

Advance Care Planning Document Types

Advance Directive or Living Will

Advance Directive: A legal document in which the patient expresses their choices about medical care in the event that they lose decision-making capacity. Advance directives often designate an “agent” or “power of attorney” for making medical decisions for the patient if they become incapacitated. There is no standard form for advance directives, but they do need to meet certain requirements to be legally valid.


VIRGINIA ADVANCE DIRECTIVE FOR HEALTH CARE	
I, _____, willingly and voluntarily make known <small>Printed Name of Individual Making This Advance Directive for Health Care (Declarant)</small> my wishes in the event that I am incapable of making an informed decision about my health care, as follows: (YOU MAY INCLUDE ANY OR ALL OF THE PROVISIONS IN SECTIONS I AND II BELOW.)	
SECTION I: APPOINTMENT AND POWERS OF MY AGENT <small>(CROSS THROUGH THIS SECTION I IF YOU DO NOT WANT TO APPOINT AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU.)</small>	
<u>A. Appointment of My Agent</u>	
I hereby appoint _____ <small>Name of Primary Agent</small> <small>E-mail Address</small>	
<small>Home Address</small> <small>Telephone Number</small>	
as my agent to make health care decisions on my behalf as authorized in this document.	
If the primary agent named above is not reasonably available or is unable or unwilling to act as my agent, then I appoint as successor agent to serve in that capacity:	
_____ <small>Name of Successor Agent</small> <small>E-mail Address</small>	

Living Will: A document in which the patient expresses their choices about medical care in the event that they become incapacitated while terminally ill or they become permanently unconscious. Like advance directives, living wills may designate an “agent” or “power of attorney” for medical decision-making. There is no standard form for living wills.

DECLARATION	
This declaration is made this _____ day of _____ (month, year).	
I, _____ being of sound mind, willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.	
If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.	
In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.	
Signed _____	

DDNR or POST Form or Equivalent

Durable Do Not Resuscitate (DDNR) Order: A signed physician's order that authorizes withholding cardiopulmonary resuscitation in the event that the patient goes into cardiac and/or respiratory arrest. DDNR orders are issued with the consent of the patient or an appropriate decision-maker, and health care providers in any facility or in the community may rely on them as long as they are valid. DDNR orders are not advance directives.

	
Durable Do Not Resuscitate Order Virginia Department of Health	
Patient's Full Legal Name _____	Date _____
Physician's Order	
I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.	
I further certify (must check 1 or 2):	
<input type="checkbox"/> 1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a	

Physician Orders for Scope of Treatment (POST) Form: A signed physician's order for specific medical care to be provided or withheld in the event of a medical emergency. POST forms are issued with the consent of the patient or an appropriate decision-maker, and if a valid POST form orders that cardiopulmonary resuscitation be withheld in the event of cardiac and/or respiratory arrest, then that portion of the form can serve as a DDNR order. Equivalent forms are issued in other states, such as the Maryland MOLST form and the District of Columbia MOST form.

HIPAA permits disclosure to health care professionals and authorized decision makers for treatment	
Virginia Physician Orders for Scope of Treatment (POST)	
This is a Physician Order Sheet based on the patient's current medical condition and wishes. Any section not completed creates no presumption about the patient's preferences for treatment.	
Name Last / First / M.I. _____	
Address _____	
City / State / Zip _____	
Date of Birth (mm/dd/yyyy) _____ Last 4 Digits of SSN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
A ✓one only	CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse <u>and</u> is not breathing. <input type="checkbox"/> Attempt Resuscitation <input type="checkbox"/> Do Not Attempt Resuscitation (DDNR/DNR/No CPR) <i>If "Do Not Attempt Resuscitation" is checked, this is a DDNR order. See Page 2 for instructions for use.</i> If a previous Durable Do Not Resuscitate form or POST form indicating Do Not Attempt Resuscitation was signed by the patient, only the patient can consent to reversing such a Durable DNR Order.
When not in cardiopulmonary arrest, follow orders in B & C	
B ✓one only <i>If "Attempt Resuscitation"</i>	MEDICAL INTERVENTIONS: Patient has pulse and / <u>or</u> is breathing. <input type="checkbox"/> Comfort Measures: Treat with dignity and respect. Keep 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. Transfer to hospital <u>only</u> if comfort needs cannot be met in current location. Also see "Other Orders" if indicated below.

Guardianship

A guardian is a person who is appointed by a court to make decisions for and handle the affairs of a person (the ward) who has been determined to be legally incompetent. A conservator is similar to a guardian, except that a conservator is appointed specifically to manage the ward's financial affairs. Guardianship and conservatorship may be proven with a copy of a court order or with an official letter of guardianship/conservatorship.

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

IN RE: [REDACTED] : CIVIL ACTION NO. [REDACTED]

**ORDER FOR MODIFICATION
OF APPOINTMENT OF GUARDIAN AND CONSERVATOR**

THIS MATTER CAME ON TO BE HEARD on this [REDACTED] day of [REDACTED]
upon a Petition for Modification of a Guardian and Conservatorship by the Fairfax County
Department of Family Services (hereinafter the "Department"), pursuant to Virginia Code Ann.
§ 37.2-1012 (2008); and.

Power of Attorney

A power of attorney is a person who is legally authorized by another person (the principal) to make certain decisions on their behalf in the event that they are incapable or unavailable to make those decisions. Power of attorney documents typically specify the kinds of decisions the power of attorney is authorized to make, such as decisions related to the principal's finances, medical care, or both. There is no standard form for power of attorney documents, but they do need to meet certain requirements to be legally valid.

VIRGINIA DURABLE FINANCIAL POWER OF ATTORNEY

I, _____, the principal, of _____, State of _____,
_____ hereby designate _____, of _____,
State of _____, my attorney-in-fact (hereinafter my "attorney-in-fact"), to act as initialed below, in my name, in my stead and for my benefit, hereby revoking any and all financial powers of attorney I may have executed in the past.

EFFECTIVE DATE

(Choose the applicable paragraph by placing your initials in the preceding space)

_____ - A. I grant my attorney-in-fact the powers set forth herein immediately upon the execution of this document. These powers shall not be affected by any subsequent disability or incapacity I may experience in the future.

Procedure DNR Consent

A signed consent form for patients with a code status of DNR who are undergoing a medical procedure that presents a risk of cardiac and/or respiratory arrest. This document allows such patients or an appropriate representative to specify whether and under what circumstances they wish to be resuscitated in the event of cardiopulmonary arrest during or immediately following the procedure. (Note: This document type will not be active until Fall 2019.)

<p style="text-align: right;">DNR for Procedures Consent</p> <p>You have been scheduled for the following procedure or surgery at Inova: _____</p> <p>Every procedure or surgery has a chance of side effects or complications. These complications can typically be addressed during the procedure, but doing so may involve practices that might be viewed as "resuscitation" in other settings. It is the policy of Inova that you (or your legal healthcare representative) and your physician re-evaluate your DNR ("Do Not Resuscitate") order prior to any procedure so your healthcare team knows your wishes. This includes a review of your underlying condition and the reason(s) for the procedure.</p> <p>If you have an existing DNR order and need anesthesia, it may be necessary to tailor the DNR order with the understanding that a temporary breathing tube may be placed in addition to normal anesthetic management. All attempts will be made to remove the breathing device at the end of the procedure, but sometimes it is necessary to keep the breathing tube in for a short period after the procedure until the lungs are strong enough to safely remove it.</p> <p>In consideration of a planned procedure or surgery, there are three ways in which you (or your legal healthcare representative), may address any potential event of cardiac or pulmonary arrest: <i>(please mark one:)</i></p>
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Retired ACP Documents

Advance care planning documents should be retired when they are no longer in force because they have expired, have been superseded by newer documents, or have been rescinded or cancelled by an appropriate party.

<p>MARYLAND ADVANCE DIRECTIVE: PLANNING FOR FUTURE HEALTH CARE DECISIONS</p>	
By: <u>Chani Lachance</u> (Print Name)	Date of Birth: <u>7-4-50</u> (Month/Day/Year)
<p>Using this advance directive form to do health care planning is completely optional. Other forms are also valid in Maryland. No matter what form you use, talk to your family and others close to you about your wishes.</p> <p>This form has two parts to state your wishes, and a third part for needed signatures. Part I of this form lets you answer this question: If you cannot (or do not want to) make your own health care decisions, who do you want to make them for you? The person you pick is called your health care agent. Make sure you talk to your health care agent (and any back-up agents) about this important role. Part II lets you write your preferences about efforts to extend your life in three situations: terminal condition, persistent vegetative state, and end-stage condition. In addition to your health care planning decisions, you can choose to become an organ donor after your death by</p>	