



Texas Orthopedics,
Sports & Rehabilitation Associates

Ambulatory Surgery Center Patient Consent to Resuscitative Measures

Not a Revocation of Advance Directives or Medical Power Of Attorney

All patients have the right to participate in their own health care decisions and to make advance directives or to execute power of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This surgery center respects and upholds those rights.

However, unlike in an acute care hospital setting, the surgery center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal risk. Of course, no surgery is without risk. You will discuss the specifics of your procedure with your physician who can answer your questions as to its risks, your expected recovery and care after your surgery.

Therefore, it is our policy, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital, further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive or health care power of attorney.

- If you do not agree to this policy, we will be pleased to assist you in rescheduling this procedure.
- Have you executed an advance health care directive, a living will, a power of attorney that authorizes someone to make health care decisions for you?
- Your agreement with this policy does not revoke or invalidate any current health care directive or health care power of attorney.

Advance Directives

There may come a time when you or a member of your family becomes seriously injured or critically ill. In the midst of your shock and grief, you may be asked to make difficult decisions about the intensity of medical care being administered or about whether to withdraw “life sustaining” treatment and change the goal of treatment from cure to comfort.

Because it is hard to make decisions about these complex issues when you are under stress, it is important for you to know about the levels and types of treatment available and to discuss the kinds of treatment you would want to use before you are called upon to make these decisions.

Critical Choices and Advance Directives

This handout has been designed to help you better understand Advance Directives.

What are Advance Directives?

- **Living Will**. According to Texas law, you can specify what kind of treatment you do or do not want for a terminal or irreversible condition. The living Will form (Directive to Physicians and Family or Surrogates) must be witnessed but does not need to be notarized. (See form in this handout.)
- **Medical Power of Attorney**. You may name the person you want to make your treatment decisions if you become incapable of doing so. This document also must be witnessed but need not be notarized. (See form in this handout.)
- **Out of Hospital Do Not Resuscitate Order (OHDNR)**. If you do not wish to be resuscitated at your residence (or care facility), you and your physician can complete this form. You will be issued a wrist bracelet or necklace so that, if 911 is inadvertently called, your wishes will be honored by EMS.
- **Organ/Tissue Donor Card**. Use the card at back of book to state your wishes regarding Organ/Tissue donation(s).

Complaints concerning Advance Directives Policies may be filed by calling the Texas Department of Health at 1-888-973-0022.

What is a “Resuscitation Category”?

Every hospitalized patient is categorized as to cardiopulmonary resuscitation (CPR) status. This tells the staff what to do if the patient stops breathing or has a cardiac arrest.

Total Support Category I: Everything necessary will be done to sustain the patient including CPR, artificial breathing techniques, medicines and electrical shocks to the heart.

Intermediate Support Category II: Only medicines will be used to sustain the patient. This **excludes** CPR, artificial breathing techniques and electrical shocks to the heart.

Comfort Support Category III: Treatment will be provided to alleviate suffering and pain and to manage the comfort and dignity of the patient.

Decisions about the resuscitation category, whether or not to perform CPR, and when to change the goal of appropriate treatment from curative to comfort measures are all determined by discussion with you, your family and your physician. Such decisions are usually made with the following things in mind:

- The patient’s wishes (especially if expressed in a Living Will, Medical Power of Attorney, Out of Hospital DNR)
- the patient’s medical history and current condition
- the benefits of treatment to the patient
- the amount of harm or burden of suffering caused by the treatment
- the probability of success or futility of treatment
- the quality of life that the patient would want after discharge from the hospital.

What are “Life-Sustaining Procedures?”

These are machines or treatments designed to take over when some part of the body (lungs, heart, kidneys, stomach, throat) stops working as well as it should. They include such things as respirators (artificial breathing machines), breathing tubes (endotracheal tube, tracheostomy), cardiac assist pump (balloon pump), intravenous tubes (IVs), artificial hydration and artificial nutrition tubes, dialysis, and cardiopulmonary resuscitation (CPR). We have included a dictionary of these terms at the back of this handout. If you have any questions about them, ask your doctor, your nurse, case manager or social worker.

