health Care Agent is someone you trust to speak for you if you are unable to make your own health care decisions. This person will act only when you are not able to speak for yourself. All adults, 18 years or older, need a Health Care Agent.

Other things your Health Care Agent may need to do:

- Agree to admit you or discharge you from a health care facility like a hospital, mental health facility, assisted living facility, or nursing home.
- Agree to or refuse medical tests, procedures or surgeries.
- Agree to begin or stop life-prolonging measures.
- Give permission for an autopsy.
- Direct what will happen to your body after your death.

A Health Care Power of Attorney Part A, of the Advance Directive for NC, gives your Health Care Agent the power to carry forward your medical decisions.

A Health Care Power of Attorney becomes active only when you cannot consciously communicate your wishes. Your medical team makes the decision regarding whether you can speak for yourself. If you do not appoint a Health Care Agent, the law will decide for you by telling your medical providers which person, or group of persons, should be contacted to make your medical decisions.

2 Discuss *your wishes with your loved ones and healthcare providers.*

Here are some questions to think about and share:

1. What is your understanding of your health and well-being? _____

_____

2. What are your healthcare goals and priorities? _____

_____

3. What fears or worries do you have about your future health? _____

_____

4. What are the sources of strength and comfort in your life? _____

_____

6. What activities are so important to you that you cannot imagine living without them? _____

_____

7. How much do your family members and friends know about your priorities and wishes? _____

_____

*Use this page to help you complete **Part B: Living Will** in your Advance Directive

Things to discuss with your Health Care Agent after you complete your Advance Directive:

1. Your role is to be my voice and speak for me if and when I am not able to make health care decisions for myself. My doctor will decide when I have lost the ability to make my own health care decisions.

2. I will give you a copy of my advance directive. I will list any special instructions on this document. I am counting on you to follow those instructions and respect my wishes. I know this may not be easy since my choices may be different from the choices you might make for yourself or what you think is best for me.

3. If, at any time, you decide that you can no longer serve as my health care agent, please let me know. Also, if I decide later to name another person as my health care agent, I will let you know. Either decision will release you from any further responsibilities as my health care agent.

4. I ask that you tell my care team about my goals and desires for the kind of care I want. You and I will take time to talk about these issues so you will understand my goals and preferences.

5. Thank you for being my voice. When you are speaking on my behalf, please discuss my medical condition and treatment options with my health care providers. Ask them for any medical information you need, and ask them to explain anything you do not understand. The information they provide will help you carry forward my decisions.

3 Document *your wishes.*

Now that you have planned your conversation with your Health Care Agent and loved ones, it is time to document your wishes in an **Advance Directive**. Any adult 18 and older can complete the **Advance Directive for North Carolina**, which can be found at Gotplans123.org under "forms." An Advance Directive alone is not enough. It is important to make sure your loved ones understand your wishes.

There are 3 parts in an Advance Directive:

- Part A allows you to name a **Health Care Power of Attorney**.
- Part B allows you to document your wishes in a **Living Will**. (You may choose to complete Part A only, Part B only, or both parts A and B.)
- Part C completes the document once notarized and signed by two witnesses. You wait to sign the form until you are with a notary.

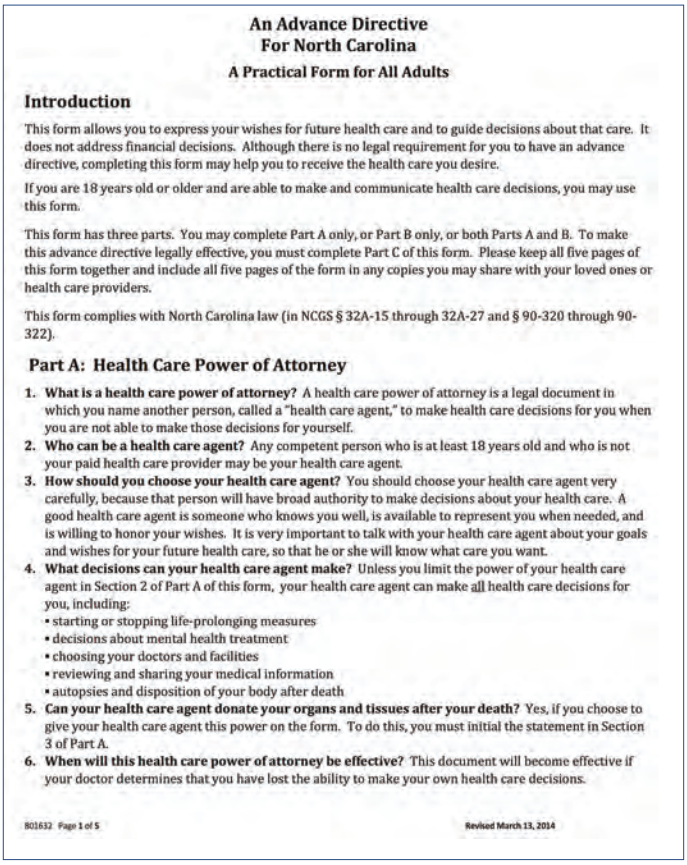
All Adults (18 and over)

