ADVANCED DIRECTIVE / ORGAN DONATION INTERVIEW

Section A: Patient Registration Completes (For Inpatients / Outpatients 18 years and Older)

1. Does this patient have an Organ Donor card or driver’s license denoting Organ Donor? □ YES □ NO
2. If YES, copy of driver’s license or organ donor card is scanned? □ YES □ NO

I have been informed that the presence or absence of an Advance Directive will in no way alter any care rendered to me at Inspira Medical Centers, Inc., and that policies on advance directives are available for review upon request.

Signature Date and Time of patient (if unable to sign -next of kin) Witness signature and date and time

Section B: Admitting Nurse Completes (For Inpatients 18 years and Older)

1. Does the patient have an Advance Directive? □ YES □ NO
   a. If they have AD with them, is copy placed on chart? □ YES □ NO
   b. If no copy with patient – consult placed to Case Management by nurse □ YES □ NO
2. If patient does not have Advance Directive, do they want information about Advance Directive? □ YES □ NO
   a. If YES to #2, Advance Directive Booklet provided and video on demand □ YES □ NO

Section C: Case Management Completes (Case Manager or Social Worker)

1: Valid Advance Directive

1. Advance Directive reviewed for validity, appropriate witnesses , signature and date □ YES □ NO
   - Witnesses could be notary, attorney – only need one
   - Witnesses could be adult (>18) witnesses other than health care rep or physician and (need two – Social Worker and Case Manager may be used)
2. Document validity by recording “verified” on copy with signature, date and time □ YES □ NO
3. Copy placed in AD section of chart □ YES □ NO

2: Invalid Advance Directive

1. Reviewed problems of invalid Advance Directive with patient □ YES □ NO
3. Unable to create new AD. See CM Note: ____________________________________________ □ YES □ NO

3: New Advance Directive Created

1. Assisted Patient with completing valid or new Advance Directive □ YES □ NO
2. Copy placed in AD section of chart □ YES □ NO

4: No Advance Directive exists. Information provided.

1. Patient confirms that they do not have an Advance Directive □ YES □ NO
2. Patient provided with information on Advance Directive □ YES □ NO
3. Patient confirms that they do not want to create an Advance Directive at this time □ YES □ NO

5: Advance Directive Follow Up (Unavailable)

1. Patient/Family states that someone will bring in Advance Directive from home
   1st Attempt: DATE: ____________________ TIME: ____________________ □ YES □ NO
   2nd Attempt: DATE: ____________________ TIME: ____________________ □ YES □ NO
2. Copy of AD brought in. DATE: ____________________ TIME: ____________________ □ YES □ NO
3. Copy of AD brought in. Complete box “Valid Advance Directive” or “Invalid Advance Directive” □ YES □ NO
4. Unable to confirm Existence □ YES □ NO

Signature of person assessing presence of Advance Directive Date Time