How do we decide?

For most patients the purpose of being in the Surgical Ambulatory Care Unit or receiving home care is to get well and return to the community, so most will be a Category I. But for many patients, particularly those with an incurable or irreversible illness, it is appropriate to change the goal of treatment from cure to comfort, and to change from using life-prolonging procedures to those which will preserve dignity and prevent suffering.

Two questions often asked in this situation are: “What would the patient tell you to do if the patient could talk to you right now?” and “What is the most loving thing to do?”

Remember that there are no “right” answers and that you need not be alone in your decision-making.

How can I get help?

We have many people to assist you to clarify information and support you in your decisions.

Conclusion

We realize it is difficult for people to make decisions when they are under pressure or emotional strain, particularly in areas where there are no clear-cut answers, such as the use of life-sustaining treatment and levels of care. These issues require a lot of careful thought and discussion with your doctor and others.

Living Will or Directive to Physicians and Family or Surrogates

Guidelines for signers

The Directive allows you to instruct your physician whether or not to use artificial methods to prolong the natural process of dying. Before signing the Directive, talk it over with your physician, your family and/or the person you have chosen as your Medical Power of Attorney, and ask that it be made part of your medical record. If you have signed a written Directive of which your doctor is unaware and if you become physically or mentally unable to inform your doctor or its existence, another person may do so.

- The Directive must be witnessed by two adults, at least one of whom (1) is not related to you by blood or marriage, (2) is not mentioned in your will, (3) has no claim on your estate, (4) is not designated to make treatment decisions for you, (5) is not your attending physician or his/her employee.
- The Directive may not be witnessed by your physician or by anyone working for your physician. If you are in a health care facility at the time you sign the Directive, its employees may not be a witness if they are involved in providing direct care to you, or are directly involved in the financial affairs of the health care facility.
- Competent adults, in the presence of two witnesses, may sign a Directive to Physicians concerning their own care. If a patient is under 18 years of age, any of the following persons may execute a Directive on behalf of the patient: (1) the patient’s spouse, if he/she is an adult, (2) the patient’s parents, or (3) the patient’s legal guardian.

- The desires of a competent patient who is under 18 years of age shall always supersede a directive executed on his/her behalf.
- No one may force you to sign the Directive. No one may deny you insurance or health care services because you have chosen not to sign it. If you do sign the Directive, it will not affect your insurance or any other rights you may have to accept or reject medical treatment.
- If your attending physician chooses not to follow the Directive, he/she must make a reasonable effort to transfer responsibility for your care to another physician.
- The Directive is valid until it is revoked. You may revoke the Directive at any time, even in the final stage of illness. If you revoke the Directive, be sure your physician is told of your decision. If you change your mind after executing a Directive, your expressed desire to receive life-sustaining treatment will at all times supersede the effect of a Directive.

Effect of a Directive

Upon receipt of a Directive from a patient the attending physician must determine that he Directive meets legal requirements. Under the Act a “qualified patient” is a person diagnosed and certified in writing to be afflicted with a terminal or irreversible condition by the attending physician, who has personally examined the patient.

- **Terminal Condition** means an incurable condition caused by injury, disease or illness that according to reasonable medical judgement will produce death, even with available life-sustaining treatment within six months.
- **Irreversible condition** means a condition, injury, or illness:
 - (1) that may be treated but is never cured or eliminated;
 - (2) that leaves a person unable to care for or make decisions for the person’s own self; and
 - (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.
- **Life-sustaining treatment** includes both medications and artificial life support such as breathing machines, dialysis and artificial nutrition/hydration. It does not include pain medication or procedures for comfort care.

The Directive is invalid and has no effect if the patient is pregnant at the time it is to be carried out.

Withholding “life-sustaining procedures” in compliance with a Directive is not euthanasia or “mercy killing”. The Directive is merely a method recognized under Texas law by which a physician may respect a patient’s instruction to permit death to proceed naturally.

Medical Power of Attorney

This is an important legal document (see insert). Read the Disclosure Statement carefully before signing.

Dictionary

Artificial Ventilation: During CPR, a plastic mask attached to a squeeze bag (Ambu Bag) may be placed over the patient's mouth and nose and used to take the place of mouth-to-mouth artificial respiration. On a longer term basis, to control or assist with breathing, a tube is inserted through the nose or mouth and throat into the windpipe and attached to a machine called a ventilator. Some patients are partially or totally ventilator dependent and would die without its use; in these cases, you may need to address the issues of whether or not to continue or to withdraw the ventilator.

Artificial Hydration: Fluids of various kinds are given through an intravenous (IV) tube to keep the patient from becoming dehydrated. While artificial hydration is a normal part of the recovery process, its use in end stage terminally ill patient is generally considered non-beneficial and is another area for discussion.

Artificial Nutrition: When a patient is unable to take food by mouth or digest it properly, special high calorie solutions may be given through an IV tube, or through tubes inserted into the nose, stomach, or intestine. In end stage terminally ill patients, the use of artificial nutrition is generally considered non-beneficial and is also an area for discussion.

Brain Death: The absence of brain activity may be documented by a variety of methods. When this occurs, the patient cannot recover and is considered legally dead even though a respirator or other artificial supports are still being used. In this instance, it is often appropriate to discuss organ donation.

Cardiac Assist Device: Machines such as the left ventricular assist device or the intra-aortic balloon pump can be used to temporarily take over certain functions of the heart.

Comfort Care: Any treatment which increases the patient's physical or emotional comfort. It may include pain medication, oxygen, food/fluids by mouth, moistening of the lips, touching the patient or holding a hand, or simply sitting with the patient.

CPR: Cardiopulmonary Resuscitation generally consists of pushing down on the chest, artificial breathing techniques, medication and electrical shocks to the heart.

Curative / Comfort: Most medical treatment is aimed at cure – making the patient better or well enough to be discharged to another facility or home. When cure is not possible, the goal of treatment changes to providing maximum comfort, which often means the withdrawal of those treatments aimed at cure.

Medical Power of Attorney: A document which allows you to name the person who will make your medical decisions when you become unable to do so.

Kidney Dialysis: Artificial kidney machines support the patient during kidney failure and function to help eliminate waste products and ensure chemical balance. Kidney failure can be either temporary or permanent. If temporary, artificial techniques can be used until the kidneys return to their regular function. If permanent, these techniques can be used until a decision is made regarding a kidney transplant or the ongoing use or withdrawal of dialysis.

Living Will: Also called a Directive To Physicians and Family or Surrogates, it allows you to state what treatments you do or do not want if you are in a terminal or irreversible condition.

Organ/Tissue Donor: Many people decide to donate usable organs such as lungs, heart, pancreas, eyes, skin, bone or kidneys. If a patient meets the criteria, the family may be approached regarding this possibility.

Out of Hospital Do Not Resuscitate Order (OHDNR): Patients who do not wish to be resuscitated at home or in a nursing facility may fill out this form, which must be signed by their physician. The patient receives a wristband or necklace to wear which is a sign to EMS not to resuscitate if called.

Spiritual care is an important part of your treatment. We encourage you to contact your congregation regarding your admission.

Uniform Donor Card

Of _____
(Print or type name of donor)

In the hope that I may help others, I hereby make this anatomical gift, if medically acceptable, to take effect upon my death. The words and marks below indicate my desires:

I give (a) _____ any needed organ or tissues
(b) _____ only the following organs or tissues
(Specify the organ(s) or tissue(s))

for the purpose of transplantation, therapy, medical research or education;

(c) _____ my body for anatomical study if needed.

Limitations or special wishes, if any _____

(Back Side of Card)

Signed by the donor and the following two witnesses in the presence of each other.

Signature of Donor

Date of Birth of Donor

Date Signed

City and State

Witness _____

Witness _____
(preferably next of kin)

This is a legal document under the Uniform Anatomical Gift Act or similar laws. For further information, contact:
Texas Organ Sharing Alliance (512) 459-4848
Tissue Center at Austin (512) 206-1271

TEXAS MEDICAL POWER OF ATTORNEY

INFORMATION CONCERNING THE MEDICAL POWER OF ATTORNEY. THIS IS AN IMPORTANT LEGAL DOCUMENT.

BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them for yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has the disabilities of minority removed. If you appoint your health or residential care provider (e.g. your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing, or by your execution of a subsequent Medical Power of Attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

- 1) the person you have designated as your agent;
- 2) a person related to you by blood or marriage;
- 3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- 4) your attending physician;
- 5) an employee of your attending physician;
- 6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- 7) a person who, at the time this power of attorney is executed, has a claim against any part of our estate after your death.

I have read and understood the contents of this disclosure statement.

(Signature) _____ (Date) _____

DESIGNATION OF HEALTH CARE AGENT

I, (insert your name) _____
appoint:

Name

Address

Telephone

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This Medical Power of Attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISIONMAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

DESIGNATED OF ALTERNATE AGENT

(You are not required to designate an alternate agent, but you may do so. An alternate agent may make the same health care decision as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

A. First Alternate Agent

Name

Address Telephone

B. Second Alternate Agent

Name

Address Telephone

LOCATION OF DOCUMENT

The original of this document is kept at: _____

The following individuals or institutions have signed copies:

Name Address Telephone

Name Address Telephone

DURATION

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

OTHER PROVISIONS

I revoke any prior Medical Power of Attorney.

This Medical Power of Attorney is intended to be valid in any jurisdiction in which it is presented.

This Medical Power of Attorney shall become effective upon my disability or incapacity.

Photocopies of this Medical Power of Attorney may be relied upon as though they were the original.

ACKNOWLEDGMENT OF DISCLOSURE STATEMENT

I have been provided with a Disclosure Statement explaining the effect of this document. I have read and understood that information contained in the Disclosure Statement.

PRINCIPAL SIGNATURE

I sign my name to this medical power of attorney on _____ day of _____, _____, at _____ (City and State)

(Signature) (Print Name)

(Date of Birth) (Social Security Number)

STATEMENT OF FIRST WITNESS

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature: _____

Print Name: _____ Date: _____

Address: _____

SIGNATURE OF SECOND WITNESS

Signature: _____

Print Name: _____ Date: _____
Address: _____

TEXAS DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

This is an important legal document known as an Advanced Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this Advance Directive, Texas law provides for two other types of directives that can be important during serious illness. These are the Medical Power of Attorney and the Out-of-Hospital-Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisors. You may also wish to complete a directive related to the donation of organs and tissues.

DIRECTIVE

I, _____, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment.
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

_____ I request that all treatment other than those needed to keep me comfortable to be discontinued or withheld and my physician allow me to die as gently as possible; OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE)

Additional requests: (After discussion with your physician you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do not have a Medical Power of Attorney and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

1. _____

2. _____

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed: _____ Date: _____

City, County, State of Residence: _____

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the state of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of the health facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness 1: _____ Witness 2: _____

DEFINITIONS

“Artificial nutrition and hydration” means the provision of nutrients or fluids by a tube inserted in a vein under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

“Irreversible condition” means a condition, injury, or illness.

- 1) that maybe treated, but is never cured or eliminated;
- 2) that leaves a person unable to care for or make decisions for the person's own self; and
- 3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods to time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

“Life-sustaining treatment” means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

“Terminal Condition” means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.