

# Advanced Health Care Planning and Self-Care during COVID-19

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## **Advance Health Care Planning:**

### **Advanced Directives**

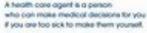
- Legal Document
- Expresses your desire regarding medical treatment
- Self Determination



# **Advanced Directive Form Options:**

#### California Advance Health Care Directive





Port 2: Make your own health care choices.

This form lefs you choose the kind of health care you want.

This way, those who care for you will not have to guess what you want if you are too sick to test them yourset.

Port 3: Sign the term. I must be signed before II can be used.

#### Tou can fill out Part 1, Part 2, or both. Fill out only the parts you want. Always sign the form in Part 3.

Go to the next page 🖤

https://cchealth.org/healthplan/pdf/2019-Advance-Directive.pdf

### http://www.calhospital.org/sites/ main/files/fileattachments/Forms\_3.pdf

s/ https://agingwithdignity.org/



Part 1 of this form lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions, oif you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. You agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or an employee of the health care institution where you are receiving care. Unless your agent is related to you or is a convolker.

Unless you state otherwise in this form, your agent will have the right to

ADVANCE HEALTH CARE DIRECTIVE

- Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- 2. Select or discharge health care providers and institutions.

FORM 3-1

INSTRUCTIONS

California Hospital Association

- 3. Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- 5. Donate organs or tissues, authorize an autopsy, and direct disposition of remains

However, your agent will not be able to commit you to a mental health facility, or consent to convulsive treatment, psychosurgery, stenlization or abortion for you.

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. You also can add to the choices you have made or write down any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end of life decisions, you need not fill out Part 2 of this form.

Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.



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HIP	AA PERMITS DISCLOSURE OF POLST TO OTHER	R HEALTHCARE PROVI	DERS AS NECESSARY		
R	Physician Orders for Life	-Sustaining Tre	atment (POLST)		
16	First follow these orders, then contact physician	Patient Last Name:	Date Form Prepared		
No.	A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. POLST completenents	Patient First Name:	Patient Date of Birth		
	atititity an Advance Directive and is not intended to solutionary replace that document.		Medical Record # (rentrate)		
A	CARDIOPULMONARY RESUSCITATION (CPR): If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.				
Check.	Attempt Resuscitation/CPR (Selecting CPR in Section A requires selecting Full Treatment in Section B)				
1000	Do Not Attempt Resuscitation/DNR (Alow Natura	(Death)			
B	MEDICAL INTERVENTIONS:	If patient is found with	a pulse and/or is breathing.		
	Comfort-Focused Treatment – primery goal of maximizing comfort.     Request transfer to hospital only if comfort needs cannot be met in current location.     Comfort-Focused Treatment – primery goal of maximizing comfort.     Releave pain and suffering with medication by any mute as needed: use oxygen, suctioning, and manual treatment of airway obstructor. 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.     Additional Orders:     ARTIFICIALLY ADMINISTERED NUTRITION: Offer food by mouth if feasible and desired.     Long-term atficial nutrition, including feeding tubes.     Additional Orders:				
C 33	Relieve pain and suffering with medication by any note of ainway obstruction. Do not use treatments listed in Fu goal. Request transfer to hospital only if comfort ne Additional Orders: ARTIFICIALLY ADMINISTERED NUTRITION:	eximizing comfort. as needed: use oxygen, su il and Selective Treatment ( eds cannot be met in curr Offer food by me	ctioning, and manual treatment unless consistent with comfort ent location.		
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#### HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTHCARE PROVIDERS AS NECESSARY

Name (last, first, middle).		Date of Birth:	Gender
		Construction of the second	MF
Healthcare Provider Assisting with Fo	orm Preparation	INA & POLST is com	pleted by signing physician
Nama:	Title:	Phone Number:	
Additional Contact D None	Harrison and the second	and the second	
Name:	Relationship to Patient	Phone Number	
Di	rections for Healthcar	e Provider	
Completing POLST Completing a POLST form is voluntary providers, and provides immunity to those by a physician who will issue appropriate POLST does not replace the Advance ensure consistency, and update forms ap POLST must be completed by a healthca A legally recognized decisionmaker may an Advance Directive, orally designated a available relative, or person whom the po- will make decisions in accordance with A legally recognized decisionmaker that the decisionmaker's authority POLST must be signed by a phy- follow-up signature by physician if a translated form is used with Use of original form is strony	e who comply in good failt orders that are consistent Directive. When available propriately to second any are include a court-appointed surgistic social appointed surgistic socials, register execute the POLST form of the patient or decision	h. In the hospital setting, t with the patient's prefer ounflicts. ent preferences and med conservator or guardian, red domestic partner, pai best knows what is in the hes and values to the ext only if the patient lacks on maker to be valid. Verbal of	a patient will be assessed ences. active and POLST form to loal indications agent designated in ent of a minor, closest patient's best interest and tent known.
copy should be retained in fatient's med	ical record, on Ultra Pink p		
Any incomplete section of POLST implies	LITe-	Sustai	ning
<ul> <li>If found pulseless and not breathing, no r</li> </ul>			0
should be used on a patient who has cho Section B: • When comfort cannot be achieved in the	Treatm	nent (F	POLST)
	BVM) assisted respirations not "Comfort-Focused Tre a patient desires IV fluids.	i. eatment." , indicate "Selective Trea	tment" or "Full Treatment."
Reviewing POLST			
It is recommended that POLST be			
The patient is transferred from one care to			
The patient is transferred from one care is      There is a substantial change in the      The patient's treatment preferences ch.     Modifying and Voiding POLST	ent's health status, or	//polst.org/	HOP

## Differences between POLST and Advance Directive

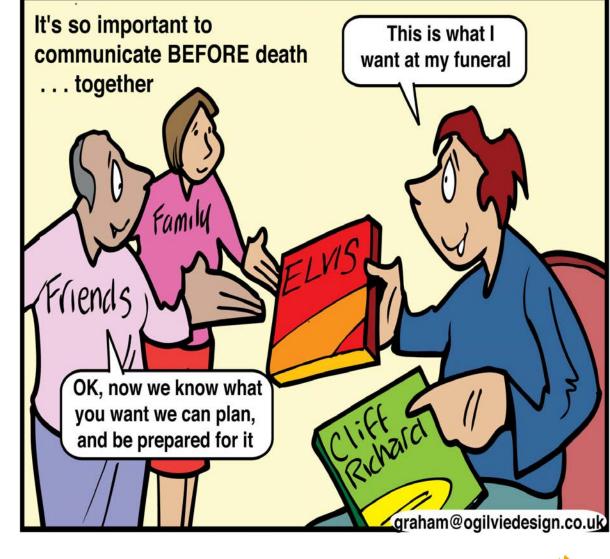
Characteristics	POLST	Advance Directive	
Population	For the seriously ill	All adults	
Timeframe	Current care	Future care	
Who completes the form	Health Care Professionals	Patients	
Resulting form	Medical Orders (POLST)	Advance Directives	
Health Care Agent or Surrogate role	Can engage in discussion if patient lacks capacity	Cannot complete	
Portability	Provider responsibility	Patient/family responsibility	
Periodic review	Provider responsibility	Patient/family responsibility	

A POLST <u>Complements</u> an Advanced Directive (AHCD). A POLST does not replace and AD.

Advanced Directive & POLST:



"Give yourself the gift of making your own end of life choices".





## **COVID-19 Self-Care**

- Brain/ Mental Health
- Foods-Nourishment
- Sleep
- Practice Kindness and Gratitude
- Take a few minutes to breath
- Music
- Creativity
- Use Social Media Mindfully
- Virtual Therapy (connecting with others in a new way)
- Figure out what works for you.

Taking care of Taking care your physical of your mind & health & body thoughts Self-Care Increasing your Taking care own well-being throug of your spiritual care behaviors health Taking care of your emotions Jore Nepocuson 2014 www.montow



Be kind. Be patient. Be generous. Be accepting. Be all of these things to yourself. That is where it begins.

Seed & Song

## Self-Care

- Permission to pause
- Avoid comparison
- You are unique
- Find balance
- One Step at a time

"The relationship you have with yourself sets the tone for the relationship you have with others".

-Robert Holden

