

LIFECARE

RHODE ISLAND ADVANCE DIRECTIVE CHECKLIST AND SCORING

SECTION I: LIVING WILL DECLARATION		
<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>	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"	Include (70); Unsure/Not (30)	_____
31. "Double"	Limited/Unsure (10); Full (90)	_____
32. "Personal/Religious"	Yes _____ / No _____	N/A
33. "Organ/Tissue"	Yes _____ / No _____	N/A
34. "Postponed"	Yes _____ / No _____	N/A
35-37. "Review"	Yes _____ / No _____	N/A
38. "Pregnancy" (<i>statement only</i>)	N/A	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
42-44. "Witnesses" (<i>two entries</i>)	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 30 Entries.	

SECTION II: NAMING A HEALTH CARE AGENT	
<u>Key Word/Phrase Prompts:</u>	<u>Completion Status:</u>
45. <i>(Introduction only)</i>	N/A
46. Intent to Make an Appointment	Yes _____ / No _____
47. Mandatory Preface <i>(instructions only)</i>	N/A
48. Name Entered	Yes _____ / No _____
49. Agent Name Entered	Yes _____ / No _____
50-52. <i>(Instructions only)</i>	N/A
53. Living Will Incorporation	Yes _____ / No _____
54. Addendum Incorporation <i>(see below)</i>	Yes _____ / No _____
OPTIONAL ADDENDUM	
55-56. Agent's Acceptance of Appointment	Yes _____ / No _____
57-59. Alternates Acceptance of Appointment	Yes _____ / No _____
60. Guardian/Conservator Nominated	Yes _____ / No _____
61. Primary MD Nominated	Yes _____ / No _____
62. Alternate MD Nominated	Yes _____ / No _____
63. Authorities Granted	_____ of 17 Indicated
64-67. <i>(Instructions only)</i>	N/A
68. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
69. Agent Authorization Re: Comfort Care Medications Decisions	Yes _____ / No _____
70. Agent Decision-Making Latitude	Yes _____ / No _____
71. Agent Visitation Authority	Yes _____ / No _____
72. Specific Persons Limited	Yes _____ / No _____
73-76. Agent Authority Limitations	Yes _____ / No _____
77. Agent Consult Options Indicated	Yes _____ / No _____
78. Specific Agent Consults Selected	Yes _____ / No _____

79. Activation of Powers	Yes ____ / No ____
80-83. (<i>Instructions only</i>)	N/A
END OF OPTIONAL ADDENDUM	
84. Organ/Tissue Donor Notification	Yes ____ / No ____
85-86. (<i>Instructions only</i>)	N/A
87. Document Expires	Yes ____ / No ____
88. (<i>Instructions only</i>)	N/A
89. First Alternate Signed Acceptance	Yes ____ / No ____
90. Second Alternate Signed Acceptance	Yes ____ / No ____
91. (<i>Instructions only</i>)	N/A
92. Principal Signature	Yes ____ / No ____
93-94. (<i>Instructions only</i>)	N/A
95-96. Both Witnesses Signed	Yes ____ / No ____
97. Further Witness Affirmation	Yes ____ / No ____
CONCLUDING ADDENDUM	
98-99. Signature Assistance	Yes ____ / No ____
100-101. Advocate Required/Signed	Yes ____ / No ____
102. Notarization	Yes ____ / No ____
103. (<i>Instructions only</i>)	N/A
104. Copies Locations Completed	Yes ____ / No ____
SECTION II COMPLETION RATING:	_____ of 31 Entries.

CONCLUDING CONCERNS (*issues regarding content, signing, witnessing, etc*):

REVIEWED BY:

DATE: