



Seton Medical Center Austin Surgery Passport

This convenient step-by-step guide will help you prepare for your surgery at Seton Medical Center Austin.

Before your surgery, please read this guide carefully - follow all instructions and pre-surgery tips, and provide all requested information.



**Seton Medical Center
Austin**

A member of the Seton Family of Hospitals

Seton Medical Center Austin Surgery Passport

Pre-operative Instructions	2
Maps To help you find your way to the Seton Medical Center Austin Surgery Department	3
Information, Tips and Helpful Hints To make your surgery more comfortable	4
Outpatient (Ambulatory) Surgery Instructions A step-by-step guide for your convenience	5
Inpatient Surgery Instructions A step-by-step guide for your convenience	6
Pain Control After Surgery Simple steps to help lessen post-surgery pain	8
Seton Financial Policy Information on Seton's billing policies	9
Patient Rights, Responsibilities and Healthcare Choices A convenient outline	10
Advance Directives and Resuscitation A written directive specifying your choices	12
Medical Power of Attorney A written directive specifying your choices	16

If you have questions after reviewing this information, please call the Seton Medical Center Austin Surgery Department at (512) 324-3264. If you call Monday through Friday between 8 a.m. and 5:30 p.m. and receive voice mail, leave your name and phone number, and you can expect a call within 2 hours. If you call after hours, we will call you the next morning.

Pre-operative Instructions

The Day Before Surgery

- Smokers should not smoke for 24 to 48 hours before surgery to enhance breathing.
- If you take daily medication, check with your doctor about what to do the morning of your surgery regarding your medication.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT UNLESS INSTRUCTED OTHERWISE BY ANESTHESIA.**
- We will inform you as soon as possible if for any reason your scheduled surgery time needs adjusting.

The Day of Your Surgery

- Bathe or shower to reduce the chance of infection.
- Wear clothing that is easy to take off and put on.
- If you have a cold, a fever of 100° or higher, a skin rash or an infection of any kind, notify your physician before coming in for your surgery.
- Be at the facility at the time given to you. Your surgery could be cancelled if you do not arrive in adequate time.
- Leave your valuables at home, including jewelry, cell phones, computers, wallets, medications, checkbooks, credit cards, cash, etc., except for a method of payment for your copay. If you choose to pay by check or credit card, make sure the person who accompanies you will take responsibility for those items.
- Remove all body piercings.
- If you wear glasses or hearing aids, bring along a case to store them in while you are in surgery.
- If you wear dentures, removable bridgework, etc., they may be removed before surgery. We recommend you leave your contacts at home, but if you must wear them to the hospital, be sure to bring along your storage case and solution.

After Your Surgery

- After you leave the operating room, you may be taken to the recovery room for a brief period. Here you will be cared for by our trained personnel and readied for your return home or admission.
- For your own safety, a responsible adult **MUST** drive you home.
- A responsible adult should stay with you for the first 24 hours after surgery.

Special Tips

- Please have no more than two adults accompanying you. One at a time may be allowed to visit the patient prior to and after surgery. Pediatric patients must have a responsible adult remain in the Surgery Center until the child is discharged.
- Bring a bottle with you for infants. You may also want to bring a familiar toy or blanket.
- If there is a possibility that you are pregnant, please be sure to discuss this with your physician.

Getting to Seton Medical Center Austin

From IH-35

- IH-35 to 38½ St. exit
- 38th St. west to Medical Parkway (one block west of Lamar Blvd.)
- Medical Parkway south one-half block to Emergency/South Entrance
- Parking available in the South Parking Garage
- Limited valet parking available at the north entrance

From Mopac (Hwy 1 Loop)

- Mopac to 35th St. exit
- 35th St. east (it becomes 38th St. at Jefferson) to Medical Parkway (you will drive past SMC Austin)
- Medical Parkway south one-half block to Emergency/South Entrance
- Parking available in the South Parking Garage
- Limited valet parking available at the north entrance

Where to Park

On the day of your scheduled pre-admission testing and on the day of your scheduled surgery, you are allowed free parking for one car in either the valet parking area or the South Parking Garage. Valet parking is located at the North entrance on 38th Street. If the valet parking area is full, proceed to the South Parking Garage located at the Emergency/South Entrance. Handicap parking is located immediately outside the Emergency Entrance.

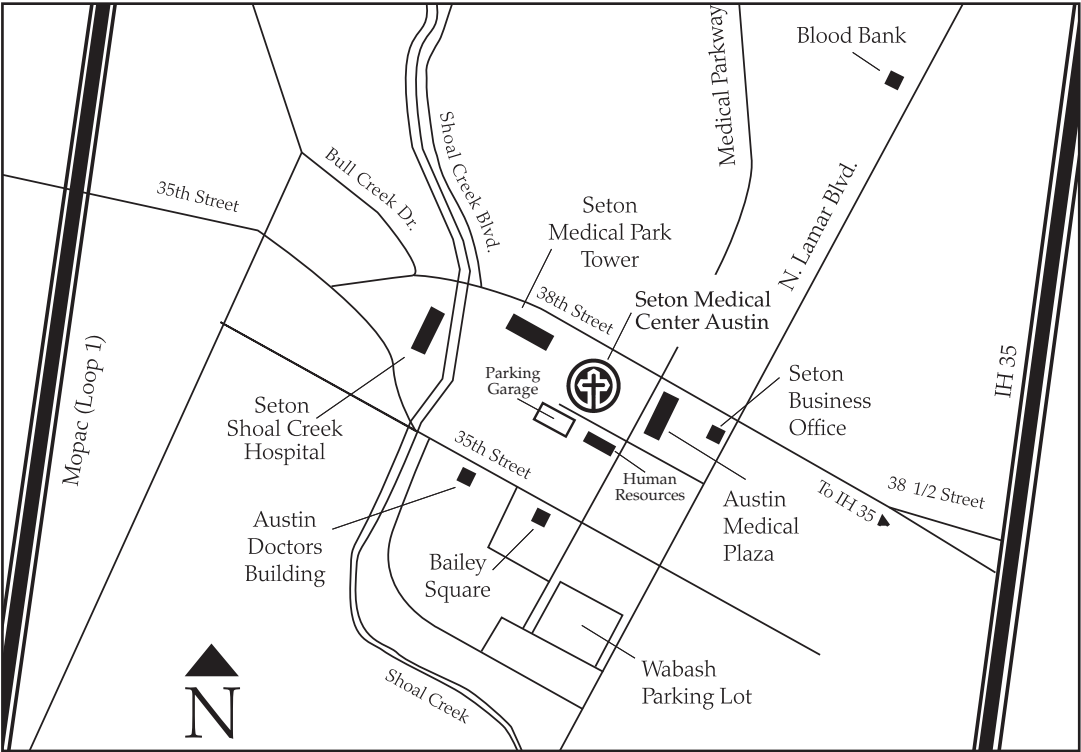
If you exit either parking area, you will be expected to pay to re-enter. The fee for valet parking is \$10. Parking is charged hourly in the South Parking Garage, with a maximum daily charge of \$9. All parking costs listed are subject to change.

Helpful Hint

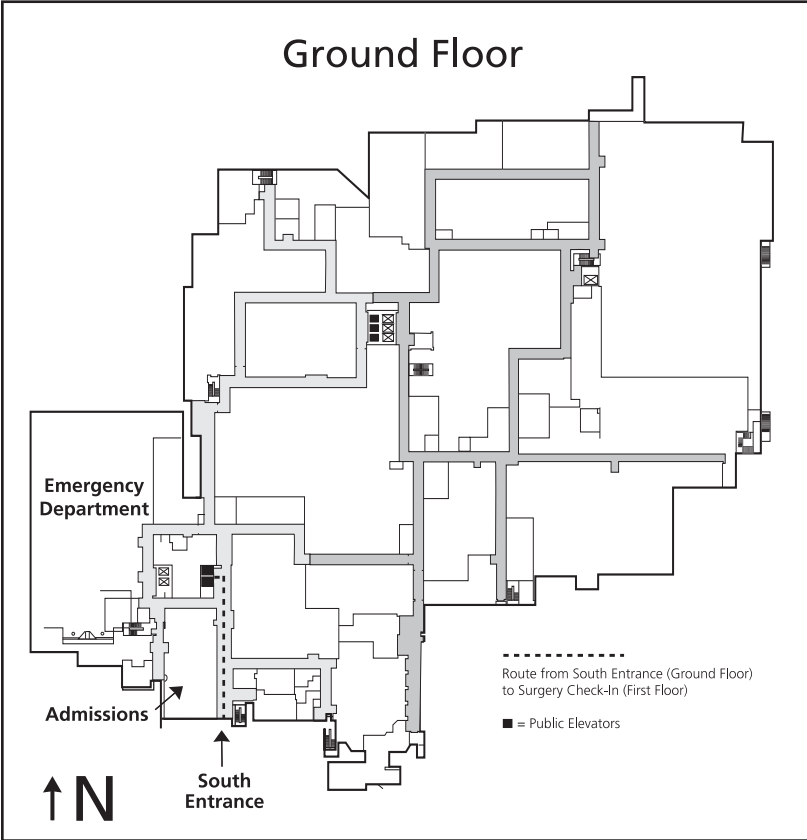
Surgery Check-In is at the North entrance on the first floor. If you park in the garage at the South entrance, you will enter the hospital on the ground floor and need to take the elevator to the first floor and proceed north (follow signage to Surgery).

Smoke Free Campus

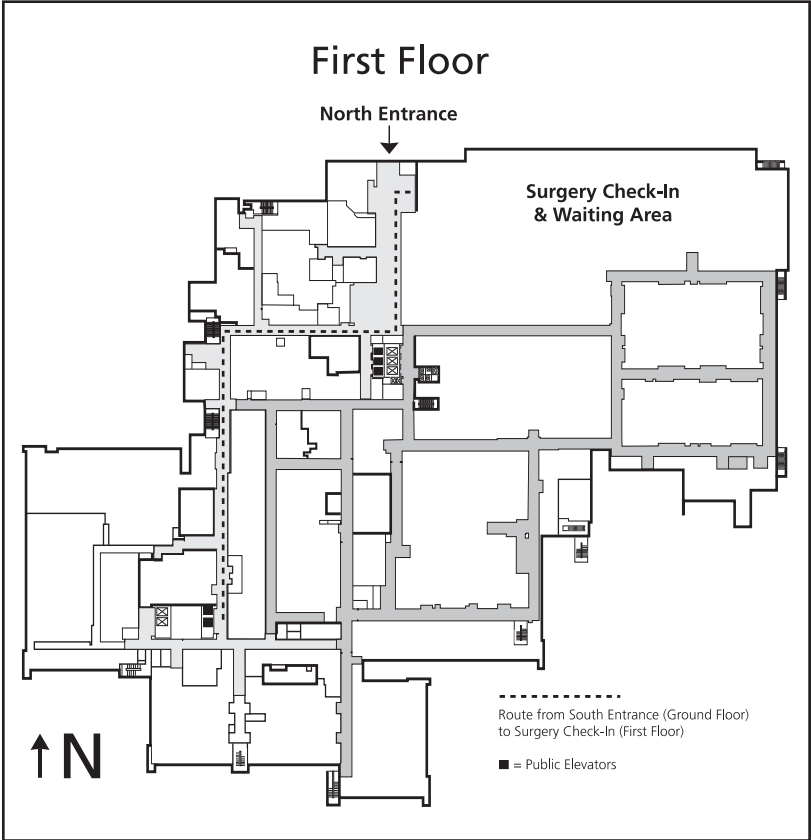
Seton Medical Center Austin will be a smoke free campus effective Nov. 15, 2007. While smoking is already prohibited within Seton facilities, the new policy will include any surrounding and adjacent grounds as well as parking areas at these sites as off-limits for smoking.



Overview of area surrounding Seton Medical Center Austin.



Map of Seton Medical Center Austin Ground Floor Level



Map of Seton Medical Center Austin First Floor Level

Pre-Surgery Information, Tips and Helpful Hints

- If your surgeon has given you a specific time to arrive on the day of your surgery please follow his or her instructions. Otherwise, we will give you an arrival time. We will do our best to keep you informed ahead of time if your schedule should need to change.
- We often ask you to arrive one-and-a-half hours in advance of your surgery time. If you have not come in for a pre-admission testing visit, we will usually ask you to arrive three hours in advance. Please inquire to be sure of your specific arrival time. The **average** time for pre-admission testing is 60 minutes, but complex cases can take up to two hours or more.
- Please bring copies of any relevant lab results, EKGs or x-rays you have had within the past three months.
- Your insurance company may require “pre-certification” or a “second opinion” before surgery. Check with your employer or insurance carrier. Failure to meet your insurance requirements may result in admission delay or surgery cancellation.
- If your insurance carrier requires that you go to an outside facility for your lab work or other pre-operative tests, we will first pre-register you for the surgery, give you instructions for your surgery, and a representative from the anesthesia department will discuss your health status and the anesthetic options available. You will then be sent to the appropriate outside facility(s) to complete your testing. Also, if your lab work is not done at Seton, the Clinical Pathology Laboratory (CPL) will send you a separate bill.
- During your pre-admission visit, we will ask you to sign a consent for admission. **Please complete the enclosed “Adult Patient Profile - Part A” form prior to your arrival.**
- On the day of your surgery, we will ask you to sign a consent form for the surgical procedure. The form requires a yes or no consent to use blood or blood products if medically necessary. If you do not consent we will ask you to sign a blood refusal form. If you wish to sign the refusal form, please discuss your concerns with your surgeon prior to your surgery day.



- If you have advance directives (such as Medical Power of Attorney, The Directive to Physicians and Family or Surrogates, or a Donor Card) please bring a copy to the hospital so we will have your wishes on file. If you do not have a Medical Power of Attorney, The Directive to Physicians and Family or Surrogates, both are located in the back of this brochure. Please read and complete these forms before the day of your surgery, if you would like to do so.

About Anesthesia

During your visit to the hospital prior to the day of your planned surgery, you may be seen by a representative from the anesthesia department (unless your procedure will require only local anesthetic).

The staff will review your planned procedure, medical history and laboratory studies, and at that time order any additional necessary studies.

The anesthetic management of your operation will be discussed and you will have an opportunity to ask questions about choices of anesthetic techniques. Your post-operative pain management also may be discussed.

Seton Outpatient Pharmacy

For your convenience, the Outpatient Pharmacy offers very competitive prices, and accepts cash, checks, American Express, Discover, VISA and MasterCard. If you wish to have your prescriptions filled at the Outpatient Pharmacy, please make sure your family member or friend has the means to pay for your prescriptions.

The Outpatient Pharmacy is a provider in some healthcare plans. You can call the Outpatient Pharmacy at (512) 324-1393 between 9 a.m. and 5:30 p.m. Monday through Friday, or between 9 a.m. and 1 p.m. Saturday and Sunday to find out if your healthcare plan is included. Hours subject to change.

Outpatient (Ambulatory) Surgery Instructions

A Step-By-Step Guide to Your Outpatient Surgery at Seton Medical Center Austin

Step 1 – Preparing for Surgery

For your comfort and safety, there are several factors to keep in mind prior to surgery. Please remember, these can affect the success of your procedure. Unless otherwise instructed, the following instructions are required for anyone having surgery. Surgery times may need to change, but we will do our best to keep you informed ahead of time if your schedule should need to change.

- Follow eating and drinking limitations as instructed by your physician:
 - If you are having general, spinal, epidural or other regional anesthetic, you must strictly observe your time and date requirements of nothing to eat or drink. It is hazardous to have anesthesia and surgery with anything in your stomach. Surgery may be canceled or delayed if you have taken any food or fluid.
 - If you are having only a local anesthetic, your surgeon will instruct you regarding eating and drinking limitations.
- Please do not wear jewelry and do not bring valuables with you. SMCA is not responsible for lost valuables. Remove all body piercings and leave at home.
- If you choose to bring your laptop computers or cell phones with you, the person who accompanies you will take responsibility for those items.
- Your family or friend will need to take your belongings and return with them prior to discharge.
- Wear casual, loose clothing that can be easily folded.
- Bring appropriate cases for eyeglasses, dentures and removable prosthetics.
- Leave contact lenses and hairpins at home.

- Do not wear eye makeup or nail polish.
- Pediatric patients will need a diaper bag and can have one small comfort item.
- A friend or relative may wait during your surgery. That person should be sure to have a good night's sleep before the day of surgery and a meal before surgery.
- Please do not bring children as the waiting room area is limited in space.
- If you develop a cold, fever, persistent cough or change in your condition during the week prior to your surgery, please notify your surgeon for treatment or referral.
- Upon arrival, you will finalize admission procedures, sign consent forms and have your pre-operative evaluation. If the patient is a minor, a parent or legal guardian must be present to sign all forms.
- State hospital or state school patients must be accompanied by an attendant.

Step 2 – Pre-Registration

Prior to your surgery, an admissions counselor will call to obtain insurance information and demographics. If an Admissions Counselor has not contacted you, please call the Admitting Department three days before your surgery (512) 324-8707 or (512) 324-8737. **Please complete the enclosed pre-registration form and fax it to (512) 324-8755.** This process will decrease registration time when you come to the hospital.

If you have not received a Pre-Admission Testing appointment, please call the scheduling office three days before your surgery at (512) 324-3264. If you call Monday through Friday between 8 a.m. and 5:30 p.m. and receive voice mail, leave your name and phone number, and you can expect a call within two hours. If you call after hours, we will call you the next morning.

Step 3 – Pre-Admission Testing

- Please bring this booklet with you. Be sure the “Adult Patient Profile - Part A” (see insert) has been completed.
- On arrival, report to Surgery Check-In (see map on page 3).
- If you have pre-registered, you will sign paperwork and be directed to the appropriate departments for testing.
- Be prepared to pay any deductibles or co-insurance payments due.

Surgery Passport

- If you have not pre-registered, you must bring the same information as requested in Step 2.
- After registration and testing you will have completed the pre-admission process.

Step 4 – Arriving for Your Surgery

- On the day of your surgery, please report to Surgery Check-In (see map on page 3). There is a waiting area for families and friends while you are in the operating room.
- When you arrive, you will be directed to a dressing area to change into a gown. Your family/friends will need to take any of your belongings from you at this time.
- Intravenous fluids may be started. This helps replace the food and fluids you did not have prior to surgery.
- A nurse will do a final check of your identification band, paperwork and vital signs. Some of the questions will be repetitious, but need to be asked again to ensure accuracy.
- You will be taken to the surgical room. It may be very cool, but warm blankets will be provided.
- Your surgeon may give you an estimated length of time for your surgery.
- A pager will be available to your family to allow us to contact them for various reasons, including when you receive a room assignment or when the surgeon needs to speak with your family. This pager must be returned to the receptionist prior to the patient's discharge from the surgical area.
- We request that family and friends remain in the waiting room.

Step 5 – After Surgery

- After surgery, bandages or dressings are usually placed over the incision.
- If you had a general, epidural or spinal anesthesia, you will remain in the Post Anesthesia Care Unit (Recovery Room) until you are stable, then you will be transferred to Phase II Day Surgery.
- If you had a local you may go to Phase II directly.
- You will spend a brief time in Phase II. You will be observed and offered juice and crackers and assistance in walking until you are able to do so on your own. You will receive instructions, change clothes and return home.

Step 6 – Preparing for Discharge

- A responsible family member or friend must be available to drive you home when you are clinically ready to be discharged. Also, an adult should be available to assist you during your recovery at home, according to your surgeon's instructions.
- Bring appropriate clothing for your post-surgery ride home, for example:
 - Slip-on shoes are easiest to wear after surgery.
 - Eye surgery patients should bring a shirt that opens in the front.
 - Hand and arm patients should bring large, loose sleeve shirt that fit over bulky dressings.
 - Leg and foot surgery patients should bring pants with a large, loose leg, shorts or a skirt to fit over bulky dressings.

Inpatient Surgery Instructions

A Step-By-Step Guide to Your Inpatient Surgery at Seton Medical Center Austin

Step 1 – Preparing for Surgery

For your comfort and safety, there are several factors to keep in mind prior to surgery. Please remember, these can affect the success of your procedure. Unless otherwise instructed, the following instructions are required for anyone having surgery.

- Follow eating and drinking limitations as instructed by your physician:
 - If you are having general, spinal, epidural, or other regional anesthetic you must strictly observe your time and date requirements of nothing to eat or drink. It is hazardous to have anesthesia and surgery with anything in your stomach. Surgery may be canceled or delayed if you have taken any food or fluid.
 - If you are having a local anesthetic, your surgeon will instruct you regarding eating and drinking limitations.
- Please do not wear jewelry and do not bring valuables with you. SMCA is not responsible for lost valuables. Remove all body piercings and leave at home.
- If you choose to bring laptop computers or cell phones with you, your family member or a friend is responsible for all personal belongings until you get to a room.

- A friend or relative may wait during your surgery. That person should be sure to have a good night's sleep before the day of surgery and a meal before surgery.
- Please do not bring children as the waiting room area is limited in space.
- If you develop a cold, fever, persistent cough, or change in your condition during the week prior to your surgery, please notify your surgeon for treatment or referral.
- **Please arrive promptly for your scheduled appointment.** At this time you will finalize admission procedures, sign consent forms and have your pre-operative evaluation. If the patient is a minor, a parent or legal guardian must be present to sign all forms.
- State hospital or state school patients must be accompanied by an attendant.
- For your convenience, please bring toilet articles with you to the hospital such as toothbrush/paste, deodorant, comb, brush, shaving supplies and non-skid slippers.

Step 2 – Pre-Registration

Prior to your surgery, an admissions counselor will call to obtain insurance information and demographics. If an Admissions Counselor has not contacted you, please call the Admitting Department 3 days before your surgery (512) 324-8707 or (512) 324-8737. **Please complete the enclosed pre-registration form and fax it to (512) 324-8755.**

If you have not received a Pre-Admission Testing appointment, please call the scheduling office three days before your surgery at (512) 324-3264. If you call Monday through Friday between 8 a.m. and 5:30 p.m. and receive voice mail, leave your name and phone number, and you can expect a call within 2 hours. If you call after hours, we will call you the next morning.

Step 3 – Pre-Admission Testing

- Please bring this booklet with you. Be sure the "Adult Patient Profile - Part A" form (see insert) has been completed.
- On arrival, report to Surgery Check-In (see map on page 3).
- If you have pre-registered, you will sign paperwork and be directed to the appropriate departments for testing.
- Be prepared to pay any deductibles or co-insurance payments due.



- If you have not pre-registered, you must bring the same information as requested in Step 2.
- After registration and testing, you will have completed the pre-admission process.

Step 4 – Arriving for Your Surgery

- On the day of your surgery, please report to the Surgery Check-In (see map on page 3). There is a waiting area for family and friends while you are in the operating room (space is limited).
- When you arrive, you will be directed to a dressing area to change into a gown.
- Intravenous fluids may be started. This helps replace the food and fluids you did not have prior to surgery.
- A nurse will do a final check of your identification band, paperwork and vital signs. Some of the questions will be repetitious, but this is necessary to ensure accuracy.
- You will be taken to the surgical room. It may be very cool, but warm blankets will be provided.
- Your surgeon may give you an estimated length of time for your surgery.
- A pager will be available to your family to allow us to contact them for various reasons, including when you receive a room assignment, or when the surgeon needs to speak with your family. This pager must be returned to the receptionist prior to the patient's discharge from the surgical area.
- Your family/friends will need to take any of your belongings from you at this time.

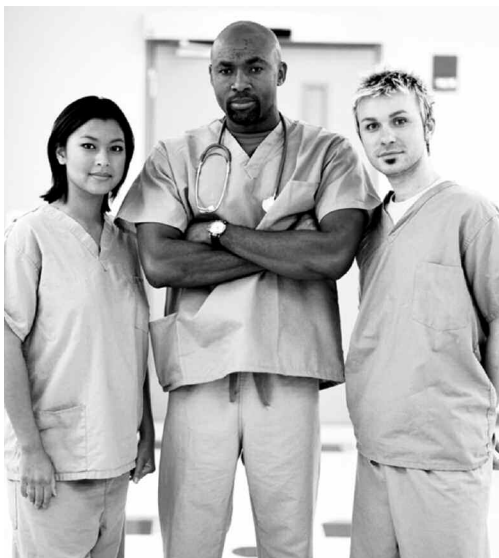
Step 5 – Preparing for Discharge

- Be sure to confirm your discharge date with your physician so that you can make appropriate advanced discharge preparations.
- *Discharge time is 10 a.m. Please be prepared to be discharged, and have a ride home, on or before that time.*
- A responsible family member or friend must be available to drive you home when you are clinically ready to be discharged. Also, an adult should be available to assist you during your recovery at home, according to your surgeon's instructions.
- Bring appropriate clothing for your post-surgery ride home, for example:
 - Slip-on shoes are easiest to wear after surgery.
 - Eye surgery patients should bring a shirt that opens in the front.
 - Hand and arm patients should bring large, loose sleeve shirt that fit over bulky dressings.
 - Leg and foot surgery patients should bring pants with a large, loose leg, shorts, or a skirt to fit over bulky dressings.

Pain Control After Surgery

Treatment Goals

People used to think that severe pain after surgery was something they “just had to put up with.” But with current treatments, that is no longer true. Today, you can work with your nurses and doctors before and after you have surgery to minimize your pain.



Before Surgery Pain Control Can Help You

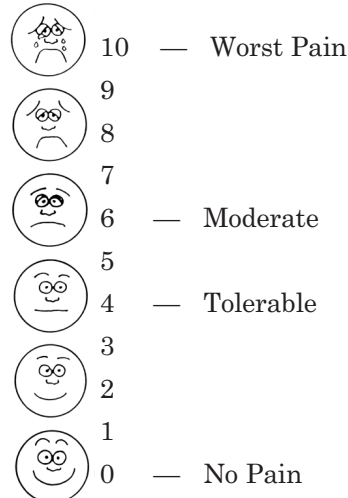
- Discuss pain management options with your surgeon and a representative from the anesthesia department.
- Get well faster. With less pain, you can start walking, do your breathing

exercises, and get your strength back more quickly. You may even leave the hospital sooner.

- Familiarize yourself with the following scale, which will be used to describe your level of comfort.

Pain Scale

Use of a pain scale to measure your pain provides quick, consistent communication between you and your caregivers. It also gives us measurable information and allows us to set realistic goals. Zero pain after surgery is not always possible, but we do want to provide satisfactory pain relief. Satisfactory pain relief is a level of pain that is tolerable and allows you to sleep, eat, and perform other required or desired physical activities.



Remember there is no right or wrong answer, this is simply your judgement of pain.

Pain Relief

- **Take (or ask for) pain relief drugs when the pain first begins.** If you know your pain will worsen when you start an activity, take pain medications first. It's harder to ease pain once it has taken hold.
- **Help the doctors and nurses “measure” your pain.** Using the pain scale to report your pain as a number helps the doctors and nurses know how well your treatment is working and whether to make any changes.
- **Tell the doctor or nurse about any pain that won't go away.** We aim to make your surgery as comfortable as possible and believe that using the simple principle stated here will help us to accomplish this goal.

