

ADVANCE DIRECTIVES

FOR IDAHOANS

Community Education
April 14, 2020

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ADVANCE DIRECTIVES

- I. Overview
- II. My Background
- III. Advance Care Planning is the process of thinking and talking about future medical decisions if you had a sudden event, like a car accident or illness, and could not make your own decisions. The best time to make these decisions is when you can choose for yourself.
- IV. A Health Care Agent is the person you choose to make medical decisions on your behalf if you are unable to make your own decisions. Discussing and sharing your wishes with your Health Care Agent is important.
- V. An Advance Directive is a written plan that names your Health Care Agent and allows you to provide instructions for health care treatments based upon your values and what is important to you.
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 - 2. Perspective of being an agent for someone
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IDAHO

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Facilitator Certification Completion

This certifies that

John McGown

Has successfully completed the Respecting Choices® and Honoring Choices® Idaho certification requirements and therefore qualifies as a Respecting Choices

First Steps® ACP Certified Facilitator

Contact Hours Awarded: 7 WMSD Approval #: 112-17

Stephanie Bender-Kitz

5/2/2019

Stephanie Bender-Kitz, Ph.D.

Date of Activity

Director, Honoring Choices® Idaho

This continuing nursing education activity was approved by the Western Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Arizona, Colorado, Idaho, and Utah Nurses Associations are members of the Western Multi-State Division of the American Nurses Association.

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LIST OF EXHIBITS

<u>Exhibit No.</u>	<u>Description</u>
1.	General Guide provides the big picture about Advance Directives
2.	Help with Breathing explains the options
3.	Health Care Agent: Perspective on who would be a good agent Perspective of being an agent for someone
4.	Advance Directive and a POST
5.	Idaho Advance Directive Informational Guide
6.	Honoring Choice Idaho Advance Directive form

ADVANCE DIRECTIVES

EXHIBIT 1

General Guide Provides the Big Picture About Advance Directives

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Honoring Choices® IDAHO

Partnering to Promote Advance Care Planning
by Jannus

Advance Care Planning Information

General Guide

Advance Care Planning

Advance Care Planning is the process of thinking and talking about future medical decisions if you had a sudden event, like a car accident or illness, and could not make your own decisions. The best time to make these decisions is when you can choose for yourself.

Health Care Agent

A Health Care Agent is the person you choose to make medical decisions on your behalf if you are unable to make your own decisions. Discussing and sharing your wishes with your Health Care Agent is important.

Advance Directive for Health Care

An Advance Directive is a written plan that names your Health Care Agent and allows you to provide instructions for health care treatments based upon your values and what is important to you.

For more information about Advance Care Planning or for help creating an Advance Directive for Health Care, contact your health care team or Honoring Choices® Idaho.

HonoringChoicesIdaho.org
208-947-4285
info@honoringchoicesidaho.org

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Advance Care Planning involves important real life conversations to reflect on, discuss, and plan for a time when you cannot make your own health care decisions. It is a process for you to understand possible health care choices, think about these choices in light of the values and goals important to you, discuss your choices with your loved ones and health care providers, and make a plan for future situations.

Imagine this scenario:

A life threatening event has left you unable to communicate with those around you or to participate in your daily care, treatment planning, or decision making. Even though all care and available treatments are being provided, your doctors have determined your illness or injury cannot be cured and death is likely, or your brain function will not return.

Ask yourself:

- What does 'living well' mean to me?
For example: If I were having a good day, what would happen on that day? Who would I talk to? What would I do?
- What brings me joy and comfort?
- What cultural, religious, spiritual, or personal beliefs, if any, might help me choose the care I want or don't want?

Plan:

- Give the gift of planning ahead. Have the conversation.
- Choose your Health Care Agent.
- Discuss your wishes with your Health Care Agent, others close to you, and your health care team.
- Document your wishes in an Advance Directive for Health Care.
- Update your plan regularly as a part of good health care.

Who should I choose as my Health Care Agent?

Your Health Care Agent is the person you choose and authorize to make health care decisions on your behalf if you cannot communicate for yourself. To choose the best person to be your Health Care Agent, ask:

- Who is able and willing to serve this role?
- Who will honor my wishes even if they do not agree with them?
- Who can make important health care decisions on my behalf during difficult or stressful situations?
- Who will stand up for me even if others disagree?
- Who is likely to be available in case of an emergency?

See common questions and answers on the other side.

COMMON QUESTIONS

When is my Advance Directive used?

You control your own medical care. If you become unable to choose or communicate your wishes, your health care team will follow the instructions as described in your Advance Directive and as your Health Care Agent directs. Be sure to give copies of your Advance Directive to your Health Care Agent and to your health care team.

What do I need to do to make my Advance Directive legal?

- You must be at least 18 years old, and able to understand and communicate your wishes.
- Your Advance Directive must be in writing, state your full name, be signed by you and dated.
- Your Advance Directive must include one or both of the following: your chosen Health Care Agent (Durable Power of Attorney for Health Care), and/or your health care or treatment instructions (Living Will for Health Care).
- In Idaho, your signature does *not* need to be witnessed or notarized. These requirements vary from state to state. If you complete an Advance Directive in another state, check the state requirements.

Where can I find the Honoring Choices® Idaho Advance Directive form?

You can get an Honoring Choices® Idaho Advance Directive form by contacting Honoring Choices® Idaho at 208-336-5533 or info@honoringchoicesidaho.org.

Many people easily complete an Advance Directive on their own. If you want help completing the form, talk to your health care team or contact Honoring Choices® Idaho. Advance Care Planning facilitators are available to help you.

Can I change my mind?

If you change your mind you can update your Advance Directive at any time. It is recommended that you review your Advance Directive every year and whenever your health changes. If you make changes, please give copies of your revised Advance Directive to any person or organization that may have an outdated copy.

Where should I keep my completed Advance Directive?

Keep your signed and completed original Advance Directive in an easily accessible place where you keep other important documents. Give copies to:

- Your Health Care Agent(s)
- Family members or other loved ones who are likely to be involved in your health care
- Your primary care provider or health care team
- Your local hospital
- Idaho Secretary of State Health Care Directive Registry (<https://sos.idaho.gov/hcdr/index.html>)

Will my Advance Directive be valid in other states?

- Every state has its own requirements for an Advance Directive.
- Many states honor an Advance Directive created in another state.
- If you spend a lot of time in another state, check on that state's Advance Directive requirements.
- Keep a copy of your Advance Directive with you when you travel.

Learn More with Advance Care Planning Resources from Honoring Choices® Idaho

- www.HonoringChoicesIdaho.org
- Speakers are available for presentations on Advance Care Planning
- Advance Care Planning facilitators are available to provide free one-on-one sessions

ADVANCE DIRECTIVES

EXHIBIT 2

Help With Breathing Explains the Options

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Honoring Choices® IDAHO

*Partnering to Promote Advance Care Planning
by Joannuu*

Advance Care Planning Information Help with Breathing

Advance Care Planning

Advance Care Planning is the process of thinking and talking about future medical decisions if you had a sudden event, like a car accident or illness, and could not make your own decisions. The best time to make these decisions is when you can choose for yourself.

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What does help with breathing mean?

You may develop a physical condition or illness that makes breathing on your own difficult, painful, or impossible. If you have a breathing problem, the options that can help include:

- Taking medications.
- Inhaling oxygen through a tube in your nose or mask over your mouth.
- Using a bi-level positive airway pressure (BiPAP) mask to help you breathe.
- Using a ventilator (a machine that breathes for you).

The following information can help you understand these options.

How does a ventilator work?

A ventilator is a machine that pushes a mixture of air and oxygen in and out of your lungs to breathe for you. The machine connects to a tube that goes through your mouth or neck and down your windpipe at the back of your throat.

Inserting this tube down your windpipe is called intubation. When the tube is in place, you cannot talk, eat, or swallow. You will receive medicine to help stay calm and comfortable when the tube is in place.

Being on a ventilator requires care in the Intensive Care Unit at the hospital. Skilled nursing facilities such as nursing homes are usually not able to provide care to someone on a ventilator.

How does a BiPAP machine work?

A BiPAP machine pushes oxygen into your lungs through a tight-fitting mask over your mouth. The mask may be uncomfortable and make talking difficult. You may receive medicine to help stay calm and comfortable when wearing the mask.

Because you do not have a tube guiding the oxygen directly to your windpipe, sometimes the oxygen can go into your stomach. Oxygen in your stomach can cause discomfort.

See other side for more information.

How effective is a ventilator or BiPAP?

- A ventilator and BiPAP work best if you:
 - ♦ Have a breathing problem that can be cured.
 - ♦ Need help with breathing for a short time while recovering from surgery or a sudden illness.
- A ventilator or BiPAP machine will *not* work if you:
 - ♦ Have an illness that cannot be cured.
 - ♦ Have a situation where your body is not able to tolerate the high-pressure flow of the oxygen in and out of your lungs.

Will a ventilator or BiPAP work for me?

Talk to your health care provider about how well a ventilator or BiPAP would work for you. If you choose to have a machine help you breathe, your health care provider will advise you about which option will likely work best for you.

What if I do not want a ventilator or BiPAP?

If you are not able to breathe on your own and decide you do not want a ventilator or a BiPAP machine, you will die naturally. If this is your choice, you will still get other medical care to keep you comfortable, manage pain, and control symptoms so you can live as well and as long as is possible for your health status.

How do I decide what is best for me?

Talk with your health care provider and your loved ones about your medical and personal goals and values. Consider the quality of life you may have using the machines. Ask yourself what you would want to do if:

- The ventilator or BiPAP machine does not work for you.
- Your health worsens.
- You can no longer make your own decisions.

What should I do after I decide?

Discuss your decision with your health care provider and Health Care Agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision regularly as you get older or if your health changes.

ADVANCE DIRECTIVES

EXHIBIT 3

Health Care Agent:
Perspective On Who Would Be a Good Agent
Perspective of Being an Agent for Someone

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Honoring Choices® IDAHO

*Partnering to Promote Advance Care Planning
by Joanne*

Advance Care Planning Information Health Care Agent

Advance Care Planning

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Who Makes a Good Health Care Agent?

Your Health Care Agent should be someone you know well and trust to follow your wishes about future health care. Ideally, choose one Health Care Agent and one or two backup (alternate) Health Care Agents. A Health Care Agent also is known as a *power-of-attorney for health care, substitute decision-maker, proxy or surrogate*.

How do I choose the right person?

Before choosing your Health Care Agent, ask yourself:

- ☐ Are they at least 18 years old?
- ☐ Will they be clearheaded in difficult or stressful situations?
- ☐ Will they be available when needed?
- ☐ Can I talk with them about my personal belief and values?
- ☐ Will they be able to ask questions and get answers from doctors and hospital staff?
- ☐ Will they follow my wishes, even if they don't agree?
- ☐ Will they be able to stand up for me against those who disagree?
- ☐ Are they willing to accept this role?

When is my Health Care Agent involved?

Your health care team will call on your Health Care Agent only when you are unable to make medical decisions and/or cannot communicate. Your Health Care Agent focuses only on health care decisions and is not authorized to make financial or business decisions for you.

What decisions might my Health Care Agent be asked to make?

- Starting, continuing, or stopping medical care or services, such as tests, medications, treatments, and surgery.
- Releasing my medical records.
- Choosing where and how I get my care.
- Assisting with funeral arrangements.

Share the information on the other side with the person you choose as your Health Care Agent.

Being a Health Care Agent

You have been chosen by _____ to be a Health Care Agent.

How can I prepare to be a Health Care Agent?

The best way to prepare for this important role is to talk with the person to understand his or her wishes for future health care. Be sure to talk about medical decisions that may come at the end of life. Being a Health Care Agent means you are trusted to make health care decisions on behalf of the person above if he or she cannot make those decisions. You may need to talk from time to time to see if his or her choices have changed.

To help you be prepared, talk with the person about:

"What does living well mean to him or her?"

"What brings comfort and joy?"

"What cultural, religious, spiritual, or personal beliefs, if any, are important in choosing care?"

During these conversations some people say things like:

"I want to die with dignity."

"Don't keep me alive with machines."

