

Understanding Healthcare Decisions & Advance Care Planning

DPOA • DNR • DNI • Advance Directives • POLST

A guide for patients, families, and caregivers in New Hampshire

Planning ahead helps medical teams honor a person's values, protects their voice if they cannot speak for themselves, and can ease the burden on loved ones. These terms sound similar but serve different purposes.

At a glance: What does each term mean?

Term	What it does	Important distinction
Healthcare DPOA (DPOAH)	Names a trusted person to make healthcare decisions if you lose decision-making capacity.	It is not a DNR order and is different from financial power of attorney.
Advance directive / living will	Records preferences for future care; in NH, the advance directive can include a healthcare DPOA and a living will.	Guides future decisions; not automatically an emergency medical order.
DNR (Do Not Resuscitate)	Medical order not to attempt CPR if the heart or breathing stops.	Does not mean "do not treat" other illnesses or symptoms.
DNI (Do Not Intubate)	A direction not to place a breathing tube for mechanical ventilation.	Separate from DNR; discuss whether noninvasive breathing support is acceptable.
POLST (Provider Orders for Life-Sustaining Treatment)	Portable medical orders reflecting current treatment preferences for serious illness or frailty.	Signed by an authorized clinician; may address CPR and other treatment levels.

Healthcare DPOA: Who speaks when I cannot?

- Choose a trusted healthcare agent and an alternate who will follow your wishes, even if they differ from the agent's personal preferences.
- In New Hampshire, the healthcare agent generally acts only after a medical practitioner determines that you lack capacity for healthcare decisions. If you regain capacity, you resume making your own decisions.
- A financial durable power of attorney manages financial matters; it does not automatically authorize medical decisions.

Advance directives and living wills

A New Hampshire advance directive includes a Durable Power of Attorney for Health Care and/or a Living Will. The living will helps describe preferences about life-sustaining treatment in specified serious medical circumstances. You can add personal guidance about comfort, faith, important relationships, and what quality of life means to you.

For a standard NH advance directive, signing requires two qualified witnesses OR a notary public/justice of the peace. Use a current NH form and follow its instructions.

DNR and DNI: Decisions about specific treatments

DNR — if the heart stops or breathing stops

A DNR order means that clinicians will not attempt cardiopulmonary resuscitation (CPR) during cardiac or respiratory arrest. CPR may involve chest compressions, electric shocks, airway procedures, and emergency drugs. CPR can sometimes restore circulation, but outcomes depend on the underlying illness, frailty, and circumstances.

A DNR order does NOT automatically mean stopping medications, antibiotics, oxygen, food offered for comfort, hospitalization, pain treatment, or other care. Those choices are discussed separately.

DNI — if breathing becomes inadequate

A DNI preference means no breathing tube placed into the windpipe to provide invasive mechanical ventilation. A person may still choose oxygen, medications, or sometimes noninvasive ventilation (such as a mask), depending on goals and clinical circumstances. DNR and DNI are often discussed together, but they are not identical.

What about comfort-focused care?

Comfort-focused care prioritizes relief of pain, breathlessness, anxiety, and distress. It can include medications, nursing care, emotional and spiritual support, and treatments that improve comfort. DNR status alone does not determine whether a person receives palliative care or hospice.

POLST: Medical orders that travel with the patient

POLST is generally intended for people with serious illness or significant frailty whose current treatment preferences should be immediately available across settings. Unlike an advance directive, POLST is a set of medical orders completed through a conversation with a clinician and signed by an authorized prescribing professional.

- May specify CPR preferences and the desired level of medical treatment, including whether hospital transfer or intensive treatments are appropriate.
- Can be reviewed and updated when the person's condition, wishes, or care setting changes.
- In New Hampshire, a POLST serves as a DNR order only when its DNR language meets state requirements. A portable DNR (P-DNR) is another recognized option.
- A living will or healthcare DPOA by itself is NOT a valid prehospital DNR order for New Hampshire EMS.

Important New Hampshire distinction

If a person wishes to avoid CPR outside the hospital, ask their clinician about a valid NH portable DNR or qualifying POLST order. Make sure the signed order is available where EMS can find it, such as with facility records or at home in a designated visible location.

How families can honor a loved one's wishes

- Ask what matters most: comfort, independence, staying at home, time with family, religious practices, or trying treatments that may restore function.
- Discuss situations rather than only procedures: "If recovery to a life you would recognize were unlikely, what would you want?"
- Ask the person directly whenever they can participate. A dementia diagnosis does not automatically mean a person lacks decision-making capacity.
- Share completed documents with the healthcare agent, primary clinician, hospital, and care facility; review after major health changes.
- Reassure family members: the agent's role is to represent the patient's preferences, not to decide what other relatives would choose for themselves.

Questions to ask the medical team

- What medical outcomes are realistically possible with CPR or a ventilator in this person's situation?
- If we choose DNR or DNI, which treatments would still be offered?
- Would a time-limited trial of treatment make sense, and how would success be measured?
- Do we need a portable DNR or POLST for home, assisted living, or ambulance transfers?
- Who is the documented healthcare agent, and are the forms accessible after hours?
- When should we consider a palliative care or hospice consultation?

Family planning checklist

- ☐ Identify a primary healthcare agent and alternate; discuss wishes together.
- ☐ Complete or update a New Hampshire advance directive using the required signing process.
- ☐ Ask a clinician whether a DNR, DNI, portable DNR, or POLST order fits current goals.
- ☐ Give copies to the agent, medical team, and care facility; keep emergency orders accessible.
- ☐ Revisit decisions after hospitalizations, major diagnoses, or meaningful changes in goals.

Reliable resources

- Foundation for Healthy Communities — NH Advance Care Planning Guide, advance directives, portable DNR and POLST: healthynh.org/initiatives/advance-care-planning/
- New Hampshire law — RSA 137-J (advance directives and DNR orders): gc.nh.gov/rsa/html/x/137-j/
- CaringInfo — state-specific advance directive forms and explanations: caringinfo.org
- The Conversation Project — family conversation guides: theconversationproject.org

Educational information only; not a substitute for individual medical or legal advice. Forms and requirements can vary by state. Last reviewed: October 2026.