Acute Pain Management Guideline Panel. Pain Control After Surgery. A Patient's Guide. AHCPH Pub. No. 92-0021. Feb. 1992

Seton Financial Policy

Thank you for choosing the Seton Family of Hospitals for your healthcare needs. During the admitting process, our staff will collect necessary information to process your hospital bill. Occasionally we may need more information from you, and may contact you or your family on the telephone, or in some cases, visit your hospital room. We promise to introduce ourselves and make the visit as brief as possible.

Insurance Coverage

If you have insurance, SMCA will file a claim with your insurance company(ies), on your behalf. As the patient's guarantor, please provide all necessary information and documentation to determine your insurance benefit eligibility. This information may include, but is not limited to, answering the following questions:

- Has the patient been added to the insured's policy?
- Have complete and signed claim forms been submitted to the insured's carrier?
- Has secondary insurance information been provided to the Hospital if applicable?
- Have your services been authorized, and if applicable, do you have a referral form from the primary care physician?

Payment Terms

You will receive a payment remittance notice or an "explanation of benefits" (EOB) from your insurance company, which will explain how your hospital account was paid. Seton will be working on your behalf to secure your insurance payment. If payment from the insurance company is not received within a 60-day period, Seton may request assistance from you in securing payment.

If you have not made payment to us for the amount of your deductible and co-pay portions, or if you do not have insurance, please remit payment at once. Seton will accept cash, check, money orders, major credit cards or can help you arrange financing. If you are unable to pay the amount due in full, please call Customer Service at (512) 324-1125 or toll-free 1-800-749-7624 to discuss payment arrangements. Seton appreciates your prompt attention to this important matter.

Late Charges

Charges or credits not posted to your account within three to five days from discharge are considered "late charges or credits." When late charges or credits occur, your insurance will be refiled. This may result in additional liability to you.

Physicians Direct Billing

Certain physician specialists may bill you directly for the professional component of certain services. Their billing is separate from your Seton bill and is not a duplication of billing. Typically, emergency room physicians, radiology, anesthesiology and pathology services at SMCA will result in such professional billings.

Itemizations of Charges

If you want a complete itemization of your charges, you may call Customer Service at (512) 324-1125 or toll-free 1-800-749-7624 and request one. Please have your account number available to expedite this request.

Billing Inquiries

Please direct your written inquiries to:

Seton Family of Hospitals

1201 W. 38th Street
Austin, Texas 78705
Attn: Customer Service

Or visit our office:

4200 N. Lamar, Suite 200
(next door to the Central Texas Regional Blood Bank)

Customer Service is open Monday through Friday,
8 a.m.-5 p.m.

Mail Payments To:

Seton Medical Center Austin
P.O. Box 659457
San Antonio, TX 78265-9457

Patient Rights, Responsibilities and Healthcare Choices

Patient Rights and Responsibilities. In keeping with the Seton Family of Hospitals' mission, philosophy, core values and commitment to quality health care, Seton supports the following rights for ALL patients, including their legally authorized representatives or the parents of minors. Seton has the right to expect reasonable, responsible and respectful behavior from patients, their relatives and their friends.

You Have a Right To

- Participate in the development and implementation of your plan of care.
- Make informed decisions regarding your care, including being informed of your health status, being involved in your care planning and treatment, and being able to request or refuse treatment.
- Formulate advance directive and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- Have a family member or representative of your own choice and your own physician notified promptly of your admission to the hospital.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- The confidentiality of your clinical records in accordance with law.
- Access information contained in your clinical records within a reasonable time frame.
- For acute medical or surgical care, to be free from restraints, of any form, that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Receive reasonable access to care.
- Receive reasonable response to requests for treatment or service.
- Receive health care that respects your personal values and belief system.
- Participate in decisions about life sustaining measures or other ethical issues that may arise regarding your care.
- Receive information about experiments, research or education projects affecting your care or treatment.
- Accept or refuse medical care to the extent permitted by law, or to change your mind regarding your care.
- Designate a decision-maker if you become incapable of understanding proposed treatment, or unable to communicate your wishes regarding your care.
- Know your patient rights and to voice complaints without affecting your care.
- Request and receive a detailed explanation of your bill.

You Have a Responsibility To

- Provide accurate and complete health information and to understand your plan of care.
- Follow the plan of care developed by you and your healthcare team.
- Accept responsibility for the outcomes of refusing treatment or for not following your agreed-upon plan of care.
- Fulfill your financial obligations.
- Follow Seton's rules and regulations about patient care and conduct.
- Be considerate and respectful of other patients, Seton staff and property.

Patient Healthcare Choices

You have the right to make important legal decisions in advance about your health care. "Advance directives" may include:

- Directive to Physicians and Family or Surrogates (page 13): a written directive specifying choices for medical treatment in the event of a terminal or irreversible condition, including wishes regarding life support.

