

# LIFECARE

## VIRGINIA ADVANCE DIRECTIVE CHECKLIST AND SCORING

<b>SECTION I: LIVING WILL DECLARATION</b>		
<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status / Potential Score Values:</u></b>	<b><u>Score:</u></b>
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" ( <i>*compare with #50</i> )	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" ( <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 <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 31 Entries.	

<b>SECTION II: NAMING A HEALTH CARE AGENT</b> ( <i>with limited authorities to act</i> )	
45. Name of Agent Appointed (*compare with #61)	Yes ____ / No ____ *
46-47. Alternates Named (*compare w/#63-64)	Yes ____ / No ____ *
48. ( <i>Instructions only</i> )	N/A
49. Authorities Granted (*compare with #72)	_____ of 5 Offered ( <i>i.e., unless lined out</i> )*
50. Organ/Tissue Donation ( <i>statement only</i> ) (*compare with #33)	N/A*
51. Name of Donor Agent (*compare w/#45 and #61; ideally all the same)	Yes ____ / No ____ *
52. Further Donation Directions (*compare with #33)	Yes ____ / No ____ *
53-54. Signature	Yes ____ / No ____
55-57. Witnesses Signatures	Yes ____ / No ____
SECTION I COMPLETION RATING:	_____ of 7 Entries.
<b>SECTION III: NAMING A POWER OF ATTORNEY HEALTH CARE AGENT</b>	
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status:</i></b>
58. ( <i>Introduction only</i> )	N/A
59. Name Entered	Yes ____ / No ____
60. Intent to Appoint	Yes ____ / No ____
61. Appointment Name Entered (*compare with #45; ideally the same name)	Yes ____ / No ____ *
62. ( <i>Instructions only</i> )	N/A
63-64. Alternates Named (*compare w/#46-47)	Yes ____ / No ____
65. ( <i>Instructions only</i> )	N/A
66-67. Guardian/Conservator Nominated	Yes ____ / No ____
68-69. Primary MD Nominated	Yes ____ / No ____
70-71. Alternate MD Nominated	Yes ____ / No ____
72. Authorities Granted (*compare with #49)	_____ of 17 Offered*

73-76. <i>(Instructions only)</i>	N/A
77. Agent Authority Re: Artificial Nutrition/Hydration Decisions (*see also #49a)	Yes _____ / No _____ *
78. Agent Authority Re: Comfort Care Medications Decisions (*see also #49a)	Yes _____ / No _____ *
79. Agent Decision-Making Latitude	Yes _____ / No _____
80. Agent Visitation Authority	Yes _____ / No _____
81. Specific Persons Limited	Yes _____ / No _____
82-85. Agent Authority Limitations	Yes _____ / No _____
86. Agent Consult Options Indicated	Yes _____ / No _____
87. Specific Agent Consults Selected	Yes _____ / No _____
88. Activation of Powers	Yes _____ / No _____
89. Document Expires	Yes _____ / No _____
90-91. <i>(Instructions only)</i>	N/A
92. Other Directives Listed	Yes _____ / No _____
93-96. <i>(Instructions only)</i>	N/A
97. Agent Signed Acceptance	Yes _____ / No _____
98. <i>(Instructions only)</i>	N/A
99-100. Alternate(s) Signed Acceptance	Yes _____ / No _____
101. <i>(Instructions only)</i>	N/A
102. Principal Signature	Yes _____ / No _____
103-104. Signature Assistance	Yes _____ / No _____
105-106. <i>(Instructions only)</i>	N/A
107-108. Both Witnesses Signed	Yes _____ / No _____
109-111. Advocate Required/Signed	Yes _____ / No _____
112. Notarization	Yes _____ / No _____
113. <i>(Instructions only)</i>	N/A
114. Copies Locations Completed	Yes _____ / No _____

SECTION III COMPLETION RATING:

\_\_\_\_\_ of 28 Entries.

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

REVIEWED BY:

DATE: