

ALASKA PIONEER HOME		P&P No: 09.06
Title: Advance Directive		Approval: D. COTE
Key Words: Durable Power of Attorney, Living Will, Comfort One Program, MOST Form, Do Not Resuscitate, Cardiopulmonary Resuscitation		
Team: Nursing, Administration	Effective Date: 8/1/12	Page: 1 of 9

PURPOSE

To describe treatment preferences in the event that a resident in an Alaska Pioneer Home (AKPH) becomes unable to make medical decisions on their own.

POLICY

AKPH honors and respects a resident’s advance directive that protects their right to refuse medical treatment that is not wanted, or to request treatment that is wanted, in the event that the resident loses the ability to make decisions.

The AKPH resident maintains the right to select an attending physician and to appoint a person to make decisions about their medical care when the resident can no longer make those decisions.

DEFINITIONS

Advance Directive is instructions given by a resident specifying what actions should be taken for their health, in the event that they are no longer able to make decisions due to illness or incapacity. A person is appointed to make such decisions on the resident’s behalf.

Do Not Resuscitate (DNR) order is a refusal for cardiopulmonary resuscitation (CPR) if the resident’s heart stops or if the resident stops breathing. DNR is a doctor’s order and an advance directive.

Living Will describes the kind of medical treatments or life sustaining treatments that the resident wants if they are seriously or terminally ill. A living will is a legal advance directive.

Power of Attorney (POA) is a person chosen by the resident to represent or act on a resident’s behalf in private affairs, business, and legal matters. The resident is the *principal* and the POA is the *agent*.

Durable Power of Attorney (DPA) is a person chosen by the resident to make health care decisions when the resident becomes unconscious or unable to make medical decisions. A DPA for health care is a legal advance directive.

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Comfort One Program is a program in Alaska for terminally ill residents who do not wish to have life saving measures, such as CPR, performed on them when their heart beat and breathing stops.

MOST (Medical Orders for Scope of Treatment) describes what medical treatment choices the resident does or does not want. It is an internal Pioneers' Home document that may or may not be recognized by all healthcare providers/first responders.

PROCEDURE**I. Individual Rights under Alaska State Law**

- A. AKPH residents have rights to participate actively in health care decision making, such as:
 - 1. The right to accept or refuse medical or surgical treatment.
 - 2. The right to formulate an advance directive.
 - 3. The right to choose another person to act on their behalf to make medical decision.

- B. An advance directive is a formal document that states a resident's choices about health care that is written in advance of an incapacitating illness.
 - 1. Education about advance directives encourages the AKPH residents to communicate their preferences and values to others.
 - 2. Advance directives guide others in the health care decision making for the resident if the resident is unable to do so.

- C. The Alaska Advance Directive form contains two important parts:
 - 1. The appointment of a *durable power of attorney* (DPA), also called the health care agent, to make health care decisions.
 - 2. The *health care directive*, also called the living will.
 - a. The resident specifies the kind of life prolonging medical care that is wanted or not wanted if terminally ill or permanently unconscious and unable to make medical decisions or speak.

II. Durable Power of Attorney (DPA)

- A. Terms used to designate the person who makes medical decisions on behalf of the resident:
 - 1. Durable power of attorney
 - 2. Health care power of attorney

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3. Resident representative
 4. Attorney-in-fact
 5. Agent, or health care agent
 6. Proxy, or health care proxy
 7. Surrogate
- B. The DPA permits only the appointed person to make medical decisions for the resident if the resident cannot make those decisions.
1. The DPA is not authorized to handle the resident's financial affairs.
 2. The DPA cannot make decisions while the resident can still make them.
 3. The DPA goes into effect when the resident's physician concludes that the resident is unable to make decisions.
 4. The law requires the DPA to make the same medical decisions that the resident would have made, if possible.
 5. To help the DPA follow the law, it is essential that the resident discusses their values about the quality of life that is important to the resident.
 6. The resident should discuss with the DPA the kind of decisions that they would make in various situations.
- C. A resident's DPA can be any adult who the resident knows, trusts, and will honor the resident's wishes.
1. If the authority of the DPA is not limited, it includes:
 - a. Consent or refusal to any care, treatment, service, or procedure.
 - b. Procedures that affect physical or mental conditions.
 - c. Consent for administration or discontinuation of psychotropic medications.
 - d. Selection or discharge of health care providers and institutions.
 - e. Approval or disapproval of proposed diagnostic tests, surgical procedures, and medications.
 - f. Provision, withholding, or withdrawal of artificial nutrition and hydration.
 - g. Making an anatomical gift following the resident's death.
 2. Health situations can be discussed between the resident and DPA to achieve a clearer understanding of the resident's wishes. For instance:
 - a. How the resident wants to be treated if they suffer a massive stroke or head injury from which they were unlikely to regain consciousness.
 - b. How the resident feels about life sustaining treatments that might prolong their life if they suffer a progressive debilitating disease such as Alzheimer's Disease or Parkinson's Disease, and can no longer make decisions.
 - c. How the resident feels about receiving artificial nutrition and fluids.

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- d. How the resident feels about attempts to resuscitate if their heart stops beating or they stop breathing.
- e. Does the resident want a ventilator, and if so, for how long.
- f. Every situation that might arise cannot be reviewed by the resident and the DPA, but discussion of topics listed above can help the DPA understand how the resident thinks about the use of medical treatments at the end of life.

III. Health Care Directive (Living Will)

- A. The health care directive allows the resident to give specific instructions for any aspect of their health care to the extent allowed by law.
 - 1. Mercy killing, assisted suicide, or euthanasia cannot be authorized.
 - 2. Choices are provided for the resident to express their wishes about the provision, withholding, or withdrawal of treatment to keep the resident alive.
 - 3. Choices include:
 - a. Cardiopulmonary resuscitation (CPR)
 - b. Artificial nutrition
 - c. Hydration
 - d. Pain relief medication
 - e. Antibiotic medication
 - f. Anatomical gift
 - g. Mental health treatment
 - h. Primary physician
- B. Health care directive options for AKPH residents currently recognized by healthcare professionals in Alaska include:
 - 1. Comfort One Program
 - 2. MOST (medical order for scope of treatment) form (not recognized by all healthcare providers/first responders)
 - 3. DNR (do not resuscitate) order from the physician
 - 4. Full code (resuscitate)

IV. Comfort One Program

- A. Some individuals who are terminally ill do not wish to have life saving measures, such as cardiopulmonary resuscitation (CPR), performed when they go into respiratory or cardiac arrest.

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- B. Alaska law and regulations established the Comfort One Program to help health care providers identify terminally ill people who have expressed DNR wishes. (7AAC 16.010-16.090)
- C. The Alaska Department of Health and Social Services (DHSS) adopted the Comfort One program as its standard for department approved DNR identification.
1. The program established a protocol for health care providers to respect these wishes once the person has been identified as being enrolled in the program.
 2. DNR identification includes forms, cards, necklaces, and bracelets.
 3. The program was prepared by the Montana Hospital Association.
- D. Health care provider is a person who is licensed, certified, authorized, or permitted by law to provide health care in the ordinary course of business or practice of a profession.
1. A person who is authorized to administer CPR falls within the definition of a health care provider with respect to CPR activities. (AS13.52.390[23])
 2. Providers authorized to administer limited health care must, by Alaska statute, respect the Comfort One form, card, necklace, or bracelet.
- E. Enrollment in the Comfort One Program
1. A qualified resident is enrolled in the program by their physician who fills out a program enrollment form.
 2. When a physician enrolls a resident in the program, the resident is given the original enrollment form and a card.
 - a. Residents, families, and Home staff are encouraged to keep them in a visible or easily accessible location.
 3. The resident may choose to purchase a Comfort One bracelet.
 - a. Bracelets are only available to those enrolled in the program and are particularly useful for residents who travel outside the Home.
 - b. Bracelets may be purchased through the resident's physician or from the Regional EMS Council in Fairbanks, 907-456-3978.
 - c. The Comfort One form, card, and optional bracelet serve as proof to a health care provider that a resident is enrolled in the program.
- F. Under Alaska statewide protocol, CPR will not be started, and will be stopped if already in progress on residents who are confirmed to be enrolled in the Comfort One Program.
1. EMS (emergency medical service) provides out-of-hospital acute medical care and/or transport to definitive care for residents with illness and injury.

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- a. The EMT (emergency medical technician) is a health care provider of emergency services that arrives at a Home to aid the resident.
- b. EMTs in Alaska follow the Comfort One protocol.
2. Two steps to identify a DNR resident:
 - a. Confirm the identity of the resident, *and*
 - b. Determine whether the resident has a valid DNR order.
 - 1) Comfort One form or card for the resident.
 - 2) Comfort One bracelet worn or carried by the resident.
 - 3) DNR identification for the resident that is from another state, territory, or possession of the United States.
 - a) These DNR orders are valid if they comply with Alaska law.
 - b) A health care provider can presume, in the absence of actual notice to the contrary, that a DNR order and identification is valid, and treat the resident in accordance with the Alaska Comfort One protocol. (AS13.52.150)
 - 4) Physician's DNR order, when the order is in writing and a copy has been provided or seen by the physician or other health care provider.
 - 5) Verbal order has been issued directly to the physician or health care provider by the resident's physician.

G. Revocation of DNR orders

1. A DNR order may be revoked by the:
 - a. Resident.
 - b. Resident's physician.
 - c. Parent or guardian of a DNR person who is enrolled in the Comfort One Program and under 18 years of age.
2. The health care provider should carefully document the revocation.

V. MOST (Medical Order for Scope of Treatment) Form**A. Enrollment for use of the MOST form**

1. The form is filled out by the resident's medical provider after discussion with the resident and the family about the resident's medical choices.
2. The information contained in the MOST form is an approved medical order.
3. Changes of the medical care choices can be made at any time.
 - a. If the resident wants to make changes, the medical provider must sign a new MOST form.
4. The MOST form helps the resident's medical provider, Home staff, and hospital staff to understand clearly and quickly what kind of treatment the resident wants.

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- B. Medical order options listed on the MOST form:
1. Treatment when the person is not breathing and has no pulse.
 - a. DNR
 - b. Attempt resuscitation / CPR
 2. Treatment when the person has pulse and/or is breathing.
 - a. Comfort measures only
 - b. Limited interventions
 - c. Trial of intensive therapy
 - d. Full treatment
 3. Antibiotic use.
 4. Artificial nutrition use.
 5. Summary of medical condition and rationale for these orders.
 6. Additional information, such as medical devices and advance directive.
 7. Name and contact information for health care agent.
- C. A current MOST form supersedes any prior MOST forms.
1. When the need occurs, first follow the MOST orders, then contact the resident's provider.
 2. A health care provider should void any prior MOST form by drawing a line through its sections A to E, write *VOID* in large letters and then sign and date on the line.
 3. If a MOST form is voided without creating a new MOST form, full treatment and resuscitation is provided.
 4. Any section on the MOST form that is not completed indicates full treatment for that section.
- VI. Do Not Resuscitate (DNR)**
- A. The health care provider must comply with state and federal laws and regulations related to the provision of or withholding of care.
- B. The health care provider must first clearly confirm the identity of the resident by one of the following methods:
1. Resident identifies self.
 2. Resident's Home or other institutional identification, such as an arm band.
 3. Resident is known to the health care provider.
 4. Resident's identification cards.
 5. Another person identifies the resident.
 6. If a resident is unresponsive to questions about identity, the health care provider may rely on Comfort One necklace or bracelet worn by the resident.

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- C. When the resident's identity is established, the health care provider examines the resident, resident's available medical records, and other sources to determine the resident's DNR status.
1. Determine whether the resident has a valid DNR order, as with Comfort One:
 - a. DHSS approved DNR form or card for the resident.
 - b. DHSS approved DNR necklace or bracelet worn or carried by the resident.
 - c. DNR identification for the resident that is executed or issued in another state, territory, or possession of the United States that meets the requirements of AS18.12.090.
 - d. Attending physician's written DNR order is provided or a verbal order has been issued directly to the health care provider by the attending physician.
- D. The health care provider immediately proceeds with resident assessment and care.
1. CPR is administered until the required DNR information is obtained.
 2. CPR is not started or continued if the health care provider determines that it would be futile, or a competent qualified resident declines CPR.
 3. After establishing that the resident is a qualified DNR resident, the health care provider may not attempt CPR for a resident who does not have a pulse or is not breathing.
 4. The DNR order does not affect other care or services that the health care provider has determined are appropriate for the resident.
 5. The qualified DNR resident or the resident's attending physician may revoke the resident's DNR status at any time and in any manner.

VII. Cardiopulmonary resuscitation (CPR)

- A. AKPH licensed nurses maintain current certification in adult CPR.
1. Re-certification occurs every two years.
- B. If a resident experiences cardiopulmonary arrest (heart beat and breathing stop) and the resident is *not* a qualified DNR status:
1. The resident is a *Full Code* status.
 2. CPR is started.
 3. Paramedics are summoned.

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HISTORY OF REVISIONS

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Reviewed: 1/27/12

ATTACHMENTS

REFERENCES
