

Northeast Valley Health Corporation

Advance Directives

What kind of medical care would you want if you were too ill or hurt to express your wishes?

The advance directive form lets you have a say about how you want to be treated if you get very sick. It is also a way to share your wishes with family, friends and your health care provider.

Advance directives can:

- Help you protect your right to make medical choices
- Help your family make difficult decisions
- Help your doctor by giving him/her guidelines for your care

"Five Wishes" let your family and doctors know:

- 1. Who you want to make health care decisions for you when you can't make them
- 2. The kind of medical treatment you want or don't want
- 3. How comfortable you want to be
- 4. How you want people to treat you
- 5. What you want your loved ones to know

<u>Choose your health care agent:</u> Your health care agent is a person who can make medical decisions for you if you are too sick to make them yourself. He/she is usually a family or friend who is at least 18 years old, knows you well, and can be there for you when needed. Your health care agent is someone you trust to do what is best for you and can tell your doctors about the choices you have made on the form.

Decisions your health care agent can make: Your health care agent can choose or change the following: Doctors, nurses, social workers, hospitals or clinics, medicine or tests, what happens to your body and organs after you die.

Other decisions your health care agent can make: Life support treatments and if you would want things such as CPR or cardiopulmonary resuscitation to keep your blood pumping, breathing machine or ventilator (a machine that pumps air into your lungs and breathes for you). Dialysis (a machine that cleans your blood if your kidneys stop working), feeding tube (a tube used to feed you if you cannot swallow), blood transfusions (to put blood in your veins), surgery or medicines.

End of life care: If you might die soon, your health care agent can call in a spiritual leader or honor your wishes to choose to die at home or in the hospital.

<u>Once you have filled out the forms</u>: Share them with your doctor, nurses, social workers, friends, and your family. Talk to them about your choices.

If you change your mind: Change the form and tell those that care for you about your changes.

<u>Contact Neighborhood Legal Services at:</u> (800) 433-6251 If you need help getting or completing the form.

For more information about "Five Wishes," go to www.agingwithdignity.org/five-wishes.php

You may also call the Northeast Valley Health Education Department at **(818) 270-9508** for assistance.

