

# LIFECARE

## TEXAS ADVANCE DIRECTIVE CHECKLIST AND SCORING

<b>SECTION I: DIRECTIVE TO PHYSICIANS</b>		
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status / Potential Score Values:</i></b>	<b><i>Score:</i></b>
1. (Introduction only)	N/A	N/A
2. Instructions Deferred (if yes, skip to #46).	Yes ____ / No ____	N/A
3. Name Entered	Yes ____ / No ____	N/A
4-5. (Information/Instructions only)	N/A	N/A
6. "Current" (evaluate case-by-case)	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" (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"	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" (statement only)	N/A	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. Signature Assistance	Yes ____ / No ____	N/A
43-45. "Witnesses" (two entries)	Yes ____ / No ____	N/A
	TOTAL SCORE	_____
TOTAL SCORE INTERPRETATION:	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1443-1474 (low risk)	
50 <sup>th</sup> - 75 <sup>th</sup> Percentile:	1325-1442 (moderate risk)	
25 - 49 <sup>th</sup> Percentile	1184-1324 (high risk)	
15 <sup>th</sup> - 24 <sup>th</sup> Percentile	1020-1183 (extreme risk)	
Lower 15 Percent	406-1019 (graphic risk)	
SECTION I COMPLETION RATING:	_____ of 31 Entries.	

**SECTION II: NAMING A HEALTH CARE AGENT**

<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status:</u></b>
46. (Introduction only)	N/A
46. Name Entered	Yes _____ / No _____
47-48. (Instructions only)	N/A
49. Appointment Name Entered	Yes _____ / No _____
50. Limitations Entered (*compare with #68-72)	Yes _____ / No _____*
51. Optional Added Content	Yes _____ / No _____
<b>OPTIONAL ADDENDUM</b>	
52-54. (Instructions only)	N/A
55. Guardian/Conservator Nominated	Yes _____ / No _____
56. Primary MD Nominated	Yes _____ / No _____
57. Alternate MD Nominated	Yes _____ / No _____
58. Authorities Granted	_____ of 17 Indicated
59-62. (Instructions only)	N/A
63. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
64. Agent Authorization Re: Comfort Care Medications Decisions	Yes _____ / No _____
65. Agent Decision-Making Latitude	Yes _____ / No _____
66. Agent Visitation Authority	Yes _____ / No _____
67. Specific Persons Limited	Yes _____ / No _____
68-72. Agent Authority Limitations (*compare with #50)	Yes _____ / No _____*
73. Agent Consult Options Indicated	Yes _____ / No _____
74. Specific Agent Consults Selected	Yes _____ / No _____
75. Activation of Powers	Yes _____ / No _____
76-77. (Instructions only)	N/A

78. Other Directives Listed	Yes _____ / No _____
79-82. ( <i>Instructions only</i> )	N/A
83. Agent Signed Acceptance	Yes _____ / No _____
84. ( <i>Instructions only</i> )	N/A
85. First Alternate Signed Acceptance (*see #89 for appointment)	Yes _____ / No _____ *
86. Second Alternate Signed Acceptance (*see #90 for appointment)	Yes _____ / No _____ *
87. ( <i>Instructions only</i> )	N/A
<b>END OF ADDENDUM</b>	
88. ( <i>Instructions only</i> )	N/A
89. First Alternate Named (*see #85 for signed acceptance)	Yes _____ / No _____ *
90. Second Alternate Named (*see #86 for signed acceptance)	Yes _____ / No _____ *
91. Where Original of this Document Kept	Yes _____ / No _____
92. ( <i>Instructions only</i> )	N/A
93. Duration	Yes _____ / No _____
94-95. ( <i>Instructions only</i> )	N/A
96-97. Principal Signature	Yes _____ / No _____
98. ( <i>Instructions only</i> )	N/A
99-100. Both Witnesses Signed	Yes _____ / No _____
<b>CONCLUDING ADDENDUM</b>	
101. Signature Assistance	Yes _____ / No _____
102-104. Advocate Required/Signed	Yes _____ / No _____
105. Notarization	Yes _____ / No _____
106. Declaration of Future Guardian	Yes _____ / No _____
107. Declaration of Future Guardian Signed	Yes _____ / No _____
108-109. Witnesses Signed Declaration	Yes _____ / No _____

