

Your Guide to a Successful Surgery



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The BSA Surgical Services team is here to ensure you receive the highest quality care. Please reference the outlined times and dates for your surgery and pre-admit appointment below.

For questions about your scheduled procedure, please call 806-212-8888.

Patient: _____ Procedure Date: _____ Procedure Time: _____

Procedure: _____ Physician: _____

Pre-Admission Testing Date: _____ Time: _____



Pre-Registering for Your Procedure

Pre-registration is necessary for patient safety and billing purposes. We will verify your name, address, date of birth and insurance information.

You can pre-register:

- Online at bsahs.org/pre-register-online; or
- By calling 806-212-6284

Pre-register at least two days before your pre-admission test.

Verifying Your Insurance Coverage

Prior to making your pre-registration appointment, you will need to verify with your insurance provider that your procedure is covered at BSA. Most insurance companies require pre-authorization of services and require participants to use the insurance company's designated network provider. It is your responsibility as a patient to use an in-network hospital or obtain pre-authorization from your insurance provider.

If you choose to proceed with the procedure without getting pre-authorization from your insurance provider, you may be required to make a deposit in addition to your copayment, deductible or coinsurance amount.



Pre-Admission Testing for Surgery

To ensure your surgery goes smoothly, you will need to complete in-person pre-admission tests prior to your procedure. Pre-admission testing will take up to two hours.

To schedule your pre-admit testing appointment call 806-212-8888 at least two days prior to your desired appointment date.

When you arrive for your pre-admission test, our team will:

- Complete any diagnostic studies or blood tests ordered by your physician
- Discuss important information with you about what to expect before and after your procedure
- Have you or your legal guardian sign a procedure consent form
- Obtain copies of your insurance cards
- Obtain your medical history, including current and previous medications and surgeries

Depending on your procedure, you may be asked to make a decision about receiving blood transfusions or emergency life support measures. Please discuss your options with your physician.

Patient information provided to your physician's office is not sent to the hospital. Please be prepared to provide all medical information needed at the time of your appointment.

Items needed for your Pre-Admission Testing:



Your Medications and Allergies

Medication Chart

When you arrive for your pre-admission test, please provide us with a list of your current medications and any allergies you may have. Use the examples below for a reference. This will help us prevent any medication issues before, during and after your procedure.

NAME OF MEDICINE	COLOR	WHAT IS IT FOR?	DOSE	HOW OFTEN & WHAT TIME	PRESCRIBING DOCTOR	PHARMACY PHONE NO.	SPECIAL INSTRUCTIONS	REFILL DATE
<i>Example: Aspirin</i>	<i>white</i>	<i>blood thinner</i>	<i>1 pill (325 mg)</i>	<i>once daily, at night</i>	<i>Dr. Jones</i>	<i>650-555-1234</i>	<i>Take with food</i>	<i>11/1/19</i>

Allergy Chart

ALLERGY	REACTION
<i>Example: Aspirin</i>	<i>Swelling of the throat</i>

Your Surgery To-Dos

To help us make your surgery go as smoothly as possible, please follow the guidelines below.

Failure to follow these guidelines could result in cancellation of your procedure.

BEFORE THE DAY OF YOUR SURGERY



Arrange a ride home with a responsible adult for your discharge date.



Check with your physician before taking aspirin, arthritis medications and blood thinners.



If scheduled for day surgery, notify your physician and the BSA Day Surgery Unit if you will not be able to keep your appointment time. To notify the BSA Day Surgery Unit, call 806-212-2195.



Notify your physician if you feel ill.



Shower each evening for two days before your procedure.



On the day before your surgery, do not eat solid food or drink anything after Midnight or the time instructed by your physician.



Drink one quart of a clear liquid before 7 p.m. the night before your surgery to reduce nausea after surgery.

ON THE DAY OF YOUR SURGERY



Bring proof of legal guardianship or a Medical Durable Power of Attorney form if accompanying a minor to surgery.



Leave all valuables at home.



Bring any splints, shoes or braces given to you by your physician.



Remove all body jewelry and leave it at home.



Bring toiletry items if staying overnight.



Remove contact lenses. If you have glasses, wear them instead.



Follow medication instructions ordered by your physician. Certain medications can react negatively with anesthesia. Consuming these medications can result in cancellation of your procedure.



Report for your surgery at your scheduled time.



If taking insulin, check your blood sugar levels the morning of your surgery. If you have a reading of 150mg/dl or more, take half your dose of insulin. If your blood sugar is less than 150mg/dl, do not take any insulin.



Shower in the morning.



If you would like to speak with a spiritual care chaplain before surgery, please alert your nurse.



Wear comfortable, clean clothing.

Showering to Reduce Site Infection

Your hygiene before surgery plays an important role in reducing your risk of surgical site infection. To help prevent surgical site infection after your procedure, please follow the guidelines below.

You will need to shower the two evenings before and the morning of your surgery.

When showering:

1. Wash your hair with your normal shampoo.
2. Rinse your hair and body thoroughly to remove any shampoo residue.
3. You received Hibiclens™ antibacterial product during your pre-admission appointment. Apply this product to your entire body from the neck down. Do not use the product near your eyes or genitals.
4. Turn your water off to avoid rinsing off the antibacterial product. Leave the product on for five minutes and then rinse off thoroughly. Do not rinse with regular soap afterwards.
5. Pat yourself dry with a clean towel and dress in clean clothing.

Do not shave/clip any part of your body or apply lotion on or near your surgical site.



Preparing for Your Surgery

Please arrive for your surgery at your scheduled time. When you arrive, be prepared to wait for an average of two hours before you will be taken to the operation room. Depending on the operating room's current schedule your procedure may be moved up or delayed from the time of your scheduled procedure. During this time we will get you prepared for your procedure and gather any additional medical information that is needed.

Being Prepared for the Operating Room

Before being taken into the operating room, you will be asked to wipe down with an antibacterial wipe, dress in a hospital gown and speak with your anesthesiologist.

When speaking with your anesthesiologist, inform them of:

- Your anesthesia medical history.
- Any chronic illness or disease you may have including diabetes, high blood pressure or heart conditions.
- Your current prescription and over-the-counter medications.

Side effects of anesthesia may include:

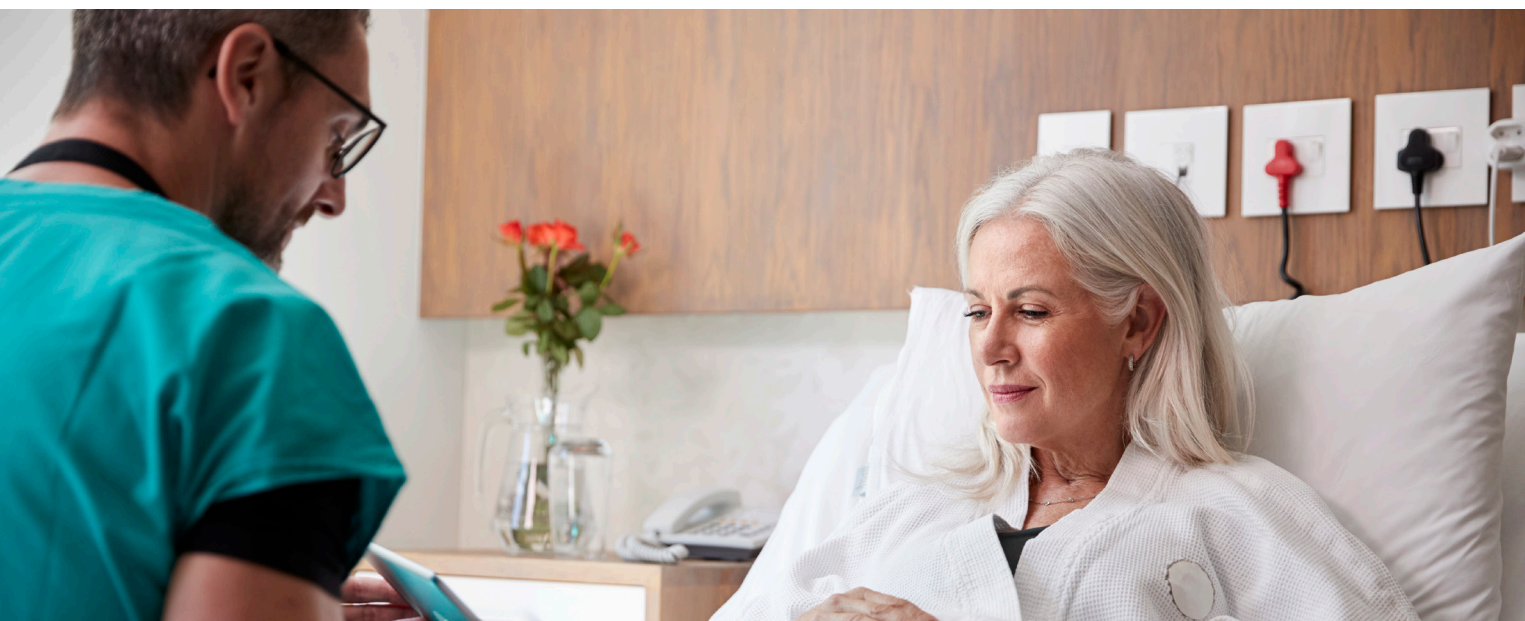
- Feeling drowsy, nauseous or dizzy.
- Complications trying to urinate for up to 48 hours for men.

After being given anesthesia, avoid driving for 24 hours.

While in the Operating Room

As soon as you have been prepped and the operating room is ready, you will be taken to the operating room. Your loved ones will be taken to a designated waiting area during your procedure.

The BSA Operating Room staff will attach monitors for your heart rate and lung functions throughout the procedure. Our operating rooms are sterile, cool and brightly lit environments designed to enhance infection control.



Your Role During Surgery

WHAT OUR TEAM DOES	YOUR ROLE
<p>We will ask you the same questions multiple times including your name, date of birth, your procedure and where you are having it done. This is a mandatory safety procedure.</p>	<p>➔ Answer the questions every time and speak up if something isn't right.</p>
<p>Before surgery your surgeon will mark your procedure site with their initials.</p>	<p>➔ Make sure the site is correct and speak up if it isn't.</p>
<p>Before your surgery, we will have you sign a consent form verifying the procedure needed. This form will also notify you of any associated risks of the procedure. If your child is receiving surgery, we will have their legal guardian sign the consent form.</p>	<p>➔ Read the form carefully. Make sure the type of surgery is listed correctly.</p>
<p>Before your care team begins surgery, they will review your name, date of birth, procedure, site and physician's name.</p>	<p>➔ If still awake, listen carefully and make sure the information is accurate.</p>



Recovery Room

After your surgery is complete, you will be transported to a recovery room. Your physician will speak with your loved ones and inform them of how the procedure went.

While in the recovery room, our highly-trained team of nurses will check your dressing, pulse, blood pressure and breathing to ensure everything is going well. They will also encourage you to take big, deep breaths which will help prevent pneumonia.

As you wake up from the anesthesia, you may have:

- A catheter to help drain your bladder.
- An oxygen mask on your face to help regulate your oxygen levels.
- Bed rails up to prevent falls.
- Blurred vision, dry mouth, nausea or vomiting, chills or a sore throat.
- Pain or discomfort.
- Tight stockings or pumps on your legs to prevent blood clots.

To help manage pain and discomfort, you will be given pain medications prescribed by your physician. Medications will help reduce your pain to a tolerable level but will not alleviate the pain completely. Have someone assist you when walking for the next few days, especially after taking pain medications.



Medications

Managing Prescriptions

Prescriptions are important for recovery.

When it comes to medications, it is recommended to:

- Always carry an updated list of medications and bring it to every doctor visit.
- Ask a doctor or pharmacist before taking any over-the-counter drugs, vitamins or herbal supplements as they can interact with current prescription drugs.
- Avoid drinking alcohol while taking medications.
- Be consistent with the time and amount of medications you take.
- Consult with a doctor before stopping or changing doses of medications.
- Consult with a doctor if you have any allergic reactions or unusual symptoms from your medications.
- Discuss your medications side effects with your doctor or nurse.
- Do not share medications with anyone.
- Keep all medications out of children's reach.
- Know the name and dosage of each medication and why it is needed.
- Keep an adequate amount of medications during travel.
- Never skip or add doses of medications without speaking to your physician.
- Protect skin from sun exposure using clothing or sunscreen as some medications may increase the risk of sunburn.
- Remember that any medication that has "LA", "CD", "SA", "SR" or "CR" after its name, should be swallowed whole.
- Store medications in a cool, dry place and always dispose of old medications.
- Take the medication exactly as a physician has prescribed and stay on the schedule that he/she has outlined.
- Take your medications, even if you are feeling better.
- Use a pill box and set a reminder every day to take medications.
- When possible, purchase all your medications at the same pharmacy. This will allow your pharmacist to keep track of your medications and be able to warn you more easily if any of the medications may interact with each other.

The Length of Your Stay

The amount of time you stay in the hospital depends on the type of surgery you are having, your doctor's orders and how you feel. You may experience nausea, vomiting and/or discomfort as well as limited activity when you get home. Feeling drowsy for up to 24 hours after a general anesthetic is normal. Move around; even short walks in your home or in your hospital room will promote recovery. Please use the guidelines below for a general idea of time you may spend at BSA after surgery.

Day Surgery

You can expect to go home within a few hours after having day surgery.

After your procedure:

- You will be transferred to the recovery room where you will be given home recovery instructions.
- You will be served liquids as per your physician's instructions.
- You will be sent home once you have met your physician's criteria for discharge.

Wait to eat solid foods until after your car ride home to prevent nausea. You will need someone to stay with you at your home for the first 24 hours after your procedure due to side effects of anesthesia.

Other Surgeries

After you are released from the recovery room, you will be moved to a patient room. The room you will be placed in will depend on your condition following surgery. Your loved ones will be notified of your room number.

In your room you will find:

- A telephone beside your bed. Dial 9 for a number outside of the hospital. Your loved ones can reach your room by dialing 212-1+your room number.
- A television. The controller is located on the white handset and on the bed rail for overnight patients.
- Nurse call buttons in three locations - the white handset by your bed, on the bed rail and a red cord located in your bathroom. If you are in need of assistance, please use these devices.

BSA is a tobacco-free campus. You will not be able to use tobacco products during your stay.



Visitation Guidelines

You will be allowed to have two adult visitors in your room at a time. If your child had surgery, one adult must be available at all times during your child's stay.

Visiting hours include the right to receive visitors chosen by the patient, including but not limited to, the patient's spouse, domestic partner and other family members and friends. With his/her consent, each patient has the right to receive visitors he/she designates regardless of whether the visitor is legally related to the patient. The patient has the right to withdraw or deny that consent at any time.

BSA will not limit or deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability. BSA may, when clinically necessary or reasonable, place limitations on the right to receive visitors. BSA may also limit visitation if given a court order to limit contact. One designated visitor of the patient's choice may stay after 10:00 p.m.

In order to help us provide the best possible care for our patients, we ask that the following visitation guidelines be followed.

CRITICAL CARE (ICU)

- Up to two visitors may be at the patient's bedside at a time.
- One visitor is allowed at the patient's bedside from 10:00 p.m. to 6:00 a.m.
- Please do not bring food or drinks into the patient's room.
- Children under the age of 12 may visit on a case-by-case basis. The supervisor will assist with these requests.

WOMEN'S CENTER / LABOR AND DELIVERY

- For the safety and comfort of our patients and visitors we ask that siblings of newborns do not stay the night.

NEONATAL INTENSIVE CARE UNIT (NICU)

- To protect patient privacy and ensure smooth nursing shift changes, visitors will not be allowed in the NICU from 6:30 a.m. to 8:00 a.m. and 6:30 p.m. to 8:00 p.m.

PEDIATRICS AND PEDIATRIC INTENSIVE CARE UNIT (PICU)

- To assist us in providing the best possible care for your child, we ask that from 8:00 p.m. to 6:00 a.m. only one parent or designated visitor stay at the patient's bedside.

CATH LAB, RECOVERY, EMERGENCY DEPARTMENT AND DAY SURGERY

- Visitors may stay with the patient unless an emergency, procedure or the patient's condition makes it necessary for visitors to wait in another area. A staff member will let you know if this is necessary.

