

# LIFECARE

## NEVADA ADVANCE DIRECTIVE CHECKLIST AND SCORING

<b>SECTION I: LIVING WILL DECLARATION</b>		
<u><i>Key Word/Phrase Prompts:</i></u>	<u><i>Completion Status / Potential Score Values:</i></u>	<u><i>Score:</i></u>
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>	N/A	N/A
7. “Terminal” <i>(*compare with #91)</i>	Yes/Undecided (20); No (80)	_____*
8. “Home”	Yes ____ / No ____	N/A
9. “Hospice”	Yes ____ / No ____	N/A
10. “Delaying” <i>(*compare with #91)</i>	Yes/Undecided (6); No (94)	_____*
11. “Vegetative” <i>(*compare with #91)</i>	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" (* <i>compare with #91</i> )	Include (70); Unsure/Not (30)	_____*
31. "Double"	Limited/Unsure (10); Full (90)	_____
32. "Personal/Religious" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
33. "Organ/Tissue" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
34. "Postponed" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
35-37. "Review"	Yes _____ / No _____	N/A
38. "Pregnancy" ( <i>statement only</i> )	N/A	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 29 Entries.	

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

<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status:</i></b>
45. <i>(Introduction only)</i>	N/A
46. Intent to Appoint	Yes _____ / No _____
47. <i>(Instructions only)</i>	N/A
48. Name Entered	Yes _____ / No _____
49. Appointment Name Entered	Yes _____ / No _____
50. <i>(Instructions only)</i>	N/A
51. First Alternate Named	Yes _____ / No _____
52. Second Alternate Named	Yes _____ / No _____
53-55. <i>(Instructions only)</i>	N/A
56. Other Provisions	Yes _____ / No _____
OPTIONAL ADDENDUM	
57. Addendum Introduction	N/A
58. Authority Intent	N/A
59. Authorities Granted	_____ of 17 Indicated
60-63. <i>(Instructions only)</i>	N/A
64. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
65. Agent Authorization Re: Comfort Care Medications Decisions	Yes _____ / No _____
66. Agent Decision-Making Latitude	Yes _____ / No _____
67. Agent Visitation Authority	Yes _____ / No _____
68. Specific Persons Limited	Yes _____ / No _____
69-72. Agent Authority Limitations	N/A
73. Agent Consult Options Indicated	Yes _____ / No _____
74. Specific Agent Consults Selected	Yes _____ / No _____
75. <i>(Instructions only)</i>	N/A

76. (Statement only)	N/A
77. Agent Signature	Yes ____ / No ____
78. (Statement only)	N/A
79. First Alternate Signed Acceptance	Yes ____ / No ____
80. Second Alternate Signed Acceptance	Yes ____ / No ____
81-82. Nomination of Guardian/Conservator	Yes ____ / No ____
83-84. Nomination of Primary Physician	Yes ____ / No ____
85-86. Nomination of Alternate Primary MD	Yes ____ / No ____
87-88. (Instructions only)	N/A
89. Activation of Authority	Yes ____ / No ____
ADDENDUM ENDS	
90. Expiration Date	Yes ____ / No ____
91. Treatment Options (*compare #7,10,11,30)	_____ of 5 Options*
92. (Instructions only)	N/A
93. Incorporation of Living Will	Yes ____ / No ____
94. Additional Wishes	Yes ____ / No ____
95-96. (Statement only)	N/A
97. Signature	Yes ____ / No ____
98. Notarization	Yes ____ / No ____
99. (Statement only)	N/A
100-101. Witness Signatures (two)	Yes ____ / No ____
102. Required Witness Declaration	Yes ____ / No ____
CONCLUDING ADDENDUM	
103. Signature Assistance	Yes ____ / No ____
104-106. Advocate Signature	Yes ____ / No ____
107. (Instructions only)	N/A
108. Copies Distributed	Yes ____ / No ____
SECTION II COMPLETION RATING:	_____ of 32 Entries.

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

REVIEWED BY:

DATE: