Name:	Di	ate:	

Preparation for a Discussion about Advance Care Planning and POLST Form

A LTC facility staff member or medical provider will talk with you about your current health condition, your medical treatments, and your wishes for future medical care. You can help prepare for this discussion by considering the following questions. It is often helpful to discuss these questions with your family or medical decision-maker. This paper is only your initial thoughts, and NOT your final choices. You can discussion any question or concerns that you have about your health condition or treatment during the meeting with a staff member of medical provider."

1. Have you previously completed advance care planning documents?				
	Living will	Yes	Have you already provided a copy?	Yes
		No		No
	Healthcare Power of	Yes	Have you already provided a copy?	Yes
	Attorney	No		No
	POLST (pink paper)	Yes	Have you already provided a copy?	Yes
		No		No

2. When you consider your medical and physical health, would you say it is:						
Improving, or a has good chance of improving		Improving, or a has good chance of improving				
Stable and about the same		Stable and about the same				
		Declining, and not clear if it will improve				

3. As you think of your current and future medical care, which best describes your			
wi	ishes?		
	\circ	Do everything possible to prolong life, even if I am very ill and need	
		major treatments.	
		Try to maintain my health with simpler treatments, if they are not	
		major or uncomfortable or risky (antibiotics, medications, IV fluids, x-	
		rays, hospitalization, etc.). Talk with me before starting major or	
		uncomfortable treatments.	
	0	Provide treatment only for my comfort. Do not give interventions only	
		to extend life. Do not send me to the hospital if I am comfortable.	

		N	ame: _	Dat	te:		
4.	If you have	a life-threate	ning (event, and your heart stopped, and you	ı were not		
	breathing (this means you are very ill and likely to die soon): If this happens, do						
	you want i	mmediate em	ergen	cy efforts to attempt to prolong life (a	code blue)?		
	This often	requires shock	king tl	he heart, pushing very hard on your ch	est, and		
	placing a b	reathing tube	into y	your lungs.			
	○ YES	How long	\bigcirc	Briefly – less than 30 minutes to see if	I respond		
		should this	\bigcirc	At least until I get to the hospital			
		continue?	\bigcirc	Indefinitely, if there is any chance of ir	nprovement		
	\bigcirc NO						
5.	Would you	accept treatn	nent i	n the hospital, if that was required to k	ceep you		
	alive?						
	Yes No)					
6.	Would you	accept treatn	nent i	n an intensive care unit , if that was re	quired to		
	keep you a	=					
	Yes No)					
	,						
7.	Would you	ever accept a	ny of	the following specific treatments?			
	Yes	IV fluids					
	No						
	Yes	Antibiotics					
	No						
	Yes Feeding tube – in the nose or through the abdomen						
	No						
	Yes	Kidney dialys	is				
	No						
8.	If you were	e unable to ma	ake h	ealth care decisions, who do you feel w	vould best		
	represent your wishes?						
	Name						

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