Adults with chronic illness

Choose Health Care Agent

Share your wishes with loved ones

Document wishes in an Advance Directive



An Advance Directive For North Carolina

A Practical Form for All Adults

Introduction

This form allows you to express your wishes for future health care and to guide decisions about that care. It does not address financial decisions. Although there is no legal requirement for you to have an advance directive, completing this form may help you to receive the health care you desire.

If you are 18 years old or older and are able to make and communicate health care decisions, you may use this form.

This form has three parts. You may complete Part A only, or Part B only, or both Parts A and B. To make this advance directive legally effective, you must complete Part C of this form. Please keep all five pages of this form together and include all five pages of the form in any copies you may share with your loved ones or health care providers.

This form complies with North Carolina law (in NCGS § 32A-15 through 32A-27 and § 90-320 through 90-322).

Part A: Health Care Power of Attorney

1. **What is a health care power of attorney?** A health care power of attorney is a legal document in which you name another person, called a "health care agent," to make health care decisions for you when you are not able to make those decisions for yourself.
2. **Who can be a health care agent?** Any competent person who is at least 18 years old and who is not your paid health care provider may be your health care agent.
3. **How should you choose your health care agent?** You should choose your health care agent very carefully, because that person will have broad authority to make decisions about your health care. A good health care agent is someone who knows you well, is available to represent you when needed, and is willing to honor your wishes. It is very important to talk with your health care agent about your goals and wishes for your future health care, so that he or she will know what care you want.
4. **What decisions can your health care agent make?** Unless you limit the power of your health care agent in Section 2 of Part A of this form, your health care agent can make all health care decisions for you, including:
   - starting or stopping life-prolonging measures
   - decisions about mental health treatment
   - choosing your doctors and facilities
   - reviewing and sharing your medical information
   - autopsies and disposition of your body after death
5. **Can your health care agent donate your organs and tissues after your death?** Yes, if you choose to give your health care agent this power on the form. To do this, you must initial the statement in Section 3 of Part A.
6. **When will this health care power of attorney be effective?** This document will become effective if your doctor determines that you have lost the ability to make your own health care decisions.

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What do I do after I have completed my advance directive documents such as a Health Care Power of Attorney and/or Living Will?

Once you have completed these documents, take these steps to be sure your choices are honored by your doctors and loved ones.

1. Make copies of your documents and share them.

You should make a copy for:

- ***Your healthcare agent. Name of Agent:*** _____
  This is the person you named in your Health Care Power of Attorney document.

- ***Your family and loved ones. What are the names and relationships of those close to you?*** _____

_____

- ***Your doctor***
  Talk with your doctor about your wishes. Make sure you are both clear about what you want and agree that your wishes will be honored. It is very important that your advance directives are added to your medical record. If you send your directives by mail, be sure to include your address, social security number, date of birth and contact information.

- ***Your clergy***
  You may consider sharing your wishes with your faith community leader.

- ***Yourself***
  Label one copy "Hospital" and take it with you if you are admitted to a hospital. Ask the hospital staff to make a copy of the documents and return your copy to you.
  Keep the original documents where they are safe and easy to obtain. Make an extra copy for yourself, in case you lose your original or it is accidentally destroyed or damaged. Do <u>not</u> put these documents in a safe deposit box.

2. ***Make a list of everyone to whom you gave a copy of your documents.*** If you ever make changes to your documents, you will have a list of who needs updated copies. I have given a copy to: _____

_____

_____

3. ***Upload the documents onto your smartphone.*** Consider uploading a copy of your advance directives onto your smartphone.

MOST Form

Adults with advanced serious illness and the frail elderly

Complete a MOST form with your provider

A MOST form (Medical Order for Scope of Treatment) is a bright pink form that you complete with your doctor. Ask your doctor's office about completing a MOST. Emergency Medical Services can follow your MOST as a portable medical order. When you learn you have an advanced, serious illness you can go into greater detail about what you do and do not want.

