

# LIFECARE

## KANSAS 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 #51).</i>	Yes ____ / No ____	N/A
3. <i>(Statement only)</i>	N/A	N/A
4. Date/Name Entered	Yes ____ / No ____	N/A
5. Terminal Options <i>(*compare with #12)</i>	Yes ____ / No ____ *	N/A
6. Other Living Will Wishes	Yes ____ / No ____	N/A
7-10. <i>(Statements/instructions only)</i>	N/A	N/A
11. "Current" <i>(evaluate case-by-case)</i>	N/A	N/A
12. "Terminal" <i>(*compare with #5)</i>	Yes/Undecided (20); No (80)	_____ *
13. "Home"	Yes ____ / No ____	N/A
14. "Hospice"	Yes ____ / No ____	N/A
15. "Delaying"	Yes/Undecided (6); No (94)	_____
16. "Vegetative"	Yes/Undecided (3); No (97)	_____
17. "Severe damage"	Yes/Undecided (4); No (96)	_____
18. "Infant-like"	Yes/Undecided (3); No (97)	_____
19. "Child-like"	Yes/Undecided (20); No (80)	_____
20. "Mind fail"	Yes/Undecided (20); No (80)	_____
21. "Personal care"	Yes/Undecided (25); No (75)	_____
22. "Pain"	Yes/Undecided (15); No (85)	_____
23. "Machines"	Yes/Undecided (20); No (80)	_____
24. "Overall function" <i>(score first entry only)</i>	Yes (65); Left Blank (35)	_____

25. "Facility"	Yes/Undecided (20); No (80)	_____
26. "Family pay" ( <i>options</i> )	N/A	N/A
27. "Also wish"	Defer/Blank (30); Stop (70)	_____
28. "Family care" ( <i>options</i> )	N/A	N/A
29. "Also wish"	Defer/Blank (20); Stop (80)	_____
30. ( <i>Information only</i> )	N/A	N/A
31. "Certain"	Positive (25); High (50); Reasonably (75)	_____
32. "Second"	N/A	N/A
33. "Conflict"	Prolong (20); Stop (80)	_____
34. ( <i>Information only</i> )	N/A	N/A
35. "Artificial"	Include (70); Unsure/Not (30)	_____
36. "Double"	Limited/Unsure (10); Full (90)	_____
37. "Personal/Religious" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
38. "Organ/Tissue" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
39. "Postponed" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
40-42. "Review"	Yes _____ / No _____	N/A
43. "Pregnancy" ( <i>statement only</i> )	N/A	N/A
44. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
45. "Statement" ( <i>information only</i> )	N/A	N/A
46. "Signed"	Yes _____ / No _____	N/A
47-49. "Witnesses" ( <i>two entries</i> )	Yes _____ / No _____	N/A
50. Notarization	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 32 Entry Categories.
<b>SECTION II: NAMING A HEALTH CARE AGENT</b>	
<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status:</u></b>
51. ( <i>Introduction only</i> )	N/A
52. Name Entered	Yes _____ / No _____
53. Appointment Name Entered	Yes _____ / No _____
54-55. ( <i>Information only</i> )	N/A
<b>ADDENDUM 1: SPECIAL INSTRUCTIONS</b>	
56-58. ( <i>Information/instructions only</i> )	N/A
59. Other Instructions	Yes _____ / No _____
60. ( <i>Instructions only</i> )	N/A
61. First Alternate Named	Yes _____ / No _____
62. Second Alternate Named	Yes _____ / No _____
63. ( <i>Instructions only</i> )	N/A
64. Guardian/Conservator Nominated	Yes _____ / No _____
65. Primary MD Nominated	Yes _____ / No _____
66. Alternate MD Nominated	Yes _____ / No _____
67. Authorities Granted	_____ of 17 Indicated
68-71. ( <i>Instructions only</i> )	N/A
72. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
73. Agent Authorization Re: Comfort Care Medications Decisions	Yes _____ / No _____
74. Agent Decision-Making Latitude	Yes _____ / No _____

75. Agent Visitation Authority	Yes ____ / No ____
76. Specific Persons Limited	Yes ____ / No ____
77. <i>(Instructions only)</i>	N/A
78. <i>(Instructions only)</i>	N/A
79. Other Directives Listed	Yes ____ / No ____
80-83. <i>(Instructions only)</i>	N/A
84. Agent Signed Acceptance	Yes ____ / No ____
85. <i>(Instructions only)</i>	N/A
86. First Alternate Signed Acceptance	Yes ____ / No ____
87. Second Alternate Signed Acceptance	Yes ____ / No ____
END OF ADDENDUM 1	
88. Limitations of Authority <i>(Instructions only)</i>	N/A
89. Other Agent Prohibitions	Yes ____ / No ____
90. Additional Document Limitations	Yes ____ / No ____
ADDENDUM 2: Recommended Further Agent Limitations	
91-94. <i>(Instructions only)</i>	N/A
95. Agent Consult Options	Yes ____ / No ____
96. Agent Consult Specified	Yes ____ / No ____
END OF ADDENDUM 2	
97. <i>(Instructions only)</i>	N/A
ADDENDUM 3: Effective date options	
98. Agent Empowerment date	Yes ____ / No ____
END OF ADDENDUM 3	
99. Revocation Manner	Yes ____ / No ____
100. Date Entered	Yes ____ / No ____
101. Principal Signature	Yes ____ / No ____
102. <i>(Instructions only)</i>	N/A
103-104. Both Witnesses Signed	Yes ____ / No ____

105. Notarization	Yes ____ / No ____
CONCLUDING ADDENDUM (4)	
106. Signature Assistance	Yes ____ / No ____
107-108. <i>(Instructions only)</i>	N/A
109. Advocate Signature	Yes ____ / No ____
110. <i>(Instructions only)</i>	N/A
111. Copies Locations Completed	Yes ____ / No ____
SECTION II COMPLETION RATING:	_____ of 31 Entries.
<b>CONCLUDING CONCERNS</b> <i>(issues regarding content, signing, witnessing, etc):</i>	
REVIEWED BY:	DATE: