

PATIENT DIRECTIVES Screening Checklist

ADVANCE DIRECTIVE

Does the patient have an advance directive or a durable power of attorney?	☐ Yes ☐ No
If NO:	
 Advise the patient to visit <u>prepareforyourcare.org</u> or use local resources for advance care planning 	
 Obtain contact details for the surrogate decision maker should the patien become unable to make decisions for himself or herself 	t
$\hfill\Box$ Consider referral to social work for further support and education	
If YES:	
$\ \square$ Document the patient's preferred surrogate decision maker in the clinic no	ote
$\ \square$ Ask for a copy of the directive to file in the patient's medical record	
 Consider reviewing the patient's preferences, specifically potential for lim of life-sustaining treatments that might be needed (or are associated with the proposed operation 	
FINANCIAL HEALTH	
Does the patient have concerns regarding cost of care and earning potential after surgery?	☐ Yes ☐ No
If YES:	
☐ Consider referral to social work and/or hospital financial counselor	
SHARED DECISION MAKING	
Are there serious trade-offs involved in surgical treatment (for example, high risk of morbidity, mortality, or change in functional status)?	☐ Yes ☐ No
If Yes:	
 Consider use of the Best Case/Worst Case Communication Tool to aid in treatment decision making 	

IMPORTANT NOTICE

These sample checklists are provided for informational purposes only and should NOT be used in the care of a patient outside of a comprehensive preoperative program such as Strong for Surgery. Patients should not rely on information on this checklist as an alternative to medical advice from a doctor or other professional health care provider. The logos on the checklists are registered trademarks of Strong for Surgery and SCOAP. To find out how you can start using the Strong for Surgery checklist in your clinic, please contact us at strongforsurgery@facs.org.