"Just keep me comfortable."

These words can mean many different things. Ask the person what he or she means.

Find help to have these conversations.

Talking about a person's wishes for future health care may be uncomfortable. However, the more you understand and are clear about what someone wants, the more confident you will feel as a Health Care Agent.

Consider talking to professionals who help people with Advance Care Planning such as:

- Advance Care Planning facilitators (info@honoringchoicesidaho.org)
- Social workers
- Religious and spiritual leaders
- Health care providers

ADVANCE DIRECTIVES

EXHIBIT 4

Advance Directive and a POST

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Honoring Choices® IDAHO

*Partnering to Promote Advance Care Planning
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What is the difference between an Advance Directive and a POST?

Advance Care Planning helps ensure an individual's treatment preferences are documented, regularly updated, and respected. There are two documents used to record these preferences: Advance Directives and Physicians Orders for Scope of Treatment (POST)*. These two documents differ in many ways; however, they can work together.

Advance Directive:

- A guide for health care providers about the type of care you would want in future medical situations.
- Goes into effect only if you are unable to communicate or make decisions for yourself.
- Includes two parts: Durable Power of Attorney for Health Care (Health Care Agent) and Living Will for Health Care.

Physician Orders for Scope of Treatment (POST)*: specific medical orders about life-sustaining treatments that are honored by health care workers during a medical crisis.

* The names of similar forms in different states vary: POLST (Physicians Orders for Life-Sustaining Treatment) MOLST (Medical Orders for Life-Sustaining Treatment); MOST (Medical Orders for Scope of Treatment)

Advance Directive: A legal form	Idaho POST*: A medical order
For anyone 18 years and older	For anyone (at any age) with a serious illness and/or limited life-expectancy who wishes to specify life-sustaining treatments they do or do not want
Provides instructions for future health care treatments based upon your values and goals	Medical orders that address life-sustaining treatments (i.e. nutrition/hydration, help with breathing, CPR) based on your values, goals and current health status
Identifies a health care agent	Does not identify a health care agent
NOT a medical order—does not guide emergency medical personnel	Provides medical orders to be followed by emergency medical personnel and other medical staff
Can be completed on your own	Must be completed with your medical provider
Requires only your signature (witnesses/notary may be required in other states)	Requires a medical provider's signature in addition to your signature (or your health care agent's signature)
Can be revoked or changed at any time	Can be revoked at any time (let your medical provider(s) know) Can also be changed at any time in consultation with your medical provider(s)
Remember: Make sure advance directives and POST forms are kept in a safe and accessible place (i.e. with health care agents, medical providers, Idaho Secretary of State Health Care Registry, etc.). POST forms should be accessible at all times for use by emergency medical personnel.	

For more information about Advance Care Planning or for help creating an Advance Directive for Health Care, contact your health care team or Honoring Choices® Idaho.

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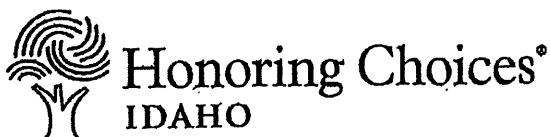
Updated 10/2018

ADVANCE DIRECTIVES

EXHIBIT 5

Idaho Advance Directive Informational Guide

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Idaho Advance Directive for Health Care **INFORMATIONAL GUIDE**

What is an Advance Directive for Health Care?

An Advance Directive for Health Care, or Advance Directive, allows you to write down your goals, values and preferences for future health care decisions and who you want to communicate your health care decisions if you are unable to communicate for yourself. For adults 18 and older, completing an Advance Directive is important if you had a life threatening event, like an accident or serious illness, and cannot make your own decisions.

Idaho's legal requirements for an Advance Directive for Health Care includes two (2) separate documents:

- (1) Durable Power of Attorney for Health Care (Health Care Agent) (located on pages 1-2 of this packet)**
Allows you to name one or more persons to communicate health care decisions on your behalf if you cannot communicate for yourself. This person(s) is called your Health Care Agent.
- (2) Living Will for Health Care (located on pages 3-6 of this packet)**
Allows you to provide written instructions for health care treatments based upon your values and what is important to you. These written instructions are important if you had a life threatening event, like an accident or serious illness, and cannot communicate for yourself.

It is recommended that you complete both documents.

Please contact your health care provider for more information about:

- Advance Directives
- Choosing a Health Care Agent
- Cardiopulmonary Resuscitation (CPR) and other life-prolonging treatments

Online Information Guides from Honoring Choices® Idaho can also be found at:
www.honoringchoicesidaho.org/guides
info@honoringchoicesidaho.org
(208) 947-4285

FREQUENTLY ASKED QUESTIONS

You can decide what happens with your health care. If you become unable to communicate your health care decisions, your health care provider may not always know your values, preferences, or other important details affecting your decisions. This document allows you to choose a person(s), called a Health Care Agent, to be your voice and communicate health care decisions you would make for yourself.

What is a Health Care Agent?

This is the person(s) you choose and authorize to consult with your health care team about your health care decisions if you are unable to communicate for yourself. This document does not authorize your Health Care Agent to make financial or business decisions for you. It does not give your Health Care Agent authority to make decisions about your mental health treatment.

Who should I choose as my Health Care Agent?

Your Health Care Agent must meet all of the following criteria:

- Be at least 18 years old.
- **Not** be your health care provider or an employee at your hospital, clinic, or other place where you receive care (unless he/she is a close relative).
- Carry out your instructions on this document and follow the health care choices you make on the document *Living Will for Health Care* (even if he or she does not agree with them).
- Carry out any other health care instructions you have discussed with him/her.

What does a Health Care Agent do?

- Understand the role of a Health Care Agent.
- Accept this role.
- Talk with you about your goals, values and preferences.
- Follow your decisions, even if he/she does not agree.
- Make decisions in difficult or stressful moments according to your instructions.
- Make decisions in your best interest that reflect your goals, values and preferences.


Can I change my mind later about my decisions in this document?

Yes, you may change your mind and make changes to this document at any time. If you make changes, please give copies of your revised document to your new and previous Health Care Agent(s), your health care providers, and any others who may have an outdated copy.

If you name your spouse as your Health Care Agent (or Alternate) and your marriage is later annulled or you are divorced, the designation of your spouse as Health Care Agent or Alternate is no longer valid. You may name your ex-spouse as your Health Care Agent (or Alternate) only if you complete the Durable Power of Attorney for Health Care document again after your annulment or divorce.

What do I do when my documents are complete?

- Talk to your Health Care Agent(s) to make sure they understand and are willing to perform this important role for you.
- Give a copy of these documents to the following people:
 - Your Health Care Agent(s)
 - Your health care provider(s).
- Talk to those you love and trust to make sure they know your wishes and who your Health Care Agent(s) is.
- Keep a signed and dated copy of these documents in a well-known place.
- If you go to a clinic, hospital or other medical setting, take a copy of these documents and ask that they be placed in your medical record.
- Schedule to review and update these documents every year and when any of the "Six D's" occur:
 - Decade:* when you begin a new decade in your life
 - Death:* you experience the death of someone you love
 - Divorce:* your Health Care Agent is your spouse or partner and your relationship ends. A new Health Care agent should be identified.
 - Diagnosis:* you are diagnosed with a serious illness
 - Discharge:* you are discharged from a hospital stay
 - Decline:* your illness gets worse
- If your goals or wishes change, tell your Health Care Agent(s), your family, your health care provider, and everyone with copies of your Durable Power of Attorney for Health Care and Living Will. You should complete new documents that reflect your current wishes.
- Make sure you take a copy with you when you are travelling. Most states will accept a properly executed document from another state.
- Fill out an Honoring Choices® Idaho wallet card and keep an updated card in your wallet.
- Register your documents online with the Idaho Health Care Directive Registry at <http://www.sos.idaho.gov/hcdr/index.html>. A registration form is required and is available on the Registry website. You may also submit documents by mail, via fax (208) 334-2282 or email to: hcdr@sos.idaho.gov. For more details, call (208) 332-2836.

