ENGLEWOOD
HOSPITAL AND MEDICAL CENTER

ADVANCE DIRECTIVE FOR HEALTH CARE

This document includes a list of definitions and the two types of Advance Directives (together called a **Combined Directive**). Some people choose to fill out only one portion. We recommend that you fill out both.

Before filling out this form, you are encouraged to speak with your doctor, family, health care representative, or others who may become responsible for following your wishes. Once you have a valid directive and you are not capable of making decisions for yourself, your requests must be followed by anyone involved in your care. To be valid, the document must be signed and dated in the presence of two witnesses (not named as a health care proxy) or notarized. A copy of the valid document must also be made available for your medical team.

After you fill out your Advance Directive, we recommend that you keep the original and give copies to your appointed health care representative (proxy), your physician, and any other family member, close friend or advisor who is interested in your health and well-being.

Part 1 – PROXY DIRECTIVE – DURABLE POWER OF ATTORNEY FOR HEALTH CARE

We encourage you to fill out a **Proxy Directive** in which you designate one or more people as a health care representative (proxy), for example, a family member, friend, or other person who understands your feelings and is willing to make decisions for you about accepting, refusing, or withdrawing treatment if you become unable to do so for yourself.

This document also allows the health care proxy to speak with your medical team and have access to your medical records as needed to make any decisions. This document can go into effect at any time you may be unable to make decisions, even for a short time, for example, if you are unconscious, heavily medicated or your decision making capabilities are compromised.

Part 2 – INSTRUCTION DIRECTIVE – LIVING WILL

An **Instruction Directive for Health Care**, sometimes called a **Living Will**, is a written document signed by you, in which you decide the kind of care you would want, if for any reason you are unable to make health care decisions for yourself. This document will only go into effect if your situation is considered terminal with no hope of recovery, as determined by two doctors.

You do not need to have a Living Will, but having one will avoid many problems. It will let your physician, family and friends know ahead of time what kind of decisions should be made for you if you become disabled, physically or mentally, and are unable to decide for yourself. You will receive appropriate medical care whether or not you have an Advance Directive.

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TERMS YOU SHOULD UNDERSTAND

A. Life-Sustaining Treatment

1. ***Cardiopulmonary Resuscitation (CPR).*** CPR describes procedures that are done to restart the heart when it stops beating (cardiac arrest), and/or to provide artificial respiration when breathing stops (respiratory arrest). CPR can involve manual pressure to the chest and mouth-to-mouth breathing or pumping of air into the lungs using a rubber bag. In some instances, a tube may be inserted into the windpipe (intubation) for mechanical ventilation.
2. ***Mechanical Ventilation or Respiration***. A machine called a respirator or ventilator can take over breathing if the lungs cannot adequately breathe. It provides oxygen through a tube inserted into the windpipe.
3. ***Surgery.*** A surgical procedure involves cutting into the body to treat a problem.
4. ***Chemotherapy***. Chemotherapy is drug treatment for cancer. It is used to cure cancer or reduce the discomfort of cancer even if it does not cure it.
5. ***Radiation Therapy (RT)***. RT involves the use of high levels of radiation to shrink or destroy a tumor.
6. ***Dialysis***. Dialysis requires the use of a machine that cleanses the blood when the kidneys cannot function adequately. This can be done through tubes placed into blood vessels (hemodialysis) or through tubes into the abdomen (peritoneal dialysis).
7. ***Transfusion***. The term transfusion refers to the giving of any type of blood product into a vein intravenously.
8. ***Artificially Provided Nutrition and Fluids***. This group of terms refers to feeding patients who are unable to swallow food and fluid. This can be done through a tube into a vein or into the stomach. The feeding tube to the stomach can be placed through the nose (nasogastric tube) or through the abdomen (gastrostomy tube).
9. ***Antibiotics***. Antibiotics are medications used to fight infections. They can be administered by mouth, by vein, by injection into a muscle, or through a feeding tube.

B. Comfort and Supportive Care (Palliative Care)

Comfort care is any kind of treatment that increases a person's physical or emotional comfort.

C. Medical Conditions

1. ***Terminal Condition***. The end stage of an irreversibly fatal illness, disease or condition.

2. ***Permanent Unconsciousness.*** A medical condition that is total and irreversible in which a person cannot interact with his/her surroundings or with others in any way and in which a person does not experience pleasure or pain.

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Checklist: Questions to Ask Yourself

I. Thinking about your health care wishes

A. Why am I writing an Advance Directive?
B. What are my treatment wishes?
   1. In situations near the end of life?
   2. In situations of serious injury or illness?

II. Talking with others

A. Physicians and other health care professionals
   1. Do I understand the medical terminology?
   2. Do they understand my wishes?
B. My friends, family and others
   1. Have I directly and thoroughly discussed my wishes with them?
   2. Do they understand my wishes?

III. Selecting a health care representative

A. Am I confident that my designated representative understands my personal values and health care wishes?
B. Does my health care representative understand his or her responsibilities?
C. Has he or she clearly agreed to serve as my representative and to communicate my wishes to my doctor and others concerned with my care?
D. Have I selected an alternative health care representative?

IV. My instructions – Have I clearly stated my instructions and included other relevant information about my treatment wishes regarding:

A. The provision, withholding or withdrawal of specific treatments?
B. Artificially provided fluids and nutrition?
C. The medical conditions in which I want my wishes implemented?
D. Special considerations I may have concerning my care and treatment?

V. Witnesses – Have I had my directive properly witnessed or notarized?

VI. Distribution of my Advance Directive – Have I given a copy of my directive to those who should have one, such as:

A. My health care representative(s)?
B. My physician or other health care provider?
C. The hospital or nursing home which I am about to enter?
D. Family members, friends, alternate representatives, and religious advisor?

VII. Periodic review – Have I made a note to review my directive on a regular basis in the future?

VIII. Wallet Card – Have I completed the wallet size card located below that tells others I have an Advance Directive and who to contact for further information?

Englewood Hospital and Medical Center
Patient Relations Department
350 Engle Street • Englewood, NJ 07631 • 201-894-3368 • Fax: 201-608-2226

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I HAVE AN ADVANCE DIRECTIVE FOR HEALTH CARE	ORGAN DONOR CARD
Name:_____ Address:_____ City:_____State:_____ For information, please contact as soon as possible: Name:_____ Telephone#:_____ OR Name:_____ Telephone #:_____	In the hope that I may help others, I hereby make this anatomical gift, to take effect upon my death. The words and marks below indicate my desires: I give Any needed organs or parts or Only the following organs or parts: _____ For the purpose of transplantation,therapy,medical research or education. Signed by the Donor and the following two witnesses in the presence of each other. Signature of Donor_____ Date of Birth_____ Date signed_____ Witness:_____ Witness:_____

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