

ADVANCE DIRECTIVE (Living Will for Healthcare Decisions)

1. If your heart stops beating, do you want health care workers to use chest compression (CPR) or electric shock to try to restart your heart?
 _____ Yes, I do want an attempt to restart my heart if/when it stops.
 _____ At such time two physicians determine my condition is terminal, permanent or irreversible, and I will not be able to interact meaningfully with my environment, I would not want my heart restarted.
 _____ No, I do not want an attempt to restart my heart if/when it stops. I understand this means I will die, as a result.

2. If you are unable to breath adequately on your own, do you want to have a tube inserted in your throat to have a ventilator (breathing machine) keep you alive?
 _____ Yes, I do want to be placed on a ventilator if I can't breathe on my own.
 _____ I do want a ventilator for a time, to see if I will get well enough to breathe on my own. At such time two Physicians determine my condition is terminal, permanent or irreversible and I will not be able to interact meaningfully with those around me, I want the ventilator removed.
 _____ No, I do not want to be placed on a ventilator under any circumstances. I understand this means I will probably die, but my doctors will keep me a comfortable as possible.

3. If you can no longer swallow food or water, do you want a feeding tube inserted in your stomach to keep you alive?
 _____ Yes, I want to be kept alive as long as possible with a feeding tube.
 _____ I do want a feeding tube used for a time, to see if I will get better so I can swallow again. At such time two physicians determine my condition is terminal, permanent or irreversible and I will not be able to interact meaningfully with those around me, I want the feeding tube removed.
 _____ No, I do not ever want a feeding tube under any circumstances. I understand this means I will probably die, but my doctors will keep me as comfortable as possible.

4. If your kidneys do not function, do you want to be started on dialysis (cleaning the blood by machine) to keep you alive?
 _____ Yes, I want to be kept alive as long as possible with dialysis.
 _____ I do want dialysis for a time, to see if I my kidneys will get better and function on their own again. At such time two physicians determine my condition is terminal, permanent or irreversible and I will not be able to interact meaningfully with those around me, I want dialysis discontinued.
 _____ No, I do not ever want to be placed on dialysis, under any circumstances. I understand this means I will probably die, but my doctors will keep me as comfortable as possible.

Other instructions: _____

If I cannot tell the doctors what I want in a situation not covered above, I want

Name/Relationship: _____ Phone #: _____

Address: _____ City, State, Zip: _____

to make all Medical Decisions for me.

The meaning of the terms and procedures included in this document have been explained to me to my satisfaction. I have had the opportunity to discuss them with my physician and ask any questions I might have had.

Patient: _____ Date: _____

Witness: _____ Witness: _____