

LIFECARE

OHIO ADVANCE DIRECTIVE CHECKLIST AND SCORING

SECTION I: LIVING WILL DECLARATION		
<u>Key Word/Phrase Prompts:</u>	<u>Completion Status / Potential Score Values:</u>	<u>Score:</u>
1. <i>(Introduction only)</i>	N/A	N/A
2. Instructions Deferred <i>(if yes, skip to #53).</i>	Yes ____ / No ____	N/A
3. Name Entered	Yes ____ / No ____	N/A
4-5. <i>(Information/Instructions only)</i>	N/A	N/A
6. “Current” <i>(evaluate case-by-case)</i>	Yes ____ / No ____	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” <i>(score first entry only)</i>	Yes (65); Left Blank (35)	_____
20. “Facility”	Yes/Undecided (20); No (80)	_____
21. “Family pay” <i>(options)</i>	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. (<i>Information only</i>)	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. (<i>Information only</i>)	N/A	N/A
30. "Artificial" (<i>*compare with #31 and #32</i>)	Include (70); Unsure/Not (30)	_____*
31. Tube Feeding Unconsciousness (<i>*compare with #30 and #32</i>)	Yes _____ / No _____*	N/A
32. Tube Feeding as "Comfort" (<i>*compare with #30 and #31</i>)	Yes _____ / No _____*	N/A
33. Living Will and DNR	Yes _____ / No _____	N/A
34. "Double"	Limited/Unsure (10); Full (90)	_____
35. "Personal/Religious"	Yes _____ / No _____	N/A
36-37. "Organ/Tissue"	Yes _____ / No _____	N/A
38. "Postponed"	Yes _____ / No _____	N/A
39. Donor Registry Enrollment	Yes _____ / No _____	N/A
40-42. "Review"	Yes _____ / No _____	N/A
43. "Pregnancy" (<i>statement only</i>)	N/A	N/A
44. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
45. "Severability" (<i>information only</i>)	N/A	N/A
46. (<i>Statement only</i>)	N/A	N/A
47. "Signed"	Yes _____ / No _____	N/A
48-50. "Witnesses" (<i>two entries</i>)	Yes _____ / No _____	N/A
51. "Advisement" (<i>information only</i>)	N/A	N/A
52. "Affidavit"	Yes _____ / No _____	N/A
	TOTAL SCORE	_____

TOTAL SCORE INTERPRETATION:	Values/ Risk of burdensome treatment
Upper 25 Percent:	1443-1474 (<i>low risk</i>)
50 th - 75 th Percentile:	1325-1442 (<i>moderate risk</i>)
25 - 49 th Percentile	1184-1324 (<i>high risk</i>)
15 th - 24 th Percentile	1020-1183 (<i>extreme risk</i>)
Lower 15 Percent	406-1019 (<i>graphic risk</i>)
SECTION I COMPLETION RATING:	_____ of 35 Entries.
SECTION II: NAMING A HEALTH CARE AGENT	
<u>Key Word/Phrase Prompts:</u>	<u>Completion Status:</u>
53. (<i>Introduction only</i>)	N/A
54. Mandatory Preface (<i>information only</i>)	N/A
55. Name Entered	Yes _____ / No _____
56. (<i>Instructions only</i>)	N/A
57. Intent to Appoint	Yes _____ / No _____
58. Appointment Name Entered	Yes _____ / No _____
59. (<i>Instructions only</i>)	N/A
60. First Alternate Named	Yes _____ / No _____
61. Second Alternate Named	Yes _____ / No _____
62. (<i>Instructions only</i>)	N/A
63. Guardian/Conservator Nominated	Yes _____ / No _____
64. Primary MD Nominated	Yes _____ / No _____
65. Alternate MD Nominated	Yes _____ / No _____
66. Statutory Authorities Granted	_____ of 2 Indicated
67. Agent Tube Feed Authority in Coma	Yes _____ / No _____
68. Agent/MD Alternate "Comfort" Options	Yes _____ / No _____
69. Agent Tube Feeding Authority in Non-Coma Conditions	Yes _____ / No _____

70. Agent Authority for Liberal Comfort Medications use	Yes _____ / No _____
71. Additional Agent Authorities	_____ of 17 Indicated
72-75. <i>(Instructions only)</i>	N/A
76. Agent Visitation Authority	Yes _____ / No _____
77. Specific Persons Limited	Yes _____ / No _____
78-81. Agent Authority Limitations	Yes _____ / No _____
82. Agent Consult Options Indicated	Yes _____ / No _____
83. Specific Agent Consults Selected	Yes _____ / No _____
84. Activation of Powers	Yes _____ / No _____
85. Document Expires	Yes _____ / No _____
87. Agent Decision-Making Latitude	Yes _____ / No _____
88. <i>(Instructions only)</i>	N/A
89. Other Directives Listed	Yes _____ / No _____
90-93. <i>(Instructions only)</i>	N/A
94. Agent Signed Acceptance	Yes _____ / No _____
95. <i>(Instructions only)</i>	N/A
96. First Alternate Signed Acceptance	Yes _____ / No _____
97. Second Alternate Signed Acceptance	Yes _____ / No _____
98. <i>(Instructions only)</i>	N/A
99. Principal Signature	Yes _____ / No _____
100. Signature Assistance	Yes _____ / No _____
101-102. <i>(Instructions only)</i>	N/A
103-104. Both Witnesses Signed	Yes _____ / No _____
105. <i>(Instructions only)</i>	N/A
106-107. Advocate Required/Signed	Yes _____ / No _____
108. Notarization	Yes _____ / No _____
109. <i>(Instructions only)</i>	N/A

110. Copies Locations Completed	Yes ____ / No ____
SECTION II COMPLETION RATING:	_____ of 32 Entries.
CONCLUDING CONCERNS (<i>issues regarding content, signing, witnessing, etc</i>):	
REVIEWED BY:	DATE: