LIFECARE

ADVANCE DIRECTIVES OF GUAM
CHECKLIST AND SCORING

LIVING WILL DECLARATION		
Key Word/Phrase Prompts:	***Completion Status / Potential Score Values***:	***Score***:
1. (*Introduction only*)	N/A	N/A
2. Instructions Deferred (*if yes, skip to #42*).	Yes_____/ No_____	N/A
3. Name Entered	Yes_____/ No_____	N/A
4. (*Information only*)	N/A	N/A
5. (*Instructions only*)	N/A	N/A
6. "Current" (*evaluate case-by-case*)	N/A	N/A
7. "Terminal"	Yes/Undecided (*20*); No (*80*)	_____
8. "Home"	Yes_____/ No_____	N/A
9. "Hospice"	Yes_____/ No_____	N/A
10. "Delaying"	Yes/Undecided (*6*); No (*94*)	_____
11. "Vegetative"	Yes/Undecided (*3*); No (*97*)	_____
12. "Severe damage"	Yes/Undecided (*4*); No (*96*)	_____
13. "Infant-like"	Yes/Undecided (*3*); No (*97*)	_____
14. "Child-like"	Yes/Undecided (*20*); No (*80*)	_____
15. "Mind fail"	Yes/Undecided (*20*); No (*80*)	_____
16. "Personal care"	Yes/Undecided (*25*); No (*75*)	_____
17. "Pain"	Yes/Undecided (*15*); No (*85*)	_____
18. "Machines"	Yes/Undecided (*20*); No (*80*)	_____
19. "Overall function" (*score first entry only*)	Yes (*65*); Left Blank (*35*)	_____
20. "Facility"	Yes/Undecided (*20*); No (*80*)	_____
21. "Family pay" (*options*)	N/A	N/A

22. "Also wish"	Defer/Blank (*30*); Stop (*70*)	_____
23. "Family care" (options)	N/A	N/A
24. "Also wish"	Defer/Blank (*20*); Stop (*80*)	_____
25. (*Information only*)	N/A	N/A
26. "Certain"	Positive (*25*); High (*50*); Reasonably (*75*)	_____
27. "Second"	N/A	N/A
28. "Conflict"	Prolong (*20*); Stop (*80*)	_____
29. (*Information only*)	N/A	N/A
30. "Artificial"	Include (*70*); Unsure/Not (*30*)	_____
31. "Double"	Limited/Unsure (*10*); Full (*90*)	_____
32. " Personal/Religious" (*instructions only*)	Yes_____/ No_____	N/A
33. "Organ/Tissue" (*instructions only*)	Yes_____/ No_____	N/A
34. "Postponed" (*instructions only*)	Yes_____/ No_____	N/A
35-37. "Review"	Yes_____/ No_____	N/A
38. "Limitations"	Yes_____/ No_____	N/A
39. "Statement" (*information only*)	N/A	N/A
40. "Signed"	Yes_____/ No_____	N/A
41-43. "Witnesses" (*two entries*)	Yes_____/ No_____	N/A
44-45. (*Instructions only*)	N/A	N/A
46. Advocate Required/Signed	Yes_____/ No_____	N/A
47. (*Instructions only*)	Yes_____/ No_____	N/A
48. Copies Locations Completed	Yes_____/ No_____	N/A
	TOTAL SCORE	_____

TOTAL SCORE INTERPRETATION:	Values/ Risk of burdensome treatment
Upper 25 Percent:	1443-1474 (*low risk*)
50th - 75th Percentile:	1325-1442 (*moderate risk*)
25 - 49th Percentile	1184-1324 (*high risk*)
15th - 24th Percentile	1020-1183 (*extreme risk*)
Lower 15 Percent	406-1019 (*graphic risk*)
LIVING WILL COMPLETION RATING:	_____ of 32 Entries.
LIVING WILL COMPLETION CONCERNS (*issues regarding content, signing, witnessing, etc*):	
REVIEWED BY:	DATE:

HEALTH CARE POWER OF ATTORNEY **~~ NAMING A HEALTH CARE AGENT**	
Key Word/Phrase Prompts:	***Completion Status***:
1. (*Introduction only*)	N/A
2. Name Entered	Yes_____/ No_____
3. Intent to Appoint	Yes_____/ No_____
4. Appointment Name Entered	Yes_____/ No_____
5. (*Instructions only*)	N/A
6. First Alternate Named	Yes_____/ No_____
7. Second Alternate Named	Yes_____/ No_____
8. (*Instructions only*)	N/A
9. Guardian/Conservator Nominated	Yes_____/ No_____
10. Primary MD Nominated	Yes_____/ No_____
11. Alternate MD Nominated	Yes_____/ No_____
12. Authorities Granted	_____ of 17 Indicated
13-16. (*Instructions only*)	N/A
17. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes_____/ No_____
18. Agent Authorization Re: Comfort Care Medications Decisions	Yes_____/ No_____
19. Agent Decision-Making Latitude	Yes_____/ No_____
20. Agent Visitation Authority	Yes_____/ No_____
21. Specific Persons Limited	Yes_____/ No_____
22-25. Agent Authority Limitations	Yes_____/ No_____
26. Agent Consult Options Indicated	Yes_____/ No_____
27. Specific Agent Consults Selected	Yes_____/ No_____
28. Activation of Powers	Yes_____/ No_____
29. Document Expires	Yes_____/ No_____
30. (*Instructions only*)	N/A

31. (*Instructions only*)	N/A
32. Other Directives Listed	Yes_____/ No_____
33-36. (*Instructions only*)	N/A
37. Agent Signed Acceptance	Yes_____/ No_____
38. (*Instructions only*)	N/A
39. First Alternate Signed Acceptance	Yes_____/ No_____
40. Second Alternate Signed Acceptance	Yes_____/ No_____
41. (*Instructions only*)	N/A
42. Principal Signature	Yes_____/ No_____
43-44. Signature Assistance	Yes_____/ No_____
45-46. (*Instructions only*)	N/A
47-48. Both Witnesses Signed	Yes_____/ No_____
49-50. (*Instructions only*)	N/A
51. Advocate Required/Signed	Yes_____/ No_____
52. Notarization	Yes_____/ No_____
53. (*Instructions only*)	Yes_____/ No_____
54. Copies Locations Completed	Yes_____/ No_____
COMPLETION RATING:	_____ of 30 Entries.
CONCLUDING CONCERNS (*issues regarding content, signing, witnessing, etc*):	
REVIEWED BY:	DATE: