

LIFECARE

TENNESSEE ADVANCE DIRECTIVE CHECKLIST AND SCORING

SECTION I: ADVANCE CARE PLAN		
<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 #45).</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. (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"	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 Limitations"	Yes ____ / No ____	N/A
39. "Beyond Limiting Conditions"	Yes ____ / No ____	N/A
40. "Statement" (information only)	N/A	N/A
41. "Signed"	Yes ____ / No ____	N/A
42-43. Witnessing Option	Yes ____ / No ____	N/A
44. Notarization Option	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 32 Entries.	

SECTION II: APPOINTMENT OF HEALTH CARE AGENT	
<u>Key Word/Phrase Prompts:</u>	<u>Completion Status:</u>
45. Name Entered	Yes _____ / No _____
46. Name of Agent (*compare with #58)	Yes _____ / No _____ *
47-49. Alternate Agents (*compare with #60 and #61)	Yes _____ / No _____ *
50. (Statement only)	N/A
51. Signed	Yes _____ / No _____
52-53. Witnesses Option	Yes _____ / No _____
54. Notarization Option	Yes _____ / No _____
SECTION II COMPLETION RATING:	_____ of 6 Entries.
SECTION III: NAMING A POWER OF ATTORNEY HEALTH CARE AGENT	
<u>Key Word/Phrase Prompts:</u>	<u>Completion Status:</u>
55. (Introduction only)	N/A
56. Name Entered	Yes _____ / No _____
57. Intent to Appoint	Yes _____ / No _____
58. Appointment Name Entered (*compare with #46)	Yes _____ / No _____ *
59-61. Alternates Named (*compare with #48 and #49)	Yes _____ / No _____ *
62. (Instructions only)	N/A
63-64. Guardian/Conservator Nominated	Yes _____ / No _____
65. Primary MD Nominated	Yes _____ / No _____
66. Alternate MD Nominated	Yes _____ / No _____
67. Authorities Granted	_____ of 17 Indicated
68-71. (Instructions only)	N/A

72. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
73. Agent Authorization Re: Comfort Care Medications Decisions	Yes _____ / No _____
74. Agent Decision-Making Latitude	Yes _____ / No _____
75. Agent Visitation Authority	Yes _____ / No _____
76. Specific Persons Limited	Yes _____ / No _____
77-80. Agent Authority Limitations	Yes _____ / No _____
81. Agent Consult Options Indicated	Yes _____ / No _____
82. Specific Agent Consults Selected	Yes _____ / No _____
83. Activation of Powers	Yes _____ / No _____
84. Document Expires	Yes _____ / No _____
85. <i>(Instructions only)</i>	N/A
86. <i>(Instructions only)</i>	N/A
87. Other Directives Listed	Yes _____ / No _____
88-91. <i>(Instructions only)</i>	N/A
92. Agent Signed Acceptance	Yes _____ / No _____
93. <i>(Instructions only)</i>	N/A
94. First Alternate Signed Acceptance	Yes _____ / No _____
95. Second Alternate Signed Acceptance	Yes _____ / No _____
96. <i>(Instructions only)</i>	N/A
97. Principal Signature	Yes _____ / No _____
98-99. Signature Assistance	Yes _____ / No _____
100-101. <i>(Instructions only)</i>	N/A
102-103. Both Witnesses Signed	Yes _____ / No _____
104. <i>(Instructions only)</i>	N/A
105-106. Advocate Required/Signed	Yes _____ / No _____
107. Notarization	Yes _____ / No _____

