



Ambulatory Clinic Policy and Procedure

Title:	Advance Directives	Policy Number:	6.20
		Version Number	6
Regulation Reference:	Health & Safety Code § 166 and 25 TAC 157.25 The Joint Commission, RC.02.01.01,RI.01.05.01	Effective Date:	10/2016
		Original Approval:	3/2005

POLICY STATEMENT:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) Ambulatory Clinics to provide resources needed to better assist patients and their family with end-of-life decisions and the needed documents for formalizing the patient’s wishes.

SCOPE:

This policy applies to all TTUHSC Ambulatory Clinics operated through its Schools.

PROCEDURE:

1. Patients will be provided information and forms for use regarding Advance Directives upon request by the physician or patient. In all instances where a provider may reasonably anticipate impending circumstances requiring decisions about future medical care, the provider should discuss these issues with the patient and family in advance to allow the patient to document their wishes before they become unable to make their wishes known about future medical care, including end-of-life decisions.

***NOTE: At no time will clinic personnel or healthcare providers give legal opinions or advice suggesting the appropriate decision in executing any of these documents.**
2. All patients when signing the Consent to Treatment/Health Care Agreement form will note if they have an “Advance Directive.” If the answer is yes, they will be asked to provide a copy to be kept in their medical record. See [6.21.B, General Consent to Treatment \(English\)](#) or [6.21.B.1, General Consent to Treatment \(Spanish\)](#).
3. The provider who anticipates impending circumstances requiring decisions regarding future medical care will discuss these issues with the patient and family and provide the appropriate advance directive for execution by the patient. The provider may not require that any particular form be executed. If the patient fails to document his wishes, the provider should document any specific wishes voiced by the patient in the medical record in the presence of two witnesses.
4. It is the physician’s responsibility to certify or document in the medical record when a patient suffers from a terminal or irreversible condition as defined on the first page of the “Directive.” See [6.20.A, Directive to Physicians and Family Surrogates \(English\)](#) or [6.20.A.1, Directive to Physicians and Family Surrogates \(Spanish\)](#).
5. The physician should write specific orders in the patient’s medical record consistent with the patient’s directive (DNR, pain medications only, etc.).
6. For a hospitalized patient, the physician should comply with the advance directive policy at the affiliated hospital.
7. Please refer to the instructions accompanying the directives and [6.20.F, Frequently Asked Questions](#), for additional information.

8. Out of Hospital Do Not Resuscitate Procedure:

- a. The attending physician will complete and sign the “Physician’s Statement” and/or Section “D”, when appropriate, of [6.20.E, Out-of-Hospital Do Not Resuscitate \(OOH-DNR\) Order](#), form as requested by the patient or if the patient is incompetent, the patient’s legally authorized representative.
- b. The physician completing the OOH-DNR shall note the existence of the order in the patient’s medical record.
- c. **It is the policy of TTUHSC to honor a valid OOH-DNR order presented at the time of an end-of-life event.** A valid OOH-DNR form includes the following:
 - 1) Completed statutory form including the names, signatures and other information required of persons executing or issuing or witnessing the order;
 - 2) A date for the issuance or execution of the form; and
 - 3) Signatures of the patient or legally authorized representative executing or issuing the order and the attending physician. *A copy of the original OOH-DNR order is acceptable.* (See [6.20.E, Out-of-Hospital Do Not Resuscitate \(OOH-DNR\) Order](#)).
- d. Instead of the printed OOH-DNR form, the physician or staff shall honor an acceptable OOH-DNR identification device. The following are considered acceptable devices:
 - 1) An intact, unaltered plastic bracelet with the word “Texas” (or a representation of the shape of Texas and the word “STOP” imposed over the shape) and the words “Do Not Resuscitate”; or
 - 2) An intact, unaltered metal bracelet or necklace with the words “Texas Do Not Resuscitate-OOH”.
- e. When an end-of-life event appears eminent and an OOH-DNR order or device is presented, the provider should:
 - 1) Establish the identity of the person as the person who executed or issued the OOH-DNR order;
 - 2) Determine that the OOH-DNR is valid as set forth in paragraph “c” above;
 - 3) Call EMS to assess and transport the patient as appropriate to the nearest emergency department;
 - 4) Move the patient and family to a private area and provide comfort measures until EMS arrives;
 - 5) Assure that the OOH-DNR order or device accompanies the patient when transported to the ED;
 - 6) Note the event in the medical record.
- f. An OOH-DNR order can be revoked by the patient or the legal representative who issued the order on behalf of the patient at any time.
- g. TTUHSC will not honor an OOH-DNR of a person known to be pregnant or if there are any indications of unnatural or suspicious circumstances. Under these conditions, the provider shall begin resuscitation efforts and call 911 to have the patient transported to the nearest emergency department.
- h. When a patient inside the clinic (i.e., exam room) expires with a valid OOH-DNR, Texas Tech police must be notified. The family of the patient will be consulted regarding disposition of the body.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:

This policy was approved by the Council of Deans on October 6, 2016.

ATTACHMENTS:

[6.20.A – Directive to Physicians and Family Surrogates \(English\)](#)

[6.20.A.1 – Directive to Physicians and Family Surrogates \(Spanish\)](#)

[6.20.B – Medical Power of Attorney \(English\)](#)

[6.20.B.1 – Medical Power of Attorney \(Spanish\)](#)

[6.20.C – Surrogate/Procedure When Person Has Not Executed or Issued a Directive and is Incompetent or Incapable of Communication \(English\)](#)

[6.20.C.1 – Surrogate/Procedure When Person Has Not Executed or Issued a Directive and is Incompetent or Incapable of Communication \(Spanish\)](#)

[6.20.D – Declaration of Mental Health Treatment \(English\)](#)

[6.20.D.1 – Declaration of Mental Health Treatment \(Spanish\)](#)

[6.20.E – Out-of-Hospital Do Not Resuscitate \(OOH-DNR\) Order](#)

[6.20.F – Frequently Asked Questions](#)

[6.20.G – Advance Directives Summary Sheet – \(English and Spanish\)](#)

*NOTE: All attachments are found online through the [Texas Department of Aging and Disability Services, Forms and Handbooks, Advance Directives.](#)