Advance Care Planning

Planning for the course ahead

UNC HEALTH CARE

These materials do not constitute legal advice or legally effective documents. Please consult your personal attorney.

Control Your Healthcare Decisions

You have the ability to make decisions regarding your medical care, even when you are too sick or injured to make your wishes known. This is called "advance care planning" and can include documents (such as advance health care directives) that help make your treatment preferences known to your health care team and loved ones.

If you plan now, you can make sure your wishes are known. This can help you receive the kind of care you want and relieve your loved ones from making difficult and stressful choices.

This booklet will help you understand the different aspects of advance care planning. If you decide you want to complete specific advance care planning documents, we can provide you with additional information.

However, your most important task is thinking about these major decisions and talking about them with those close to you. That is the heart of advance care planning.

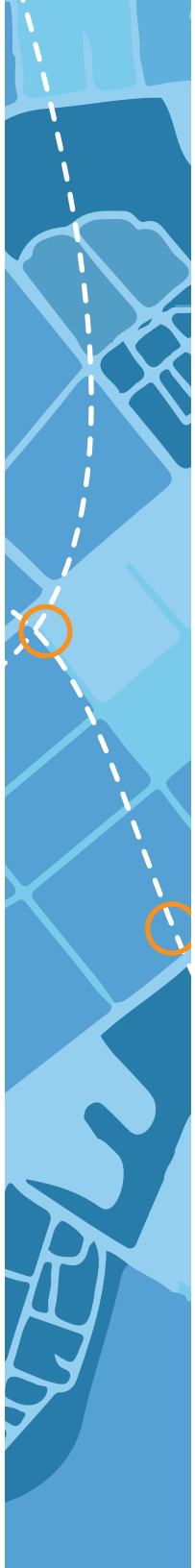
Navigate

What is Advance Care Planning? How Might Specific Advance Care Planning Documents Help You?

Advance care planning helps you to establish and communicate the kinds of care that fit with your preferences at times when you cannot participate in decision making because of serious illness or injury. Advance care planning documents are written instructions that reflect your wishes for health care. These documents can guide major medical decision-making if you become so ill you are unable to speak for yourself.

In an advance care planning document, you can:

- Name someone to make medical decisions for you when you cannot make or communicate your treatment preferences.
- Make known what medical treatments you do and do not want to have.



Advance care planning documents can be a good choice for anyone, not just for older adults. Unexpected events can happen at any age, so it is important for all adults to consider advance care planning documents as part of their advance care planning.

This booklet provides you with information about advance care planning documents.

Reasons for Advance Health Care Planning Documents

Advance care planning documents contain useful information about what you value and what is important to you. They can be a gift to your family and friends. In the event that you become unable to make or communicate your treatment preferences, your health care providers will look for documents that you have already completed or for other documentation that you have offered about your health care wishes. If no documents

Advance Health Care Planning Documents can be a gift to your family and friends.

are available, they will turn to those close to you for guidance, who may or may not know what kind of treatments you would want. The next sections provide information to help you make an advance care plan.

Making and Documenting Advance Care Planning Decisions

There are five key steps to successful advance care planning:

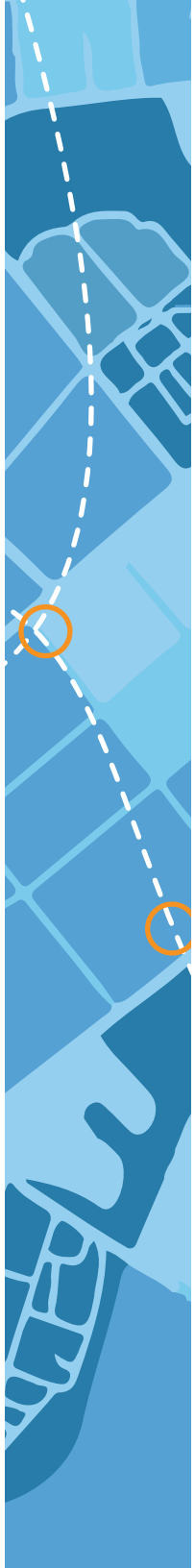
1. **Think** – Think about what matters to you.
2. **Talk** – Talk about your wishes with your family, friends, and health care provider(s). Your health care providers will document these conversations in your medical record.
3. **Put it in Writing** – Document your choices and decisions so they will be ready when needed.
4. **Share** – Share your documents with your family, friends, and health care provider(s).
5. **Review** – Review your advance care plan periodically with your health care providers and loved ones, including any documents you created, at least once a year.

You can read more about these steps on the following pages.

Think

The following questions may help you to think about what matters most to you. Give yourself plenty of time to think through what you would prefer to have happen or not happen if you became seriously ill or injured. You may find it helpful to write down your thoughts.

- **Who would you want to speak on your behalf about health care decisions if you could not communicate for yourself?**
- **What is your understanding of your health and well-being?**
- **What are your health care goals or priorities?**
- **What things give you strength or make you feel good about your life?**



- **Have you had good experiences with receiving health care? Did you experience anything that you didn't understand or that made you feel bad?**
- **What fears or concerns do you have about your future health?**
- **How much do your family and friends already know about your priorities and wishes?**
- **How prepared do your family and friends feel about their ability to discuss your priorities and wishes with members of your health care team?**

Talk

Now that you have thought about what matters most to you, you may be ready to share your thoughts with:

- Your family
- Your health care provider(s)
- Those closest to you
- Anyone who is likely to be involved in your future health care decisions

This can be a hard conversation to start. It is important to remember this is something you will discuss more than one time. The more you talk about your choices for care, the more comfortable you and your family will become.

Here are some ideas for starting your conversation:

- With family or those closest to you

  "Did you hear what happened with _____? That got me thinking, and I want to make sure you know what my preferences for care are, in case you ever have to speak for me."

  "There's something I've been thinking about for a while that I want to share. I really need you to listen carefully."

- With health care provider(s)

  "I've been thinking about my own future health care decisions if I were to get sicker or could not communicate what I wanted. Can I make an appointment to discuss my wishes with you?"

The more you talk about your choices for care, the more comfortable you and your family will become.

Making Your Treatment Choices

Many medical treatments may be offered to help save or prolong your life if you are seriously ill or injured. Many people want these treatments if the treatments are likely to prolong life or restore health. However, some people set limits on these treatments to best suit them. For example, a person may want to decline a treatment that may not change how long they can live or be very effective. As another example, some people do not want their life prolonged by a device or machine if they are unable to communicate with or see family, or are in constant severe pain. Some people may also choose to have these treatments for a limited time. This allows a trial period to see whether the treatments will help them.

All these treatment choices are best made by you, in light of your own values and goals. Whether or not you choose to decline certain treatments, your health care providers will try to lessen your pain or other uncomfortable symptoms. **You don't have to make these choices alone** – talk with your primary health care provider about your options, or ask if you can meet with a palliative care specialist. Also talk with your family members about the kind of treatments you do and do not want.

The following chart includes some general information about the types of life-prolonging treatments that you may consider, as well as alternatives if you decide to forego these treatments.

Why it's done	How it's done	What is the alternative?
Cardiopulmonary resuscitation, or CPR		
Tries to restart a normal heartbeat if your heart stops beating, or beats very irregularly, and your breathing stops	• Health care providers press very hard on your chest many times and try to blow air into your lungs • They may place a tube in your throat to get air to your lungs, also called intubation • Sometimes they give electric shocks to your heart	• Natural dying with no use of resuscitation or intubation • Doctors and nurses use ordinary treatments such as oxygen, antibiotics, IV fluids, unless you have directed otherwise • Pain medicine or other treatments to provide comfort near death

Breathing machine, or mechanical ventilation

Gives oxygen to your lungs if you stop breathing or are too ill to breathe well on your own	• A tube is placed through your mouth, nose, or an incision at the base of your neck. This is called intubation. • The tube goes down your windpipe and into your lungs • The tube connects to a machine called a ventilator or respirator	• Oxygen is provided by a face mask or two small nose prongs • Some face masks also use pressure to support breathing, these are called BIPAP or CPAP

Tube feeding

Gives you artificial nutrition in liquid form when you cannot chew or swallow	• A feeding tube is placed through your nose, mouth, or abdominal wall, and into your stomach	• Food is offered as desired • Food may be ground or pureed into a texture safer to swallow • Assistance with feeding by a caregiver may be necessary

Intravenous (IV) Fluids

Gives you artificial hydration when you cannot swallow.	• A needle is placed into your vein.	• Liquids are offered as desired. • Liquids may need to be thickened for safer swallowing. • Mouth swabs can be used to keep mouth moist.

Kidney dialysis

Takes out waste and extra fluid from your blood if your kidneys stop working	• A tube is placed into a vein • The tube connects to a machine that removes waste and extra fluid from your blood and then returns the blood to your body	• Health care provider will offer medications to help control uncomfortable symptoms caused by waste or extra fluid

You may choose to forego all life-prolonging interventions and choose treatment exclusively focused on comfort. Such comfort measures may include medications for pain, wound care, oxygen, and nutrition. When comfort becomes your primary focus, you may also want to ask if hospice services are available to support you.

Put It In Writing

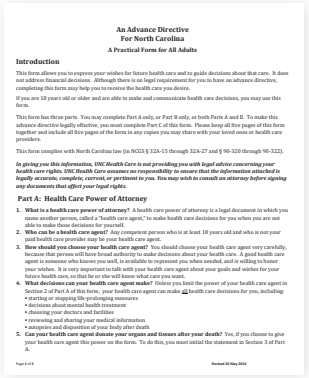
North Carolina has specific laws about certain advance care planning documents. Use of the forms is optional. If you decide that one of the documents would be helpful to you, you may complete the forms yourself. But you may wish to consult with a lawyer for a variety of reasons, including to get advice on how to make one or more documents legally effective.

Your health care providers can use your advance care planning documents to guide their actions. For example, creating a document that identifies your preferred health care power of attorney can help you be more sure of who will be making medical decisions for you if you are unable. Creating a document such as a living will gives you the opportunity to specify the types of medical treatment you would like to receive.

North Carolina offers two forms that you may wish to use in your advance care planning. We are happy to provide you with copies of those forms upon request or you may access them online.

- **Declaration for a Natural Death** (Living Will Form)
- **Health Care Power of Attorney**

There is another version of an advance care planning document that may be of interest to you as it combines the two kinds of forms above. We are happy to provide you with a copy upon request or you may access it online.



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 (as NCGS § 32A-15 through 32A-27 and § 90-320 through 90-322).

In giving you this information, UNC Health Care is not providing you with legal advice concerning your health care rights. UNC Health Care assumes no responsibility to ensure that the information attached is legally accurate, complete, current, or pertinent to you. You may wish to consult an attorney before signing any documents that affect your legal rights.

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.

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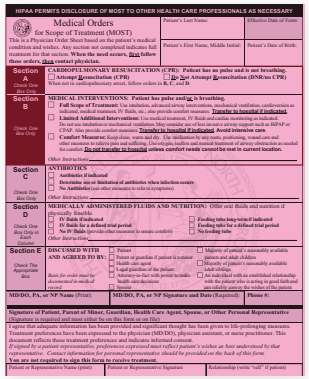
North Carolina Advance Directive

- The **North Carolina Advance Directive Practical Form** includes a living will (a statement of treatment preferences) and health care power of attorney (a statement about who will speak on your behalf if you cannot speak for yourself).

If you develop an advanced, serious illness you may consider completing additional forms. These forms

go into greater detail about what you do and do not want and require a medical provider's signature. Talk with your doctor's office about completing these forms.


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)

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

Basis for order must be documented in medical record

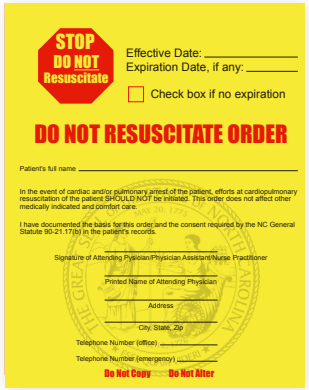
MD/DO, PA, or NP Name (Print): | MD/DO, PA, or NP Signature and Date (Required): | Phone #:

Signature of Patient, Patient 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)

Medical Order for Scope of Treatment (MOST)

- The **Medical Order for Scope of Treatment (MOST)** is a bright pink form you complete with your physician, nurse practitioner or physician assistant. The MOST form is intended for people who have an advanced, serious illness. It provides explicit medical orders guiding whether you want CPR, use of a breathing machine or ventilator, levels of care for other medical interventions, antibiotics, and artificial hydration or nutrition. It must be signed by you or your health care decision-maker and your medical provider. The MOST form should be reviewed yearly with you and your provider.


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

Do Not Resuscitate (DNR)

- The **Portable Do Not Resuscitate (DNR)** document is a provider order that instructs individuals not to perform CPR (cardiopulmonary resuscitation) if you stop breathing or your heart stops. It is helpful to decide about CPR before you are sick enough to need it. You must talk with your doctor about your health and your wishes before getting a Portable DNR order.

Additional information to think and talk about:

- **Organ Donation** is a process of giving an organ or part of an organ to another person after you pass away. There is no cost to you or your family if you choose to donate. If you wish to donate your organs, you can document your wishes in a variety of ways.

For more information visit the Donate Life North Carolina website at www.donatelifenc.org or call (919) 794-7693.

Note: This booklet does not talk about mental health advance care planning documents. Talk with your health care provider or attorney if you want to prepare that kind of document.

Share and Review Your Advance Care Planning Documents

Keep your advance care planning documents in a safe place where they can be easily found. **Do not put them in a safety deposit box or in a home safe that only you can open. Give copies of your signed forms to those close to you.**

A MOST form or portable DNR form should travel with you. If at home, place it in an easily accessible place such as your refrigerator or above your bed.

Also, give copies to your health care decision maker(s), your primary health care provider, and other providers you see regularly. **Ask your health care provider to add the documents to your medical record.**

Look over your advance care planning documents every few years. Review them at the time of major life events, such as marriage, the birth of a child, or the death of someone close to you. Decide whether you want to change any of your earlier choices.

Consult with a lawyer if you need help making sure that your documents are legally effective, registered as necessary, and that you have properly made them available to those who may need to rely on them.

You may change your advance care planning decisions at any time. To make any changes, discuss your wishes with your providers and ensure you follow the requirements of North Carolina law. Consult with a lawyer as needed.

Questions and Notes

For More Information

Please contact your Provider with questions and for more information about advance care planning. UNC Health Care is proud to support you and your health.

Provider Information