



Place *your initials* in the () space to choose an Advance Directive.

PART 1 - Advance Directive: If I have a terminal condition that will result in my death within a short time or if I am in a coma that is irreversible to a reasonable degree of medical certainty:

() I do want my life prolonged as long as possible within the limits of generally accepted healthcare standards.

() I do not want my life prolonged AND

I () do want or () do NOT want artificial nutrition (tube feeding).

I () do want or () do NOT want hydration (intravenous fluids).

() I choose to make an anatomical gift of tissue or organs at the time of death.

() I want my designated agent to make these decisions for me.

PART 2 - Power of Attorney for Healthcare:

1. **Designation of agent:** I designate the following individual as my agent to make health-care decisions for me:

Name: _____ Relationship: _____

Telephone number with area code: () _____ 2nd phone #: () _____

If I revoke my agent's authority or if my agent is not willing, able or reasonably available to make a healthcare decision for me, I designate as my **first alternate agent**:

Name: _____ Relationship: _____

Telephone number with area code: () _____ 2nd phone #: () _____

2. **Agent's authority:** My agent is authorized to obtain and review medical records, reports and information about me and the make all health-care decisions for me, including decisions to provide, withhold or withdraw artificial nutrition, hydration and all other forms of healthcare to keep me alive, except as I state here:

3. **When Agent's Authority Becomes Effective:** My agent's authority become effective when my primary care practitioner and one other qualified health-care professional determine that I am unable to make my own health-care decisions. If I initial this box [], my agent's authority to make healthcare decisions form me takes effect immediately.

4. **Agent's Obligation:** My agent shall make healthcare decisions for me in accordance with this power of attorney for healthcare, any instructions I give in PART 1 of this form and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make healthcare decisions for me in accordance with what my agent determines to be in my best interest, my agent shall consider my personal values to the extent known to my best agent.

- Regardless of the choices I have made above, I direct that the best medical care possible be given to keep me clean, comfortable and free of pain or discomfort at all times so that my dignity is maintained, even if this care hastens my death.
- If at any time you wish to revoke or make changes to this Advance Directive, another form will be completed to state your wishes.
- For any medical questions about your Advance Directives, you must consult your physician.
- You do not need a lawyer but should consult one for specific legal questions.

OTHER WISHES: If you wish to write your own instructions, or you wish to add to the instructions you have given above, you may do so here:

Date: ___/___/___ Time: _____ Patient Signature: _____

Empty rectangular box for additional notes or instructions.



Making Medical Choices

Questions & Answers About Your Right to Decide

Questions patients often ask about their healthcare.

- Who will make medical choices for me if I am unable to do so?
- May I accept or refuse medical treatment on the basis of my values, preferences and beliefs?
- Will my wishes for medical care at the end of my life be honored?

The Lovelace Health System believes that your medical care should reflect your wishes as much as possible. We offer this information to help you begin thinking about such medical choices. We also encourage you to discuss these choices with your family, friends, clergy and physician. You may want to write down your wishes as you think and talk about them.

Your right to direct your future healthcare.

As a competent adult, you have the right to make decisions about your healthcare. This includes the right to accept or refuse medical or surgical treatment, and the right to plan and direct the types of healthcare you may receive in the future if you become unable to express your wishes. You can do this by making Advance Directives.

- Competent adults are presumed able to make their own healthcare decisions unless assessment by two licensed healthcare professionals determines otherwise.

When you are admitted to a Lovelace Health System hospital, we will ask if you have prepared an Advance Directives form or if you would like information about this document.

What is a Durable Power of Attorney For Healthcare?

Durable Power of Attorney is a term you will see on the Advance Directives form. It is the "power" you give another person, usually your closest relative or friend, to be your "health-care agent". This person will make healthcare decisions for you if you are unable to do so. This means you are giving him or her the authority to make a wide range of healthcare decisions for you. On your Advance Directives form, you may list treatments you want or do not want, such as surgery or artificial life support.

Because your healthcare agent will make decisions for you based on what he or she knows about you and thinks you would want, it is important to discuss your treatment preferences with him or her. Please remember, someone else will speak for you only when you cannot do so for yourself.

What if I change my mind?

You may cancel or replace your Advance Directives at any time. An explanation of how to do this is on the Advance Directives document. To cancel or change a verbal directive, talk to your physician.

Lovelace Health System supports patient rights to make healthcare decisions.

