

# Comparison of Advance Directive, OOH-DNR & MI-POST

	Advance Directive/Durable Power of Attorney for Health Care	Out-of-Hospital DNR	MI-POST
Type of document?	Legal document.	Medical order for DNR; actionable outside of the hospital.	Medical order containing various medical intervention wishes; actionable outside of the hospital.
Who can have the document?	Any Adult.	Any Adult; Minor with advanced illness – on behalf of parent.	Adult with advanced illness or frailty (12 months or less life expectancy).
Who can complete the document?	Adult with Capacity. <i>Cannot be completed by another person.</i>	Adult with Capacity (or patient advocate or guardian)	Adult with capacity (or patient advocate or guardian)
What is communicated in the document?	Designates <b>patient advocate(s)</b> who will make medical decisions for patient who lacks capacity; <b>may</b> include preferences for medical and/or mental health care to <b>guide</b> patient advocate.	DNR order actionable outside of the hospital; <i>can be used as guidance in acute care.</i>	<ul style="list-style-type: none"> <li>• DNR or Full Code wishes</li> <li>• Treatment Orders for: <b>Comfort-Focused, Selective, or Full Treatment</b></li> <li>• <b>Additional orders</b> (TF, dialysis, blood products, etc.)</li> </ul>
Does it expire?	No.	No.	Yes, after 12 months (may be reaffirmed once).
Must it be on special paper/color?	No, <i>but certain wording must be included.</i> Copies: electronic, paper, and photo are acceptable.	No. Copies: electronic, paper, and photo are acceptable – <i>individual county Medical Control Authority (MCA) may have specific requirements, such as Saginaw &amp; Tuscola</i>	Yes, document must have pink border. <i>Copies: electronic, paper, and photo are acceptable.</i>
Required Signatures	<ul style="list-style-type: none"> <li>• <b>Adult</b> for whom the document is for</li> <li>• <b>2 adult witnesses:</b> <i>cannot be designated patient advocate; family members; employees of healthcare or mental health facility where patient receives care or a life or health insurance provider; heir, or presumptive heir.</i></li> <li>• <b>Patient Advocate(s)</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Adult</b> for whom the document is for (or <b>patient advocate</b> or <b>guardian</b>) or <b>Parent of Minor</b> w/ Serious Illness</li> <li>• <b>2 adults witnesses</b> - <i>one may be a family member. If signed by patient's guardian, neither can be a family member. Employees can sign.</i></li> <li>• <b>Physician signature</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Adult</b> for whom the document is for (or <b>patient advocate</b> or <b>guardian</b>)</li> <li>• <b>Physician, NP or PA</b> completing the document.</li> <li>• Individual preparing form (if indicated)</li> </ul> <p style="text-align: center;"><b>Does not require witnesses</b></p>