1. ***When should I consider a MOST form?***
A MOST form stands for Medical Order for Scope of Treatment. It should be considered for anyone who has an advanced serious illness.

2. ***Why is it important for me to consider a MOST form?***
The MOST form is a medical order, so it is the best way to ensure that you receive the care that is right for you. Advance directives (Health Care Power of Attorney, Living Will documents) alone are not enough to ensure that your wishes are honored. If you experience a medical emergency and do not have a MOST form, you are likely to receive full medical interventions that you may not want. A MOST form expresses the patient's wishes about cardiopulmonary resuscitation (CPR), levels of care for other medical interventions, antibiotics and artificial nutrition and hydration.

3. ***Important Details:***

-A MOST form must be signed by you or your health care decision-maker and your provider (either a doctor, nurse practitioner or physician's assistant) .
-It is not valid until it has been signed by you AND your provider.

Your MOST form needs to travel with you. If you are at home, place it in an easily accessible place such as on your refrigerator or above your bed.

If your wishes change, you will need to complete a new MOST form and have it signed.

MOST Form

HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY

Medical Orders for Scope of Treatment (MOST)

This is a Physician Order Sheet based on the patient's medical condition and wishes. Any section not completed indicates full treatment for that section. **When the need occurs, first follow these orders, then contact physician.**

Patient's Last Name:	Effective Date of Form:
Patient's First Name, Middle Initial:	Patient's Date of Birth:

Section A *Check One Box Only*

CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing.

☐ **Attempt Resuscitation (CPR)** ☐ **Do Not Attempt Resuscitation (DNR/no CPR)**

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

Section B *Check One Box Only*

MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing.

☐ **Full Scope of Treatment:** Use intubation, advanced airway interventions, mechanical ventilation, cardioversion as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. **Transfer to hospital if indicated.**

☐ **Limited Additional Interventions:** Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider use of less invasive airway support such as BiPAP or CPAP. Also provide comfort measures. **Transfer to hospital if indicated. Avoid intensive care.**

☐ **Comfort Measures:** Keep clean, warm and dry. 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. **Do not transfer to hospital unless comfort needs cannot be met in current location.**

Other Instructions _____

Section C *Check One Box Only*

ANTIBIOTICS

☐ **Antibiotics if indicated**

☐ **Determine use or limitation of antibiotics when infection occurs**

☐ **No Antibiotics** (use other measures to relieve symptoms)

Other Instructions _____

Section D *Check One Box Only in Each Column*

MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible.

☐ **IV fluids if indicated**	☐ **Feeding tube long-term if indicated**
☐ **IV fluids for a defined trial period**	☐ **Feeding tube for a defined trial period**
☐ **No IV fluids** (provide other measures to ensure comfort)	☐ **No feeding tube**

Other Instructions _____

Section E *Check The Appropriate Box*

DISCUSSED WITH AND AGREED TO BY:

Basis for order must be documented in medical record.

☐ Patient
☐ Parent or guardian if patient is a minor
☐ Health care agent
☐ Legal guardian of the patient
☐ Attorney-in-fact with power to make health care decisions
☐ Spouse
☐ Majority of patient's reasonably available parents and adult children
☐ Majority of patient's reasonably available adult siblings
☐ An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient

MD/DO, PA, or NP Name (Print):	**MD/DO, PA, or NP Signature and Date** (Required):	**Phone #:**

Signature of Patient, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative
(Signature is required and must either be on this form or on file)

I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent.

If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form.

You are not required to sign this form to receive treatment.

Patient or Representative Name (print)	Patient or Representative Signature	Relationship (write "self" if patient)

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED

Got Plans? has been endorsed by the North Carolina Partnership for Compassionate Care, the North Carolina Medical Society and the North Carolina Bar Association.

NORTH CAROLINA partnership FOR COMPASSIONATE CARE

North Carolina Medical Society
Leadership in Medicine

NORTH CAROLINA BAR ASSOCIATION

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Got Plans? was created by the Community Partnership for Compassionate Care. Steering committee representatives from Hospice & Palliative CareCenter, Rowan Hospice & Palliative Care, Novant Health and Wake Forest Baptist Health work in collaboration to promote and facilitate advance care planning efforts throughout the region.

The Community Partnership for Compassionate Care is one of seven regional members of the North Carolina Partnership for Compassionate Care.