Audit for

Advance Directive

**Advance Directive Audit**

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| **Question** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| Was resident admitted with an advance directive? |  |  |  |  |
| If no advance directive on admission, documentation indicates resident was provided with education and offered/received assistance on formulating an advance directive? |  |  |  |  |
| Documentation indicates resident received written information on the facility policies for advance directives and the right to accept or refuse medical or surgical treatment? |  |  |  |  |
| Resident incapacitated or unable to made decisions and advance directive information provided to resident representative? |  |  |  |  |
| Documentation clearly identifies the Resident Representative in the designated area of record? |  |  |  |  |
| Advance Directives are kept in designated area in the resident record? |  |  |  |  |
| Resident’s identified choices are documented in the resident plan of care? |  |  |  |  |
| Documentation substantiates periodic evaluation for decision-making ability? |  |  |  |  |
| If resident’s decision-making ability improves so that resident is able to make own decisions, this information is assessed, documented and the resident choices updated? |  |  |  |  |
| Documentation indicates evidence of Advance Care Planning? |  |  |  |  |
| Physician orders are consistent with resident choices? |  |  |  |  |
|  If resident refusal is noted, documentation includes:* reason for refusal
* resident advised of consequences of refusal
* education provided
* relevant alternatives offered
 |  |  |  |  |
| If the resident is participating in research, documentation includes:* Resident received written information regarding the right to refuse both before and during research
* Written informed consent
* Monitoring for adverse consequences
 |  |  |  |  |