I HAVE AN ADVANCE DIRECTIVE		Card holder Information	
Name _____		Address _____	
Date _____		City/State/ZIP _____	
 Honoring Choices* IDAHO		Phone _____ Date of birth _____	
		My Health Care Agent Is _____	
		Address _____	
		City/State/ZIP _____	
		Phone _____	

Name (First, Middle Initial, Last): _____

Date of Birth: _____

Address: _____

Telephone: (Primary) _____ (Secondary) _____

Copies of these documents are being or have been given to following organizations and people (e.g. Health Care Agent(s), health care providers, hospitals, family, friends and faith community leaders):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ADVANCE DIRECTIVES

EXHIBIT 6

Honoring Choice Idaho Advance Directive Form

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IDAHO ADVANCE DIRECTIVE FOR HEALTH CARE

Durable Power of Attorney for Health Care/Health Care Agent (Pages 1 to 2)

My First Name, Middle Initial, Last Name: _____

My birthdate: (MM/DD/YYYY) _____

My address: _____

My telephone number(s): (Primary) _____ (Secondary) _____

Last 4 digits of my Social Security Number: ~~xxx-xx-~~ _____

If I am ill or injured and unable to communicate my health care decisions, or if my health care provider determines I cannot make my own health care decisions, then I choose the person(s) listed below to communicate my health care decisions on my behalf.

My choice for Health Care Agent is:

Name _____ Relationship to me _____

Telephone (Primary) _____ (Secondary) _____

Address (if known) _____

City _____ State _____ ZIP _____

If my first choice for Health Care Agent is unable, unavailable, or unwilling to communicate these choices for me, then my alternate Health Care Agent is:

Name _____ Relationship to me _____

Telephone (Primary) _____ (Secondary) _____

Address (if known) _____

City _____ State _____ ZIP _____

If this alternate Health Care Agent is unable, unavailable, or unwilling to communicate these choices for me, then my 2nd alternate Health Care Agent is:

Name _____ Relationship to me _____

Telephone (Primary) _____ (Secondary) _____

Address (if known) _____

City _____ State _____ ZIP _____

_____ Initial here if you **do not wish to name a Health Care Agent** and direct your health care providers to use the instructions and decisions written in the document *Living Will for Health Care* to guide medical decisions.

This is the Advance Directive for (name): _____ **DOB:** _____ **Date Completed:** _____



Durable Power of Attorney for Health Care/Health Care Agent (Pages 1 to 2)

Decisions my Health Care Agent(s) may communicate and direct on my behalf:

If I am unable to communicate my health care decisions, my Health Care Agent(s) above have the following authority and responsibilities:

- Follow the instructions on this directive that are based on my wishes, values and beliefs.
- Consent for treatment(s) such as tests, medications, surgery, or other treatments.
- Refuse or stop treatment(s) such as tests, medications, surgery, or other treatments.
- Release my medical records as needed, as stated by law (HIPAA and the Idaho Health Records Act).
- Determine which health care provider(s) and organization(s) will best meet my health care needs.
- Arrange for the care of my body after death if my wishes are not already known.

Limits or comments on the authority and responsibility of my Health Care Agent:

I understand that any Durable Power of Attorney/Health Care Agent document created before today is no longer valid.

Signature

Date

END OF DURABLE POWER OF ATTORNEY FOR HEALTH CARE DOCUMENT

This is the Advance Directive for (name): _____ *DOB:* _____ *Date Completed:* _____



IDAHO ADVANCE DIRECTIVE FOR HEALTH CARE

Living Will for Health Care (Pages 3 to 6)

Below are my values, preferences, and goals for health care should a time come when I cannot communicate for myself. I want these instructions to be followed.

My First Name, Middle Initial, Last Name: _____

My birthdate: (MM/DD/YYYY) _____

My address: _____

My telephone number(s): (Primary) _____ (Secondary) _____

Last 4 digits of my Social Security Number: ~~xxx-xx-~~ _____

Part A. My Values and Preferences

Often people use past experiences in their life to make important decisions about the future. How have these experiences influenced how you feel about future health care? What abilities are so important to you that you cannot imagine life without them? _____

Imagine the following situation:

A life threatening event has left you unable to communicate with those around you or to participate in your daily care, treatment planning, or decision making. Even though all care and available treatments are being provided, your doctors have determined your illness or injury cannot be cured and death is likely, or your brain function will not return.

In the situation described above, here is what you need to know about me as a person to provide the best care possible: _____

Religious and spiritual support may also provide comfort. Here is what is important to me:

☐ Please contact my faith community: _____ in (city) _____.
The telephone number: (_____) _____.

This is the Advance Directive for (name): _____ DOB: _____ Date Completed: _____



Living Will for Health Care (Pages 3 to 6)

Part B. My Goals of Care

If your health care provider determines your illness or injury cannot be cured and death is likely, or your brain function will not return, the treatments below can keep you alive. These treatments may or may not provide benefit and can cause suffering. To respect your wishes and maintain comfort and dignity, treatments can be started or stopped as guided by your goals, values and preferences.

Examples of life prolonging treatments may include:

- **Tube feeding:** a tube placed in your nose or stomach to provide liquid nutrition when you cannot eat by mouth.
- **Ventilator:** a breathing machine attached to a tube that is placed into your windpipe when you cannot breathe on your own.
- **IV fluids:** a tube placed in your vein to supply water when you are unable to drink.
- **Dialysis:** a machine that removes excess fluid and waste products from your blood when your kidneys no longer work.
- **Blood Products:** donated blood from a blood bank that is provided through a tube placed in your vein and is used to replace blood or blood parts you have lost.

Again, imagine the following situation:

A life threatening event has left you unable to communicate with those around you or to participate in your daily care, treatment planning, or decision making. Even though all care and available treatments are being provided, your doctors have determined your illness or injury cannot be cured and death is likely, or your brain function will not return.

Would you want to continue medical treatment? Or would you want to stop medical treatment? In all situations, you will be kept comfortable.

Select the box beside the statement that fits your goals for the above situation. **Select ONLY one.**

- ☐ **I want all treatments** to keep me alive. These may include but are not limited to: tube feedings, ventilator (breathing machine), IV fluids, dialysis, and blood products. I want treatments to continue until my health care provider and Health Care Agent agree they are no longer helpful or are harmful.

OR

- ☐ **I want *only* the following treatments:**

- ☐ Only IV fluids.
- ☐ Only tube feeding.
- ☐ Both IV fluids and tube feeding.

OR

- ☐ **I do not want treatments** that keep me alive. I want to be allowed a natural death.

This is the Advance Directive for (name): _____ DOB: _____ Date Completed: _____



Living Will for Health Care (Pages 3 to 6)

Here are other instructions regarding my care:

Part C. Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary Resuscitation (CPR) is a treatment that attempts to restore my heart beat and/or breathing when they have stopped. CPR may include chest compressions (forceful pushing on the chest to circulate blood), medications, electrical shock(s), insertion of a breathing tube, and hospitalization. Although CPR may restore my heart beat and breathing, it does not always work, and may cause painful bruising, broken ribs, and a difficult recovery. CPR does not work as well for people who are weak, frail, or have chronic disease.

Again, imagine this situation:

A life threatening event has left you unable to communicate with those around you or to participate in your daily care, treatment planning, or decision making. Even though all care and available treatments are being provided, your doctors determine your illness or injury cannot be cured and death is likely, or your brain function will not return.

In this situation would you want CPR attempted if your heart stops or you stop breathing?

Select the box next to the statement that fits your goals for the above situation. **Select ONLY one.**

☐ I want CPR.

OR

☐ I do not want CPR[†].

[†]For people living with progressive, chronic illness it is recommended you discuss your preferences with your health care provider.

This is the Advance Directive for (name): _____ DOB: _____ Date Completed: _____



Living Will for Health Care (Pages 3 to 6)

Part D. Signature and Date

Please read and sign below:

I understand this document replaces any Living Will for Health Care completed before today's date. I understand this document cannot be honored if I am pregnant. I understand the importance of this document and confirm that it reflects my values, preferences, and goals for future health care decisions. This document is validated by my signature and date below.

Signature

Date

END OF LIVING WILL FOR HEALTH CARE DOCUMENT

This is the Advance Directive for (name): _____ ***DOB:*** _____ ***Date Completed:*** _____

