



SCHNEIDER REGIONAL
MEDICAL CENTER

COMBINED ADVANCE HEALTH CARE DIRECTIVE

Before you sign: Read this form carefully. Choose which sections you wish to include, and fill in the blanks. If you want to add specific instructions in your own words, you may do so. If you need more space, attach extra sheets and sign or initial at the bottom of each sheet.

After you sign: Have two witnesses, who are at least eighteen (18) years of age, sign also. If you are appointing a health care representative, sit down with them and talk about your wishes and goals for your care. Give copies to: (1) your health care representative, if you are appointing one; (2) your doctor and other health care providers, such as your hospital, home health care agency, or nursing facility; (3) close family members or friends. When you give them a copy of your advance directive, take some time to explain what it says and what your wishes are.

Words You Need to Know:

An **Advance Directive** is an instruction (usually in writing) that says how you want future health care decisions made for you if you cannot make them yourself.

Artificial Nutrition and Hydration is when food and water are given to a person through a tube or needle because the person is no longer able to swallow.

Autopsy is an examination done on a body to find out the cause of death.

Comfort Care is care that helps to keep a person comfortable and control pain.

CPR (Cardiopulmonary Resuscitation) is emergency treatment that tries to restart a person's breathing or heartbeat after they have stopped. CPR can include pushing on the chest, putting a tube down the throat, and other emergency steps.

Health Care Appointment is an advance directive in which you appoint someone to make medical decisions for you if the time ever comes when you cannot make them yourself. It is also called a "Health Care Proxy" or a "Durable Power of Attorney for Healthcare."

Life-Sustaining Treatment is any medical treatment that is used to keep a person from dying. A breathing machine, CPR, and artificial nutrition and hydration are examples of life-sustaining treatments.

Health Care Directive is an advance directive in which you say what forms of medical treatment you do or do not want if you become terminally ill or are in a persistent vegetative state.



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Organ and Tissue Donation is when a person permits their organs (such as eyes or kidneys) and other parts of the body (such as skin) to be removed after death to be transplanted to another person or used for education or research.

Persistent Vegetative State is when a person is unconscious with no hope of regaining consciousness even with medical treatment. The body may move and eyes may be open, but as far as anyone can tell, the person cannot think or respond.

Being **Terminally Ill** means having an injury or illness that has no cure and from which doctors expect the person to die, even with medical treatment.

Combined Advance Directive of:

Name: _____ Date: _____

I. Health Care Appointment:

I hereby appoint the following person as my health care representative. I intend for my representative to have the power to act for me in making health care decisions on my behalf if, in the opinion of my primary physician, I am incapacitated and unable to make such decisions for myself.

Name of person I appoint: _____

Address: _____

Home/Work Phone: _____

If the person I have just named is unable or unwilling to act as my representative, I appoint as alternate:

Name of alternate: _____

Address: _____

Home/Work Phone: _____

Special instructions or wishes concerning my future care:



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II. Health Care Directive:

These are my wishes if I become *terminally ill* or am in a *persistent vegetative state* and cannot make decisions about my care:

I o do or o do not want *life-sustaining treatments* (including CPR) started or continued.

Other wishes:

I o do o do not want *artificial nutrition and hydration* started or continued if it would be the main treatment keeping me alive.

Other wishes:

Unless you specify otherwise, an advance directive will not limit or prevent *comfort care as* directed by your doctor.



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III. Organ Donation:

Circle One:

I o do o do not want to be an *organ* or *tissue donor*.

o I want to donate *all* my organs and tissues.

o I only want to donate the following organs and tissues:

Other wishes:

IV. Autopsy:

o I agree to an autopsy if my doctor recommends it.

o I do not want an autopsy, if one is not legally required.

Other wishes:

V. Guardianship:

If it becomes necessary for a court to appoint a guardian for me, I nominate my health care representative acting under this document to be the guardian of my person, to serve without bond or security.



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VI. Signatures:

You and two witnesses must sign this document. If you are physically unable to sign your name, you may direct another person (but not one of your witnesses) to sign for you.

A. Your Signature:

By my signature below I show that I understand the purpose and effect of this document and that I am signing it as an expression of my own wishes concerning my future care, and I have been fully informed by the Schneider Regional Medical Center Staff regarding its contents.

Signature: _____ **Date:** _____

Address: _____

B. Your Witnesses' Signatures:

I hereby declare and affirm as true:

- I personally know the person who has signed above, or his/her identity has been clearly established;
- This person signed this document in my presence;
- This person appears to me to be of sound mind and not under any form of duress, fraud, or undue influence;
- I am qualified to be a witness; I am not:
 - Someone this person has appointed as health care representative or alternate;

Witness #1:

Signature: _____ **Date:** _____

Address: _____

Witness #2:

Signature: _____ **Date:** _____

Address: _____