OPERATING ROOM - POST ANESTHESIA

- To ensure patient safety, visitors are not allowed in the care unit or holding areas. When it is appropriate for visitors to be with the patient we will be happy to show you to the room.

Keeping Your Surgical Site Clean

When you are discharged from the hospital, it is important you read your discharge paperwork and follow your physician's orders to prevent site infection.

To help prevent site infection:

- Bathe/Shower daily as instructed by your physician.
- Follow bandage changing instructions carefully.
- Keep your surgical site dry and clean.
- Wear clean clothes over your surgical site.

Call your surgeon immediately if you experience any of the following from the surgical site:

- Bleeding
- Excess drainage
- Heat
- New redness
- Surgical site infection or a fever of 100.6 degrees or more
- Excess swelling

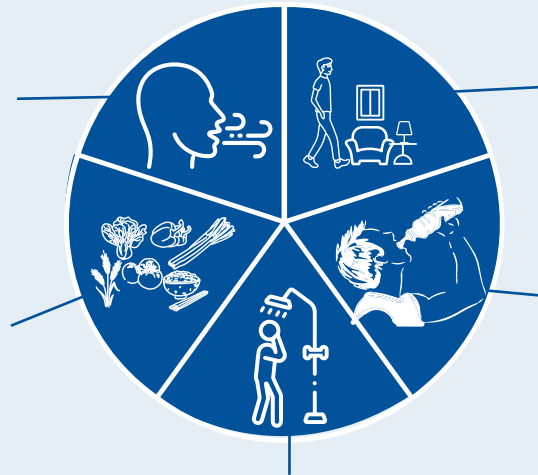


Your Road to Recovery

As you begin to heal at home, we recommend following the guidelines below to help you recover as fast as possible.

Practice taking big, deep breaths to aid in circulation and prevent pneumonia.

Consume a diet high in vegetables and grains.



Walk around your home three to four times a day.

Drink one to two quarts of liquids daily.

When showering, follow instructions from your physician, use lukewarm water and cover surgical sites.

Preventing Falls

Falling is one of the highest preventable home injuries. It is important to prevent falls to ensure your surgical site heals properly.

You may be at a higher risk of falling if you:

- Are 65 years old or older.
- Are taking certain medications that make you dizzy.
- Have a history of falling.
- Have poor nutrition.
- Have poor vision or hearing.
- Have slippery surfaces in your home.
- Use a walking aid.

You can prevent your chance of falling by following these tips:

- Hold onto handrails when using stairs.
- Keep all floors free of clutter and spills.
- Mark the edges of stairs.
- Place non-skid tread or double-sided tape under rugs.
- Store frequently used items at waist level.
- Use armrests on furniture when getting up or down.
- Use bright soft white light bulbs and replace dim ones.
- Use lights that are easy to turn on and off.
- Use night lights and keep a flashlight close.
- Use raised toilet seats.
- When showering use a chair or handrails and a handheld shower head.

Your Bill Made Simple

It will take a few days after your dismissal to process your charges. The hospital will bill your insurance company if applicable. BSA's business office will send you periodic statements to keep you updated on the status of your account. You may be contacted if any additional information is required by your insurance company. Your statement will reflect insurance payment and the balance that is due by you.

Listed are some of the common terms you will see on your statement.

Recovery Room

1. Pre-op service: This charge covers the pre-admission service, assessment and evaluation from the physician and anesthesia team.
2. PACU Level 1: This is for the amount of time you spent in the recovery room after being taken out of the surgical suite.
3. PACU Level 2: This is the amount of time you spent in the BSA Day Surgery Unit after being taken out of the recovery room.

Operation Room Charge

You will be charged an operation room fee for the time you occupied the surgical suite.

Anesthesia Charge

This fee covers the time your anesthesiologist spends with you and the amount of time anesthesia equipment is used on you. This does not include the professional fee of the anesthesiologist (it will be billed separately).

Oximetry

This fee is for the machine which is used to monitor your breathing throughout the procedure.

Respiratory

This charge is for the supply of oxygen you will receive during your procedure and recovery period.

Pharmacy

This fee will include all medications you receive while at BSA including surgery and recovery medications.

