



Durable Power of Attorney for Health Care Instructions

In the State of Wisconsin, patients can protect themselves and their families from stress at the time of a serious illness or unexpected health crisis by completing a ***Durable Power of Attorney for Health Care*** which is a type of ***Advance Directive***. This document informs medical personnel who you want to make medical decisions for you if you should become unable to do that for yourself.

Wisconsin does not have a law designating next of kin to make health care decisions if you should become unable to make your own decisions. For this reason, anyone 18 years and older is encouraged to complete an Advance Directive. If you become unable to make your own health care decisions and you do not have such a document, your family may need to consult an attorney and petition the courts for a guardianship.

However, with help from Spiritual Care Services and Home Health Care services staff, you can ensure that your health care desires are made known. Assistance is available during your hospital stay or by appointment with the Spiritual Care Department. There is no charge for this service.

Once your Advance Directive is completed, an HSHS staff member reviews the document, and is available to answer questions related to your advance directive if desired. You will receive the original document and copies for your health care agents and physician if desired. One of the copies will be submitted to our Health Information Department to be scanned into your medical record. *(Please note: If you already have a completed Durable Power of Attorney for Health Care, you do not need to complete a new one. We can scan the document you already have into your medical record.)*

If you have any questions about advance directive or wish to schedule an appointment, please contact:

Spiritual Care Services at:

- HSHS St. Vincent Hospital and HSHS St. Mary's Hospital Medical Center **(920) 433-8162**
- HSHS St. Nicholas Hospital **(920) 451-7265**
- HSHS St. Clare Memorial Hospital **(920) 848-8505**

Home Health Care Services at:

- HSHS St. Nicholas Hospital **(920) 457-5770**
- HSHS St. Vincent and HSHS St. Mary's Hospital Medical Center **(920) 448-7000**



How to Complete a Durable Power of Attorney for Health Care Document

Section Headed: Notice to Person Making This Document, p. 1

This section explains your rights to make decisions about your health care and to put these decisions in a document called Power of Attorney for Health Care. Read this section carefully before completing and signing the document. Do not sign the Power of Attorney for Health Care unless you clearly understand it.

“Power of Attorney for Health Care, p. 2”

- Immediately under the heading enter the date on which you complete the document. Note the document asks for day first followed by month and then year.

Section I. – Creation of Power of Attorney for Health Care, p. 2

- Following the word “I”, print your name (including your middle initial), date of birth, and address. *(Please note, make sure you include your date of birth so your document gets scanned to the correct medical record).*

Section II. – Designation of Health Care Agent, p. 2

- Your health care agent is the person you trust to make medical decisions with your medical team if you are not able to make your own medical decisions.
- Fill in the name of the health care agent you wish the medical team to speak with first about your medical care. If that person is not available, you may list a second person to make medical decisions on your behalf. Please include your agent(s) full name, address and phone numbers. It is also helpful to include their relationship to you.

Section III. – General Authority of the Health Care Agent, pgs. 2-3

- Unless you have specified otherwise, the Health Care Agent(s) authority begins when two physicians have declared that you are incapacitated.

Section IV. – Limitations of Mental Health Treatment, p. 3

- If you need inpatient mental health treatment and cannot sign yourself into an inpatient mental health facility for care, your health care agent does not have the authority to admit/commit you to this type of facility.

Section V. – Admission to Nursing Homes or Community–Based Residential Facilities (CBRF), p. 3

- If you check “Yes” your health care agent may evaluate the situation and make the decision about nursing home/CBRF based upon your past verbalized wishes, the care you need and your safety.
- If you check “No” your health care agent may not have you reside in these types of facilities for care beyond recuperative (90 days/year) or respite (30 days/year). If long term care is needed your health care agent may need to pursue other legal venues for you to reside in these facilities.
- If you leave it blank it is the same as checking “No”.



Section VI. – Provision of a Feeding Tube, p. 3

- If you check “Yes” your health care agent can evaluate your nutritional needs with your medical team and make decisions about artificial nutrition/hydration.
- If you check “No” your health care agent may not make medical decisions about artificial nutrition/hydration.
- If you leave it blank it is the same as checking “No”.

