



TRELLIS SUPPORTIVE CARE
Got Plans?
It's As Simple As 1,2,3
Decide – Discuss - Document

Objectives

- Learn about Healthcare Power of Attorney and the Living Will and reasons you need them.
- Learn how to discuss your wishes with your healthcare providers and loved ones.
- Learn how to document your wishes.
- Learn about the MOST form.

Advance Care Planning

- Advance care planning is a process where you reflect upon and plan for the healthcare you want if you are unable to make decisions or speak for yourself.
- Advance care planning is not just for those who are sick or dying.
- It is important that you plan for your care EARLY so that your wishes can be honored if you are in an accident, undergo surgery, or get diagnosed with a serious illness.

WHY PLAN?

- 50 % of people at end of life won't be able to make their own medical decisions
- When health care professionals are uncertain the default is to treat aggressively
- Family is left with uncertainty, stress and confusion

Scenario

- Jasmine is a 55-year-old woman who married later in life and finds her marriage on shaky ground.
- She has no children and estranged siblings.
- She is closest to a small group of coworkers in the office where she has worked for 20 years. Over the past few years, Jasmine has told her closest friends repeatedly that she would never want to be kept alive if she were very disabled and could not care for herself.
- Jasmine has high blood pressure that is poorly controlled.
- Unfortunately, she sustains a big bleed inside her brain. After surgery and a period of intensive care, her doctors say that if she survives to leave the hospital, she will likely never be able to care for herself again.

Issues & Results

ISSUES

No or limited communication

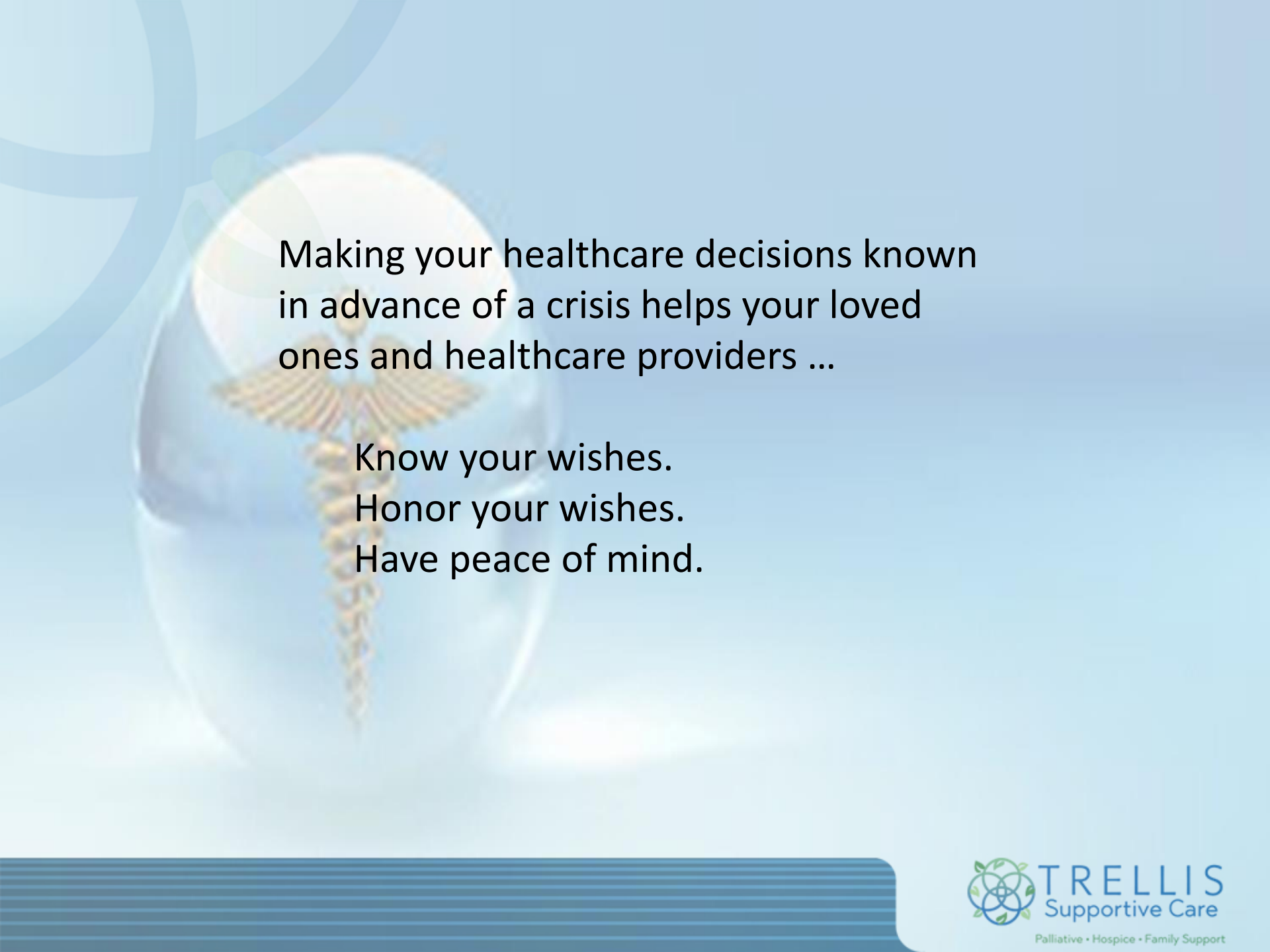
- Jasmine did not discuss her end-of-life care with her doctor or her husband.
- Jasmine told her co-workers what she wanted regarding her health

Documentation

- She did not have an advanced directive
- The doctor knew of her health condition but did not know she wanted in regard to her health care.

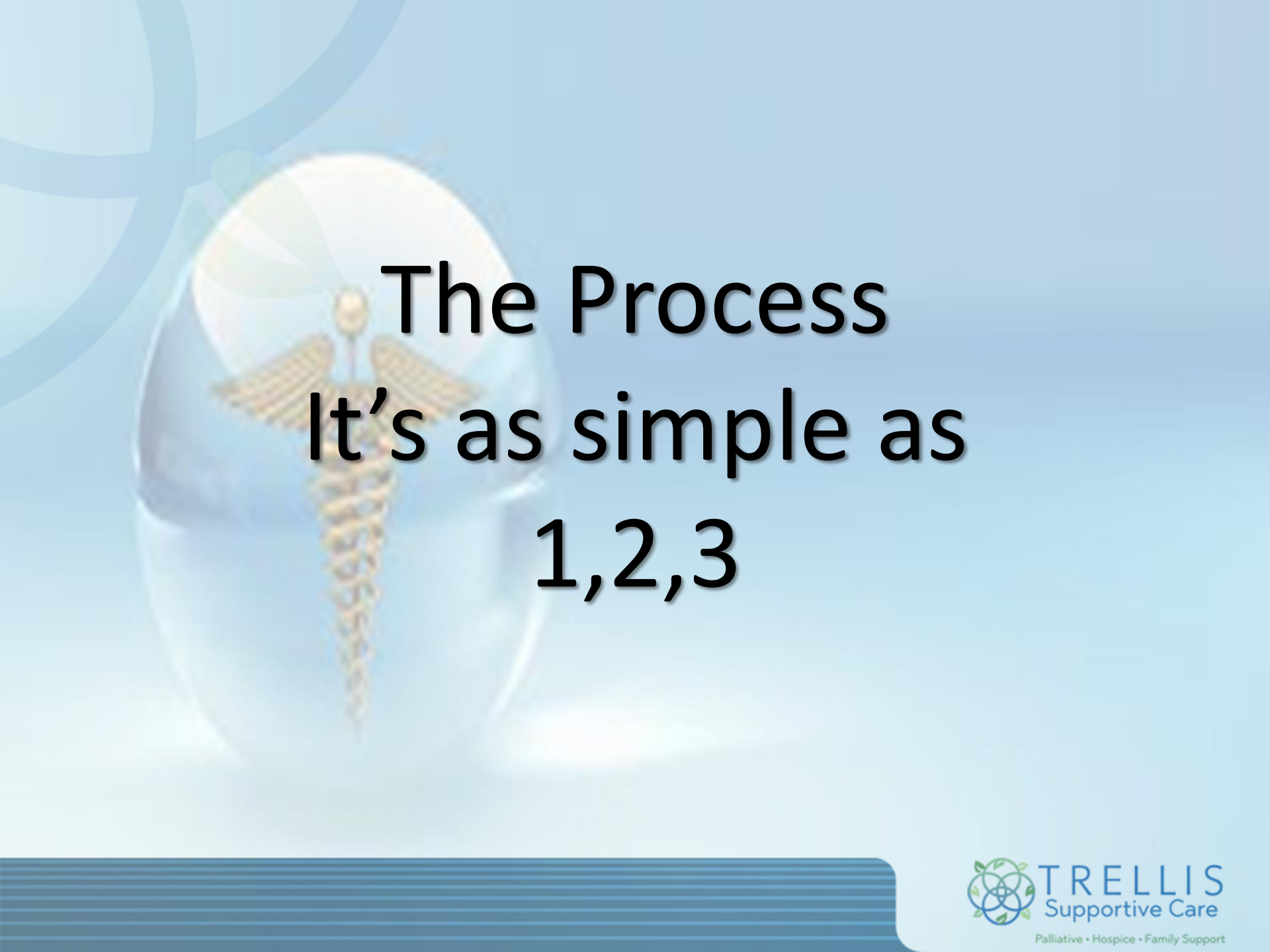
Results

- Husband feels guilty and overwhelmed
- Friends tried to communicate with husband
- Husband gave instructions to preserve her life
- Jasmine has a feeding tube placed and is transferred in a barely awake state to a nursing home for continued care.
- Jasmine ended up receiving care that she did not want



Making your healthcare decisions known
in advance of a crisis helps your loved
ones and healthcare providers ...

