

# LIFECARE

## PUERTO RICO ADVANCE DIRECTIVE CHECKLIST AND SCORING

<b>SECTION I: LIVING WILL DECLARATION</b>		
<u><i>Key Word/Phrase Prompts:</i></u>	<u><i>Completion Status / Potential Score Values:</i></u>	<u><i>Score:</i></u>
1. <i>(Introduction only)</i>	N/A	N/A
2. Instructions Deferred <i>(if yes, skip to #45).</i>	Yes ____ / No ____	N/A
3. Name Entered	Yes ____ / No ____	N/A
4. <i>(Information only)</i>	N/A	N/A
5. <i>(Instructions only)</i>	N/A	N/A
6. “Current” <i>(evaluate case-by-case)</i>	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” <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"	Include (70); Unsure/Not (30)	_____
31. "Double"	Limited/Unsure (10); Full (90)	_____
32. "Personal/Religious" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
33. "Organ/Tissue" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
34. "Postponed" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
35-37. "Review"	Yes _____ / No _____	N/A
38. "Limitations"	Yes _____ / No _____	N/A
39. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
40. "Statement" ( <i>information only</i> )	N/A	N/A
41. "Signed"	Yes _____ / No _____	N/A
42. Required Notarization	Yes _____ / No _____	N/A
	TOTAL SCORE	_____
TOTAL SCORE INTERPRETATION:	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1443-1474 ( <i>low risk</i> )	
50 <sup>th</sup> - 75 <sup>th</sup> Percentile:	1325-1442 ( <i>moderate risk</i> )	
25 - 49 <sup>th</sup> Percentile	1184-1324 ( <i>high risk</i> )	
15 <sup>th</sup> - 24 <sup>th</sup> Percentile	1020-1183 ( <i>extreme risk</i> )	
Lower 15 Percent	406-1019 ( <i>graphic risk</i> )	
SECTION I COMPLETION RATING:	_____ of 30 Entries.	

<b>SECTION II: DESIGNATION OF HEALTH CARE EXECUTOR</b>	
43. <i>(Introduction only)</i>	N/A
44. Name Entered	Yes _____ / No _____
45. Intent to Appoint	Yes _____ / No _____
46. Appointment Name Entered	Yes _____ / No _____
47. <i>(Instructions only)</i>	N/A
48. First Alternate Named	Yes _____ / No _____
49. Second Alternate Named	Yes _____ / No _____
50-51. <i>(Instructions only)</i>	N/A
52. Signed	Yes _____ / No _____
53. Required Notarization	Yes _____ / No _____
SECTION II COMPLETION RATING:	_____ of 7 Entries.
<b>SECTION III: NAMING A HEALTH CARE AGENT</b>	
<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status:</u></b>
54. <i>(Introduction only)</i>	N/A
55. Name Entered	Yes _____ / No _____
56. Intent to Appoint	Yes _____ / No _____
57. Appointment Name Entered	Yes _____ / No _____
58. <i>(Instructions only)</i>	N/A
59-60. Alternates Named	Yes _____ / No _____
61. <i>(Instructions only)</i>	N/A
62-63. Guardian/Conservator Nominated	Yes _____ / No _____
64-65. Primary MD Nominated	Yes _____ / No _____
66-67. Alternate MD Nominated	Yes _____ / No _____
68. Authorities Granted	_____ of 17 Indicated
69-72. <i>(Instructions only)</i>	N/A

73. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
74. Agent Authorization Re: Comfort Care Medications Decisions	Yes _____ / No _____
75. Agent Decision-Making Latitude	Yes _____ / No _____
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 _____
86. <i>(Instructions only)</i>	N/A
87. <i>(Instructions only)</i>	N/A
88. Other Directives Listed	Yes _____ / No _____
89-92. <i>(Instructions only)</i>	N/A
93. Agent Signed Acceptance	Yes _____ / No _____
94. <i>(Instructions only)</i>	N/A
95-96. Alternates Signed Acceptance	Yes _____ / No _____
97. <i>(Instructions only)</i>	N/A
98. Principal Signature	Yes _____ / No _____
99-100. Signature Assistance	Yes _____ / No _____
101-102. <i>(Instructions only)</i>	N/A
103. Patient Advocate Signature, if needed	Yes _____ / No _____
104. Required Notarization	Yes _____ / No _____
105. <i>(Instructions only)</i>	N/A
106. Copies Locations Completed	Yes _____ / No _____
SECTION III COMPLETION RATING:	_____ of 26 Entries.

**CONCLUDING CONCERNS** (*issues, if any, regarding content, signing, notarization, etc*):

REVIEWED BY:

DATE: