

SIMPLE LIFE DIRECTIVE

I _____ on this _____ (Mon/Tue/Wed/Thurs/Fri/Sat/Sun) day of _____ (Month) in the year _____, declare that it is not my wish to be kept alive by artificial means for a period of time exceeding

() 12 hours; () 24 hours; () 3 days; () 1 week; () 1 month; () 6 months.

I define "artificial means" as:

() a machine respirator; () a heart pump; () a feeding tube;

() a colostomy tube; () a hydration tube.

Other:

CARDIOPULMONARY RESUSCITATION (CPR):

If as the patient, I have no pulse and not breathing, please:

() Attempt Resuscitation/CPR

() Do Not Attempt Resuscitation/DNR (*Allow Natural Death*)

Other:

MEDICAL INTERVENTIONS:

If as the patient I am found with a pulse and/or am breathing, please give me:

() Full Treatment – primary goal of prolonging life by all medically effective means.

In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

() Trial Period of Full Treatment.

() Selective Treatment

(Goal of treating medical conditions while avoiding burdensome measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as

indicated. Do not intubate. May use non-invasive positive airway pressure. Generally, avoid intensive care.

() Request transfer to hospital only if comfort needs cannot be met in current location.

() Comfort-Focused Treatment; primary goal of maximizing comfort.

Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Request transfer to hospital only if comfort needs cannot be met in current location.

ARTIFICIALLY ADMINISTERED NUTRITION:

If as the patient, I am unable to feed myself, please:

() Offer food by mouth if feasible and desired.

() Long-term artificial nutrition, including feeding tubes.

Additional Orders: _____

() Trial period of artificial nutrition, including feeding tubes.

() No artificial means of nutrition, including feeding tubes.

Other:

ORGAN/TISSUE DONOR

I do () I do not () want to be an organ/tissue donor.

As an organ donor, artificial support may be maintained long enough for the organs to be removed.

I give full responsibility to _____ or any of my children to enable this directive. By doing so they will be fulfilling one of my last requests.

Signed _____ Date _____

Witness _____ Date _____