Central Supply

The central supply fee covers all medical supplies used during your stay.

The BSA bill does not include the fee of your surgeon, anesthesiologist, radiologist or pathologist. If applicable, these fees will be billed separately.

Where to Park



DIFFICULT DECISIONS

In every hospital, there are times when a person's life can be sustained only through the use of mechanical or artificial means or procedures, thus prolonging the imminent moment of death.

The Directive to Physicians, Family and Surrogates (commonly known as a Living Will) aids you in communicating with your physician about your desired medical treatments in the event you have an irreversible or terminal illness.

INSTRUCTIONS FOR COMPLETING AN ADVANCE DIRECTIVE

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your wishes with your family or chosen spokesperson, as well as your physician. Your physician, other healthcare provider or medical institution may provide you with various resources to assist you in completing your Advance Directive. Brief definitions are listed on the next page and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this Advance Directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.





ADVANCE DIRECTIVE INFORMATION

PLEASE COMPLETE FORM USING BLACK INK

DIRECTIVE TO PHYSICIAN, FAMILY, OR DESIGNATED OTHER (LIVING WILL)

Directives are written or oral instructions that tell your doctor(s), other health care providers and family what your wishes are should you develop a terminal and / or irreversible condition. Upon execution of the Directive, a copy must be presented and made part of each admission to the hospital.

*** Please note that any invasive procedure will suspend an existing Directive.

Do you have a living will? Yes No Did you bring it? Yes No Declines

MEDICAL POWER OF ATTORNEY

This form appoints someone, in writing, to make medical decisions for you if you become unable to do so. Upon execution of the Medical Power of Attorney, a copy must be presented and made part of each admission to the hospital.

Do you have a Medical Power of Attorney? Yes No

Did you bring it? Yes No Declines

If you answered NO to any of the above you may do one of the following:

- Provide existing document Create a new document
- Choose not to create a document
- Choose not to place document on chart

ORGAN DONOR CARD

Do you have a signed Organ Donor Card? Yes No

LEGAL NEXT OF KIN

Adult Legal Next Of Kin in Order of Legal Authority:

- Spouse
- Adult Children
- Sibling
- Nearest Living Relative
- Appointed Designee

Legal Next Of Kin For Pediatric Patients:

- Parent
- Grandparent or *Step Parent
- * In order to make decisions, Guardian Papers / Custody Papers / Medical Power of Attorney must be on the chart

Patient's Legal Next of Kin:

Name _____

Address _____

Home Phone # _____

Cell Phone # _____

Relationship to the patient: _____

Primary Contact: Same as Legal Next of Kin

Name _____

Address _____

Home Phone # _____

Cell Phone # _____

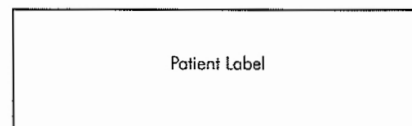
Secondary Contact: _____

Home Phone # _____

Cell Phone # _____

Patient Signature: _____

Date _____ Time _____



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DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

Advance Directives Act (see §166.033, Texas Health and Safety Code)

I, _____, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care or treatment decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

..... I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

..... I request that I be kept alive in this terminal condition using available life-sustaining treatment.

(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

..... I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; OR

..... I request that I be kept alive in this irreversible condition using available life-sustaining treatment.

(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificially administered nutrition and hydration, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

.....
.....

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do not have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make health care or treatment decisions with my physician compatible with my personal values:

1. _____

2. _____

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signed _____ Date _____ City, County, State of Residence _____

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a health care or treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

Witness 1 _____ Witness 2 _____

Definitions:

- "Artificially administered nutrition and hydration" means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the gastrointestinal tract.
- "Irreversible condition" means a condition, injury, or illness: that may be treated, but is never cured or eliminated; that leaves a person unable to care for or make decisions for the person's own self; and without life-sustaining treatment provided in accordance with prevailing standard of medical care, is fatal.
- Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives lifesustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.
- "Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and hydration. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.
- "Terminal condition" means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.
- Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

In-Hospital Do-Not-Resuscitate Order

Advance Directives Act (see §166.203, Texas Health and Safety Code)

