**Advance Care Planning High-Level Overview**

**Loading Documents into Health Record**

The table below shows the most common names of ACP documents along with some documents that are scanned that should not be.  When scanning, the forms need to be looked at closely to load them into the correct place in the patient record.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FORM TITLE\* / DESCRIPTION** | **DOCUMENT NAME** | **Subject** | **SCAN DATE/TIME** | **NOTES** |
| Admission Records from Outside Facilities with DNR/CPR/Code Status listed | **Advance Care Planning** | Other Advance Care Plans | Current Default Date/Time |  |
| Adoption Paperwork | **Guardianship Documents** | Adoption | Date on Document |  |
| Advance Directive Form | **Advance Care Planning** | POA/Living Will | Date on Document |  |
| Certificate of Bequeathal and Cremation Authorization (From a State Anatomical Board - may also come with Brief Medical History, Death Certificate Information, Body Mass Index Information, Donation for Humanity Letter, Instructions for Donor, and Instructions for Survivors) | **Anatomical Donation** | Certificate of Bequeathal | Date on Document | These documents may be scanned as a single packet but please place in the order listed in Column A. |
| Child Placement Paperwork | **Guardianship Documents** | Child Placement | Date on Document |  |
| CPR Forms from External Facilities | **Advance Care Planning** | Other Advance Care Plans | Current Default Date/Time |  |
| Custody Paperwork - child or adult | **Guardianship Documents** | Custody | Date on Document |  |
| DNR Forms from External Facilities | **Advance Care Planning** | Other Advance Care Plans | Current Default Date/Time |  |
| Donor Acceptance Letter  (from a State Anatomical Board) | **Anatomical Donation** | Acceptance Letter | Date on Document |  |
| Donor ID Card  (from a State Anatomical Board) | **Anatomical Donation** | Donor ID Card | Current Default Date/Time |  |
| Durable Power of Attorney (Review Notes column before scanning) | **Advance Care Planning** | POA/Living Will | Date on Document | Must have healthcare decisions mentioned. If not, do not scan. |
| Durable Power of Attorney for Healthcare Decisions | **Advance Care Planning** | POA/Living Will | Date on Document |  |
| Emergency Protective Custody Forms | **Guardianship Documents** | Custody | Date on Document |  |
| Five Wishes | **Advance Care Planning** | Other Advance Care Plans | Date on Document |  |
| Guardianship Paperwork - child or adult | **Guardianship Documents** | N/A | Date on Document |  |
| Iowa Physician Orders for Scope of Treatment  (IPOST form) | **NETO/IPOST** | IPOST | Date on Document | Must be signed by MD to be valid and scanned. |
| Last Will and Testament | **Do Not Scan** | N/A | N/A |  |
| Living Will/Healthcare Directive | **Advance Care Planning** | POA/Living Will | Date on Document |  |
| Nebraska Emergency Treatment Order  (NETO form) | **NETO/IPOST** | NETO | Date on Document | Must be signed by MD to be valid and scanned. |
| PACT Profile | **Advance Care Planning** | Other Advance Care Plans | Date on Document |  |
| Physician Orders for Life Sustaining Treatment (POLST form) | **NETO/IPOST** | POLST | Date on Document | Must be signed by MD to be valid and scanned. |
| Power of Attorney - Financial | **Do Not Scan** | N/A | N/A |  |
| Power of Attorney - Medical | **Advance Care Planning** | POA/Living Will | Date on Document |  |
| Preferred Intensity of Medical Care and Treatment | **Advance Care Planning** | Other Advance Care Plans | Date on Document |  |
| Psychiatric Advanced Directive | **Advance Care Planning** | Psychiatric | Date on Document |  |
| Admission Records from Outside Facilities with DNR/CPR/Code Status listed | **Advance Care Planning** | Other Advance Care Plans | Current Default Date/Time |  |
| Adoption Paperwork | **Guardianship Documents** | Adoption | Date on Document |  |
| Advance Directive Form | **Advance Care Planning** | POA/Living Will | Date on Document |  |

**For more detailed instructions, go to the NMHS Intranet page:** Forms and Scanning\Patient Care Forms