**POLICY:**

It is the Center’s responsibility to provide, the patient; patient’s representative with information about Advance Directives, which may include a living will, durable power of attorney, and Do Not Resuscitate orders. It is the policy of the Center, regardless of the contents of an Advance Directive or instructions from a Health Care Surrogate or Power of Attorney that if an adverse event occurs during treatment the center personnel “**will initiate resuscitative or other stabilizing measures, and transfer the patient to an acute care hospital for further evaluation”.**

**PURPOSE:**

To provide guidelines for (1) patient self-determination, (2) a patient’s right to make informed decisions regarding medical care, including the right to accept or refuse treatment, (3) supplying information about advance directives to patients and their families, and (4) giving assistance, where appropriate, to patients and their families with respect to the execution of advance directives. To ensure compliance with both federal and state law respecting advance directives within the institution.

**PROCEDURE:**

1. The patient has a right to participate in their own health care decisions and to make an Advance Directive, or to execute a Power of Attorney that authorizes others to make decisions on their behalf when they are unable to make decisions, or are unable to communicate those decisions.
2. The legal responsibilities of the center concerning advance directives; living will, durable power of attorney and **Do Not Resuscitate** will be included in the physician and staff orientation and the annual staff training program.
3. **The Center does not honor advance directives for “do not resuscitate”. In every instance of an emergency or a life-threatening situation, advanced cardiac life support procedures are instituted and the patient will be transferred to a higher level of care**.
4. All patients and patient guardians are informed verbally prior to the procedure on the center’s policy on advance directives. Written acknowledgment that the patient has received notification on the day of procedure will be obtained by the patient or patient guardian on the facility consent as part of the admission process.
5. If an adult patient with capacity or a health care agent requests a DNR order, they will be informed that DNR’s are NOT honored at the Center.
6. In the event that a procedure is scheduled on the same day as the surgery, the centers policy on advance directives will be offered to the patient prior to the procedure being performed.
7. Patients will be interviewed during the admission process to ascertain the pre-existence of advance directives and/or interest in formulating advance directives.
8. If a patient has existing advance directives or wishes to execute one at the Center documentation will be made in the patient’s medical record, on the Center’s consent.
9. If the patient brings a copy of his/her advance directives a copy will be made and placed in the medical record. The patient keeps the original.
10. The existence of advance directives is noted on the front of the patient’s medical record (or EMR section) as appropriate.
11. In the event of a transfer to a higher level of care, the advance directive documentation is sent with the medical record and noted on the ASC transfer summary provided to the hospital.