Know your wishes.
Honor your wishes.
Have peace of mind.



The Process

It's as simple as
1,2,3

1. DECIDE

Decide what kind of healthcare you want and who you would want to speak for you if you cannot speak for yourself.

Ask yourself questions like:

1. What makes life worth living?
2. What would I consider a good or bad death?
3. Who would I trust to speak for me?

2. DISCUSS

Discuss your wishes with your loved ones and healthcare providers.

- Spark some conversation with the important people in your life.
- Make sure to include the person(s) you would like to speak for you if you cannot speak for yourself.
- Ask him/her if they would be willing and able to do this for you.
- Pick someone you will trust to honor your wishes—not necessarily your next of kin!

3. DOCUMENT

Record your wishes in writing to help ensure your wishes are known and honored.

These legal documents are called Advance Directives:

- Health Care Power of Attorney
- Living Will

The documents vary from state to state and must be notarized to be legal.

Health Care Power of Attorney

Health Care Power of Attorney is a designated person that can make medical decisions on your behalf when you are deemed by health care professional, unable to make decisions for yourself.

Who should I choose as my healthcare agent?

- A good agent should know your wishes, is available to represent you when needed, and will honor your wishes.
- The person must be 18 years of age or older and not your doctor.

Living Will

A living will let you state your desire to or not to receive life-prolonging measures in any or all of the following situations:

- You have a condition that is incurable that will result in death within a short period of time.
- You are unconscious, and your doctors are confident that you will not regain consciousness.
- You have advanced dementia or other irreversible cognitive issues.

What are life-prolonging measures?

Medical treatments that postpone death include:

Breathing machines (ventilators)

Dialysis

Antibiotics

Tube feedings

What do I do with my documents?

- Give a copy to your doctor and review them together.
- Give a copy to your healthcare agent, family and loved ones. Keep a list of who has copies.
- Keep the original documents where they are safe and easy to obtain.
- Take a copy to the hospital if you need to be admitted.

DNR

Goldenrod DNR form only states
“Do not resuscitate”—no details or
choices!

**STOP
DO NOT
Resuscitate**

Effective Date: _____
Expiration Date, if any: _____
 Check box if no expiration

DO NOT RESUSCITATE ORDER

Patient's full name: _____

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient SHOULD NOT be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.17(b) in the patient's records.

Signature of Attending Physician/Physician Assistant/Nurse Practitioner _____
Printed Name of Attending Physician _____
Address _____
City, State, Zip _____
Telephone Number (office) _____
Telephone Number (emergency) _____

Do Not Copy Do Not Alter

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What is the **MOST** form?

MOST stands for Medical Orders for Scope of Treatment and is obtained from your doctor and requires discussion/signature.

THIS IS A DOCTOR'S ORDER.

This bright pink form is designed only for people with serious and/or chronic illness. If you are at home, the form should be visible and easy to access.

The image shows a bright pink Medical Orders for Scope of Treatment (MOST) form. The form is titled "Medical Orders for Scope of Treatment (MOST)" and includes sections for "Section A: General Information", "Section B: Life-Sustaining Treatment", "Section C: Resuscitation", and "Section D: Other Orders". It contains checkboxes for various medical decisions and a section for "Physician's Signature". The form is designed for people with serious and/or chronic illness.

Pink MOST form tells the doctor...

- If you do or do not want resuscitation and gives you choices.
- If you want **full scope** of treatment - all the bells and whistles.
- If you want **limited** interventions-i.e., treatment in a hospital setting avoiding the intensive care unit and/or ventilator, limited use of antibiotics, IV fluids and tube feedings.
- If you just want **comfort** measures (palliative care)-i.e., no hospitalization, no unwanted medical treatment, staying wherever you call home.

You Need A MOST Form...

- When you are diagnosed with a serious, chronic illness. It is not for young, healthy adults!
- When your prognosis is 18 months or less according to your physician and expected progression of the illness.
- When you have numerous and more frequent emergency room and hospital admissions for the same condition.

Key Points to Remember

- Everybody over the age of 18 needs to have conversations about healthcare wishes and/or complete their advance directives.
- Discuss your wishes and/or documents with your primary physician, your healthcare agent, and loved ones.
- Keep documents easily accessible and update when there are major life changes.

Characteristics	MOLST	Advance Directives
Population	For the seriously ill	All adults
Timeframe	<u>Current care</u>	Future care
Who completes the form	Health Care Professionals	Patients
Resulting form	Medical Orders (MOLST)	Advance Directives
Health Care Agent or Surrogate role	Can engage in discussion if patient lacks capacity	Cannot complete
Portability	Provider responsibility	Patient/family responsibility
Periodic review	Provider responsibility	Patient/family responsibility