

Advance Care Planning Worksheet

This is designed to help you think about your choices. It is not a legal document.

Who do I want to talk to? Who do I trust to speak for me if I am unable to speak for myself?

- _____ (1st or Alternate)
- _____ (1st or Alternate)
- _____ (1st or Alternate)
- _____ (1st or Alternate)

What kind of care do I want?

As much care as possible

- Life-Saving Medicines
- Feeding Tube (Artificial Feeding)
- Kidney Dialysis
- Breathing Machine (Mechanical Ventilation)
- ICU (Intensive Care Unit)
- CPR (Resuscitation)

Limited care

- All of the above for a limited amount of time
- Some of the above for a limited amount of time
- None of the above

Comfort or Hospice Care

- Help for pain/discomfort (swelling/shortness of breath)
- Help with my thoughts/feelings (sadness/anxiety/stress)
- Help with my spiritual/religious thoughts/feelings

What do I want to be sure to say?

- _____
- _____
- _____

If I am sick,

- What is my understanding of my illness?
- What are my fears/worries?
- What is most important to me?
- What am I willing to sacrifice? What am I not willing to sacrifice?

What are my questions?

- _____
- _____
- _____

Keep my paperwork in a safe place

- My agent or alternate under my Medical Power of Attorney needs to know where I keep my papers
- Do not keep my papers in a safe deposit box
- There are some services that will keep an electronic copy of my papers

Give copies of my finished paperwork to:

- The person I have chosen to make decisions for me and any alternates (agent under my Medical Power of Attorney)
- Loved ones/friends
- Doctors
- Hospital
- Faith Leader/Faith Community Nurse

REFERENCES:

The Conversation Project and the Institute for Healthcare Improvement. Your Conversation Starter Kit. Accessed 5-26-16 <http://theconversationproject.org/wp-content/uploads/2013/01/TCP-StarterKit.pdf>
Gawande, Atul. Being Mortal: Medicine and What Matters in the End. First edition. Metropolitan Books/Henry Holt and Company, 2014.