After being admitted to the hospital, you or your legal guardian or agent under a medical power of attorney have the following rights:

1. The right to prepare written and dated directions to issue a Do-Not-Resuscitate Order.
2. The right to give oral directions to issue a Do-Not-Resuscitate Order.
 - a. Your oral directions must be delivered to or observed by two competent adult witnesses.
 - b. One of the witnesses cannot be an employee of your attending physician or an employee of the health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of a health care facility or of any parent organization of the health care facility.
3. The right to complete an advanced directive (living will).
4. The right to revoke a Do-Not-Resuscitate Order or advanced directive (living will).
 - a. You may revoke an in-hospital Do-Not-Resuscitate Order, an out-of-hospital Do-Not-Resuscitate Order, or an advanced directive (living will) at any time.
 - b. You may revoke a Do-Not-Resuscitate Order or advanced directive (living will) by:
 - i. Canceling, defacing, obliterating, burning, tearing, or otherwise destroying the directive or DNR order;
 - ii. Signing and dating a written revocation that expresses intent to revoke the directive or DNR order; or
 - iii. Expressing orally to any person providing direct care to you a revocation of the directive or an intent to revoke a DNR order.

Medical Power of Attorney Designation of Health Care Agent
Advance Directives Act (see §166.164, Texas Health and Safety Code)

I, _____ (insert your name) appoint:

Name:

Address:.....

Phone.....

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

.....

DESIGNATION OF ALTERNATE AGENT.

(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved, annulled, or declared void unless this document provides otherwise.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

A. First Alternate Agent

Name:.....

Address:

Phone

B. Second Alternate Agent

Name:.....

Address:

Phone

The original of this document is kept at:

.....
.....
.....

The following individuals or institutions have signed copies:

Name:.....

Address:

.....

Name:.....

Address:

.....

DURATION.

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

(IF APPLICABLE) This power of attorney ends on the following date: _____

PRIOR DESIGNATIONS REVOKED.

I revoke any prior medical power of attorney.

DISCLOSURE STATEMENT.

THIS MEDICAL POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are unable to make the decisions for yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority is effective when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have if you were able to make health care decisions for yourself.

It is important that you discuss this document with your physician or other health care provider before you sign the document to ensure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing facility, or residential care facility, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not allow a person to serve as both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions that you intend to have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Once you have signed this document, you have the right to make health care decisions for yourself as long as you are able to make those decisions, and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise in this document, your appointment of a spouse is revoked if your marriage is dissolved, annulled, or declared void.

This document may not be changed or modified. If you want to make changes in this document, you must execute a new medical power of attorney.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. If you designate an alternate agent, the alternate agent has the same authority as the agent to make health care decisions for you.

THIS POWER OF ATTORNEY IS NOT VALID UNLESS:

(1) YOU SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC; OR

(2) YOU SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.

THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:

(1) the person you have designated as your agent;

(2) a person related to you by blood or marriage;

(3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;

(4) your attending physician;

(5) an employee of your attending physician;

(6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or

(7) a person who, at the time this medical power of attorney is executed, has a claim against any part of your estate after your death.

By signing below, I acknowledge that I have read and understand the information contained in the above disclosure statement.

(YOU MUST DATE AND SIGN THIS POWER OF ATTORNEY. YOU MAY SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR YOU MAY SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.)

SIGNATURE ACKNOWLEDGED BEFORE NOTARY

I sign my name to this medical power of attorney on _____ day of

_____ (month, year) at

(City and State)

(Signature)

(Print Name)

State of Texas
County of _____

This instrument was acknowledged before me on _____ (date) by

_____ (name of person acknowledging).

NOTARY PUBLIC, State of Texas

Notary's printed name:

My commission expires:

OR

SIGNATURE IN PRESENCE OF TWO COMPETENT ADULT WITNESSES

I sign my name to this medical power of attorney on _____ day of

_____ (month, year) at

(City and State)

(Signature)

(Print Name)

STATEMENT OF FIRST WITNESS.

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature:

Print Name: Date:

Address:.....

SIGNATURE OF SECOND WITNESS.

Signature:

Print Name: Date:

Address:.....



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