

## Health Care Instructions

### Additional Instructions to Part II of my Health Care Directives

I want to be treated with dignity when making **End of Life or Health Care Choices**. I have completed a Health Care Directives form. I am attaching these instructions to it as a guide to my agents and health care providers. I have strong feelings and beliefs about the quality of life I want to live. These beliefs effect my decisions for medical treatment and care when thinking about end of life care issues or prolonging my life/my dying.

I understand **Cardiopulmonary Resuscitation (CPR)** means that if my heart and lungs stop working, attempts to revive me would include pounding on my chest, blowing air into my mouth, electric shock, medications and/or a tube down my throat. My thoughts about these procedures are: \_\_\_\_\_

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I understand a **Do Not Resuscitate (DNR)** order means that I do not want to have CPR to attempt to bring me back to life if my heart stops beating and I stop breathing. My thoughts about this doctor's order are:

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I have requested my Doctor to sign a DNR order.  Yes  No I have the following thoughts about resuscitation during any surgical procedure.

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I understand a **Ventilator/Respirator** to be a breathing machine used when I cannot breathe on my own. I understand that I cannot talk or eat by mouth when on this machine. My thoughts about having this treatment are: \_\_\_\_\_

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I understand a **Do Not Intubate (DNI)** order means that I do not want a Ventilator/Respirator used to help me breathe. My thoughts about this doctor's order are: \_\_\_\_\_

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I have requested my Doctor to sign a DNI order.  Yes  No

I understand **Nutritional Support and Hydration** mean that when I cannot eat or drink by mouth, feeding solutions can provide enough nutrition to support my existence indefinitely. I realize that this treatment may involve putting a tube into my stomach, through my nose, into my intestine or into my veins. My thoughts about this are: \_\_\_\_\_

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I understand **Dialysis** to mean that a machine would be used to clean my blood when my kidneys are not working well. I understand that I may die sooner if this procedure is needed and is not done. My thoughts about this treatment are: \_\_\_\_\_

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Do I want Dialysis done for me? \_Yes \_No Explain: \_\_\_\_\_

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I understand that **Blood Transfusions** may be used during surgery or as treatment for some diseases. These are my wishes for such care: \_\_\_\_\_

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I know that **Antibiotics** are used to treat infections and can be viewed as prolonging life support. My thoughts about using antibiotics are: \_\_\_\_\_

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I understand that **Major Surgery** may be viewed as prolonging life and my thoughts are: \_\_\_\_\_

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I want to be kept comfortable and as free of pain as possible: (please initial all that apply)

- Even if it means that I may not interact very well with people.
- Even if it means that my ability to think clearly might be diminished.
- Even if it means that my time of life and dying could be shortened.
- I want my Doctor to prescribe enough medication to relieve my pain.
- I want to have radiation treatment only if intended to relieve pain.
- Other thoughts:

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These Spiritual or religious beliefs have been the basis for my instructions. \_\_\_\_\_

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Other final wishes: \_\_\_\_\_

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My Signature: \_\_\_\_\_

Date that I completed this form: \_\_\_\_\_