At Lovelace Health System, we want you to participate as fully as possible in your medical care. This brochure has been prepared in compliance with the Patient Self Determination Act of 1990 and related New Mexico laws.



What are Advance Directives for healthcare?

Advance Directives tell who you want to make healthcare decisions for you if you cannot express them yourself, and your choices about what treatments you want or do not want. Advance Directives allow you to express your wishes based on personal wishes and beliefs.

There are two ways to make Advance Directives:

- 1) **In Writing:** You may designate, in writing, a person to make healthcare decisions for you and make choices about your medical treatment. Your caregiver can give you a form to complete. It does not have to be notarized or witnessed. You can fill out all or part of the form, based on your needs.
- 2) **Verbally:** New Mexico law states that patients can tell their physicians what kind of care they want, or who they want the doctor to talk to if they cannot make decisions about their care. However, it also is advisable to document your wishes in writing.

Who can make Advance Directives?

If you are 18 years of age or older and capable of making your own decisions, you can make Advance Directives.

Why should I make Advance Directives?

Advance Directives tell others who you want to make healthcare decisions for you when you cannot and also what care and treatment you do or do not want. They may relieve your family of the burden of guessing what you would want.

Where should I keep my Advance Directives?

Inform your family and friends that you have Advance Directives and keep the original in a safe place at home where it can be easily found. Give a copy to the person you want to make medical decisions for you when you cannot and to your physician, for your permanent medical records. Keep spare copies on hand to give to your caregivers if you go the hospital or other healthcare facility.

Why should I make decisions about my healthcare?

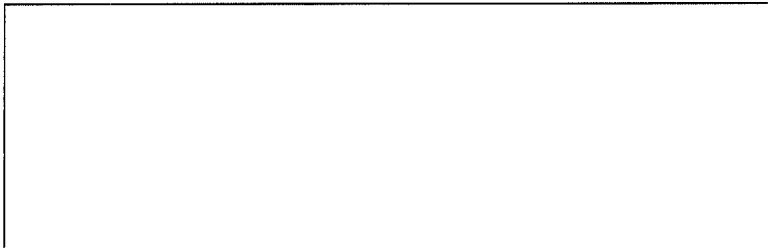
Lovelace Health System supports patients' rights to make decisions about the care they receive and to make Advance Directives for healthcare. Our staff follows New Mexico state law, which gives patients many options to make these decisions.

What you should know about your rights.

- Any competent adult may designate, verbally or in writing, a person who can make healthcare decisions for him or her if he/she cannot do so. If you communicate your healthcare decisions verbally to your physician, your wishes will be documented in your medical record and will be legally binding.
- If you become incapable of making medical choices and have not appointed someone to make them for you, we will follow this "hierarchy of consent" to ensure decisions will be made according to your wishes:

1) Spouse	5) Adult siblings
2) The individual with whom you have a long-term relationship	6) Grandparent
3) Adult children	7) An adult who knows you and your values
4) Parent	

This "hierarchy of consent" means that if the first person is not available – for example, you are not married – the next person would be contacted. If you know who you want as your healthcare agent, tell your caregivers. Also, you should discuss your wishes for medical treatment with this person, so he or she can make decisions according to your wishes.





ADMLW

To be completed for all Patients at the time of registration by the person admitting the patient.

PART 1

1. Does the patient have an Advance Directive/Living Will?
 Yes **No - please go to Part 2**

2. Is there a copy of the Advance Directive/Living Will in the medical record at this hospital?
 Yes - **STOP here** **No - please continue**
 - If Yes, check images in EPIC. If none present, ask patient to fill out new Advance Directive.
 - If Yes, is the Advance directive on file the most current?
 Yes - **STOP here** **No - please continue**

3. Did the patient bring the Advance Directive/Living Will to the hospital?
 Yes **No - please continue**
 - If Yes, scan Advance Directive to STAR.

PART 2: If the patient does NOT have an Advance Directive

1. Written information about Advance Directives was provided to the patient
 Yes
 No - Explain: _____

2. Does the patient wish to make an Advance Directive?
 No
 Yes
 - Provide the Advance Directive form and pamphlet to patient at the time of registration.

3. Does the patient request assistance to make an Advance Directive?
 No
 Yes (Case Management or Nursing)

PART 3:

1. **PATIENT UNABLE TO COMMUNICATE**

Date: ___ / ___ / ___ Time: _____ Admitting personnel signature: _____