- Medical Power of Attorney (page 16): a written directive designating a person or persons to make healthcare decisions if the patient becomes unable to make his/her own decisions.
- Out-of-Hospital Do-Not-Resuscitate Order: a written form of directing healthcare professionals in out-of-hospital settings not to initiate or continue certain medical interventions.
- Declaration for Mental Health Treatment: a written directive specifying preferences or instructions regarding mental health treatment.
- Organ and Tissue Donation: a written statement, signed by the donor or legally authorized representative, authorizing the donation of organs and/or tissues after death.

It is the policy of Seton to implement your advance directives, as more fully described on the next page. Detailed information about advance directives is available from the admitting staff, nurses, chaplains, social workers, case managers, patient representatives and at the Information Desks.

Questions, Concerns, Compliments or Grievances

We encourage you to share your questions, concerns, compliments, and grievances about your medical care or services as they occur. If you want further explanation about your care, have questions about the rights listed above or additional rights, need assistance in resolving problems or wish to share a concern or compliment, please contact a member of your healthcare team, the department manager or a patient representative. If you need assistance in reaching any of these staff resources, please dial "0" for the Seton operator. If you have a grievance specially related to the patient rights, please contact the appropriate department manager or a patient representative. The source of the rights are Medicare/Medicaid Conditions of Participation, which require a grievance process.

Advance Directives and Resuscitation

Any request for Do-Not-Resuscitate (DNR) status requires special consideration when the patient will receive anesthesia or sedating medications as part of operative or other procedures. Because any anesthetic or sedating medications may compromise circulation or respiration, physicians and anesthesiologists may feel obliged to treat any compromise which is due to the anesthetic or sedating medication. Resuscitative measures, when necessary, are considered a part of routine care during anesthesia or sedation.

When scheduled for surgery or other procedure requiring any form of anesthesia or sedating medication, the patient, family or designated surrogate, and those treating that patient must understand that routine anesthesia care or sedation care may include resuscitation (endotracheal intubation, ventilation or use of drugs to support circulation), regardless of the patient's DNR status.

If resuscitation during a procedure poses a conflict with the patient's DNR status or advance directive(s), the patient, family or designated surrogate should request to speak with the patient's physician regarding the conflict.

Directive to Physicians and Family or Surrogates

Instructions for Completing This Document:

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 values and 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 below 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 also may wish to complete a directive related to the donation of organs and tissues.

Directive

I, _____ (insert your name), 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 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 SECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgement 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 SECTION DOES NOT APPLY TO HOSPICE CARE.)

Surgery Passport

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatment in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, 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 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 people 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 judgement 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 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 healthcare 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

- **“Artificial 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 stomach (gastrointestinal tract).
- **“Irreversible condition”** means a condition, injury or illness:
 1. that may be treated, but is never cured or eliminated;
 2. that leaves a person unable to care for or make decisions for the person’s own self; and
 3. that, without life-sustaining treatment provided in accordance with the 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 life-sustaining 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 people 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 artificial hydration and nutrition. 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 judgement 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 people in your life.

Medical Power of Attorney

THIS 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 no longer capable of making them 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 healthcare 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 begins when your doctor certifies that you lack the capacity to make healthcare 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 had.

It is important that you discuss this document with your physician or other health care provider before you sign it, to make sure 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 who 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 home, or residential care home, 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 permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your healthcare 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 who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so 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, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

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

THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED 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 power of attorney is executed, has a claim against any part of your estate after your death.

Medical Power of Attorney Designation of a Health Care Agent

I, _____ (insert your name), appoint:

Name: _____

Address: _____

City, State, Zip: _____ 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 healthcare 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 an Alternate Agent

(You are not required to designate an alternate agent, but you may do so. An alternate agent may make the same healthcare 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.)

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

A. First Alternate Agent

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

B. Second Alternate Agent

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

The original of this document is kept at:

The following individuals or institutions have signed copies:

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

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 healthcare 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.

ACKNOWLEDGMENT OF DISCLOSURE STATEMENT I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

(YOU MUST DATE AND SIGN THIS MEDICAL POWER OF ATTORNEY)

I sign my name to this *Medical Power of Attorney*

on _____ day of _____ (month), _____ (year) at _____ a.m./p.m.

in _____ (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.

First Witness:

Signature: _____

Printed name: _____ Date: _____

Address: _____

Second Witness:

Signature: _____

Printed name: _____ Date: _____

Address: _____



A member of the Seton Family of Hospitals

1201 West 38th Street
Austin, Texas 78705
(512) 324-1000

www.seton.net



revised 03/07