MEDICAL PLANNING WORKSHEET / COMMUNICATING PERSONAL WISHES

Name _____ Date of Birth_____ Date_____

This is <u>NOT</u> a legal document but a guide for considering and recording personal wishes.
When unable to direct your care, this becomes a refresher for your surrogate decision maker.

If overwhelming illness or brain damage prevents high-level thinking or communication, these are my wishes.		
Treatment Options to Consider	**No possible chance of awareness or living independently** (answer yes or no)	**Small but uncertain chance of awareness or living independently** (answer yes or no)
Cardiopulmonary resuscitation. Use of pressure on the chest, drugs, electric shocks, and artificial breathing to revive me if I die.		
External non-invasive positive pressure airway breathing (no intubation—like CPAP) short-term.		
Ventilator <u>short-term</u>. Breathing through a tube inserted through the mouth into my windpipe.		
Ventilator <u>long-term</u>. Surgical opening placed in my neck (trachea) to attach a breathing machine.		
Artificial feeding <u>short-term</u> through a tube from nose into the stomach (1–2 weeks maximum).		
Artificial feeding <u>long-term</u>. A permanent tube inserted in my stomach through my abdomen used to provide liquid nutrition from outside my body.		
Kidney dialysis. Cleaning the blood by machine. Blood is removed & cleaned 3 times a week in a dialysis center (3–4 hours each day).		
Invasive diagnostic tests. For example, examining the stomach through a tube or viewing heart circulation by injecting dye (angiogram).		
Pacemaker—surgical implantation of a device that maintains heartbeat at a prescribed rate.		
Transfusion of blood or blood components.		
Intravenous antibiotics to fight infection.		
Major surgery—examples: removing part of the intestine, hip repair after fracture, etc.		
Comfort care to treat pain, anxiety, discomfort.		
AFTER DEATH: Organ donation?		

Signatures of those involved in the discussion / relationship:

_____   _____
Patient Documenting Wishes   Medical Helper (and credential)

_____   _____
Witness (if present but not required)   Witness (if present but not required)