Section VII. – Health Care Decisions for Pregnant Women, p. 3

- If you check “Yes” your health care agent may make medical decisions for you and the baby you are carrying if you become pregnant.
- If you check “No” your health care agent may not make medical decisions for you or your baby during your pregnancy.
- If you leave it blank it is the same as checking “No”.

Section VIII. – Statement of Desires, Special Provisions or Limitations, p. 4

- If you have special instructions you would like your health care agent and medical team to carry out about your health care you may specify it here. This is a wonderful opportunity to share specific goals of care or ethnic/cultural desires.

Section IX. – Preference Regarding Attempts at Life Prolonging Treatments (Optional to Complete but Helpful), p. 4

- Check first box if you would like attempts made for life prolonging treatment unless such treatments are not in your best interest.
- Check second box if you would not like attempts to be made with life prolonging treatments.

Section X. – Cardiopulmonary Resuscitation (CPR) (Optional to Complete but Helpful), p. 4

- During every hospitalization or call placed to emergency personnel, if your heart/breathing stop, medical personnel will attempt resuscitation/CPR unless a physician determines it is not in your best interest.
- If you would like CPR attempted if your heart/breathing stop check the first box.
- If you do not want CPR attempted and want natural death to occur, check the second box.
- Note if you do not want CPR attempted in the community, there is a separate form for you to complete with your doctor and a Do Not Resuscitate bracelet you must wear. Contact your doctor for more information.

Section XI. – Other Important Aspects of My Care (Optional to Complete but Helpful), p. 5

- Many people have specific religious, spiritual and/or cultural beliefs that influence the medical care they wish to receive. These are important life elements for your medical team to know. You have an opportunity to share these beliefs with your medical team in this section.
- Check the first box if/when you'd like your spiritual leader to be contacted.
- Check the second box if you'd like to receive the sacraments if that is part of your religious beliefs.
- Complete the last section if you have specific things you'd like to share with your family/friends. This is a great opportunity to share some final thoughts of what you want them to know.



Section XII. – Anatomical Gifts (Optional to Complete but Helpful), p. 5

- At the time a person dies the Organ Donor Network is contacted to see if you are eligible and have specified any desires to be an organ, tissue, eye donor or wish to donate your body to a medical school for study.
- Check the first box if you wish to be a donor and wish to specify what you do/do not want to donate.
- Check the second box if you wish to be considered to be a donor for transplant, education and/or research.
- Check the third box if you want to donate your body to a medical school for study. Note there is separate paperwork you will need to complete.
- Check the fourth box if you do not want to be considered for any donation.
- Sign/date this section for donation.

Section XIII. – Inspection and Disclosure of Information Relating to My Physical or Mental Health, p. 5

- Your health care agent is able to view/disclose information in your medical record if you are incapacitated.

Section XIV. – Signature of Principal, p. 6

- To make this document effective you must sign it in the presence of two people.
- Sign your full name and date document when you sign. Be sure to sign it in front of the two witnesses.
- You may also designate someone else to sign your name on your behalf if you are not able to sign it. The person must sign it in your presence.

Section XV. – Statement of Witnesses, p. 6

- Wisconsin has specific requirements for witnesses. Be sure to read carefully who can/cannot be the witnesses when you sign this document.

Section XVI. – Statement Health Care Agent and Alternate Health Care Agent, p. 6

- It is important to have on-going, detailed conversations with your health care agent in the event you cannot make your own medical decisions. The health care agent signature here states that you have had these conversations and they accept the responsibility of carrying forth your medical wishes if you are declared incapacitated.
- Write your name in the first two lines of this section as you are considered the "principal".
- Have your health care agents sign in the order you appointed them on page 2, section II.
- Your health care agent signature does not need to be witnessed.

When document is completed, it is recommended that a copy of it be placed in your medical record at the health care facility(ies) in which you receive care. It is also recommended that your health care agents receive a copy of the document.