

NOTICE OF ADVANCE DIRECTIVES POLICY

To: All Patients and Staff

Policy: In an ambulatory setting, where we expect to provide less invasive care to patients who are not acutely ill, admission to our facility indicates the patient will tolerate the planned procedure in the ambulatory setting without difficulty. If any patient should suffer cardiac arrest, or any life-threatening condition, the patient will be transferred to a higher level of care (nearest hospital).

Any patient who has a planned procedure is welcome to present an Advanced Directive. It is our policy to institute resuscitative measures on **any patient requiring them**, and have the patient transferred to a hospital. It is after transfer of the patient to the hospital that the Advanced Directive can be made known and followed.

If the patient desires, we can maintain a copy of the Advanced Directives and a copy of this will be transferred along with the patient in the event of an emergency. Patients (or their representative) have the right to make informed decisions concerning their case.

Any patient who disagrees with this policy must address the issue with his/her physician prior to signing the acknowledgment of this policy.

All patients must be informed of this policy **prior to the date of surgery**, so the patient will have the opportunity to consider and discuss concerns.

All patients must receive information on where he/she can learn about a Living Will/Advanced Directives:

Nevada Center for Ethics and Health Policy at:

<https://www.nia.nih.gov/health/advance-care-planning-healthcare-directives>

PLEASE FEEL FREE TO CALL ANYTIME REGARDING THIS POLICY.

Do you have an Advance Directive? ___Yes___No

By signing this document, you are acknowledging that you have read and understood the above policy.

Signature of Patient: _____ Date: _____