

End of Life Wishes and Instructions

End of life discussions are never easy and can be difficult but also necessary. Use this guide to help answer questions and put together a plan with your loved one and their physician.

Does your loved one have a living will or health care proxy? Y N

What is a health care proxy?

A proxy is someone appointed to make health care decisions for you if you are unable to make them yourself. This may also be referred to a durable medical power of attorney. This person is not necessarily your power of attorney but someone who is specifically appointed to make health care decisions for you. Things to consider and discuss:

- Who will make medical decisions for me if I am unable to make them myself?
- Will this person be able to make difficult choices?
- Do members of the family know who your proxy is and accept that?
- Who else might need to be consulted besides your doctor and proxy?
- Do I need a backup proxy?

Questions to consider.

What would you describe as good health? _____

What situations would you find as intolerable? _____

How do your religious beliefs factor in? _____

How important is where you die (at home, in a hospital, etc.) _____

What is your goal in treatment? _____

How aggressively should doctors act to keep you alive? _____

What circumstances would you not want to live under? _____

Notes: _____

Medical Decisions

If your prognosis were bleak, how would you feel about the following:

Hospitalization: _____ Surgery: _____

Resuscitation: _____ Ventilator: _____

Artificial Nutrition/Hydration: _____

What would make you comfortable: _____

What are my loved one's instructions for end of life?

The following requests have been made:

- Do not hospitalize Do not resuscitate Do not intubate
- No feeding tube no extraordinary measures
- Comfort measures only

Other requests: _____

Important contacts

Health Care Proxy

Name: _____ Phone: _____

Notes: _____

Family/Friends to be notified:

Name: _____ Phone: _____ Relation: _____

Notes: _____

Name: _____ Phone: _____ Relation: _____

Notes: _____

Name: _____ Phone: _____ Relation: _____

Notes: _____

Attorney

Name: _____ Firm: _____ Phone: _____

Address: _____

Notes: _____

Clergy

Name: _____ Phone: _____ Church: _____

Address: _____

Notes: _____

Funeral Home: _____ Phone: _____

Address: _____

Cemetery: _____ Phone: _____

Address: _____ Lot#: _____

Notes: _____