When a person approaches a life threatening illness, they may go through three stages. This form helps communicate what kind of care you (or the person assigned to make decisions for you) may want in each stage of a serious illness. This a discussion guideline for you, your care provider, and your family. It is not a legal document. Your wishes may change over time.

Check the conditions that currently apply:

1. **Chronic illness, potential for health decline, or early mild decline**
   Conditions which may eventually lead to terminal health decline:
   - congestive heart failure (CHF)
   - emphysema (COPD)
   - end stage renal disease (ESRD)
   - dementia
   - active cancer (not cured or in remission)
   - chronic neurodegenerative disease (Parkinson's, MS, ALS etc.)
   - adult failure to thrive
   - weight loss (10 lbs/year)
   - self-reported exhaustion or severe depression
   - weakness (grip strength)
   - slow walking speed
   - low physical activity
   - very advanced age
   - impending major surgery w/ potential complications
   - other:

2. **Unstable illness, serious decline**
   (three or more of the following)
   - unstable angina/uncontrolled chest pain
   - shortness of breath severe / worsening
   - abnormal vital signs
   - serious lab abnormalities
   - infections (respiratory, urinary, skin)
   - inability to eat, unsafe swallowing or food refusal
   - delirium of uncertain cause
     - (waxing and waning mental status)
   - withdrawal from usual activities, apathy or lethargy
   - onset of skin wounds or inability to heal wounds
   - onset of muscle tightening (contractures)
   - new onset or worsening swelling, edema
   - restlessness or agitation
   - inability to speak or interact
   - other:

3. **Actively dying**
   - decrease in usual level of alertness
   - very rapid or very slow respirations
   - fluid in lungs, gurgling respirations
   - change in usual pattern of bowel/bladder control
   - cooling of the core body temperature
   - very rapid or very slow heart rate
   - blood pressure below 70 / 50
   - body held in rigid position
   - jaw drops open

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<table>
<thead>
<tr>
<th>Interventions</th>
<th>NO</th>
<th>YES (If appropriate for condition)</th>
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<tbody>
<tr>
<td>Treat as needed whether in clinic, ER or hospital</td>
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<td>Minimize ER or hospital care as much as possible (Treat in place)</td>
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<td>Short (72 hour) hospital stay to stabilize / establish comfort care ok</td>
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<td>If hospitalized, consult palliative care team to help with decision making</td>
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<td>No hospitalization or ER care (Consider home hospice or hospice center)</td>
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| Current Code Status | __ Full Code __ | Do Not Resuscitate* |

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**Discuss with:**
- Patient
- Healthcare Power of Attorney
- Care Provider

**Date:** _______________________

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**Name:**

**Attachments:**
- Advance Directive
- DNR Order (If applicable*)

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**Care Provider**

**Healthcare Power of Attorney**

**Patient**

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**In the event of respiratory or cardiac arrest, use CPR:**

**IF I become nonverbal & dependent on life support with no recovery, continue life support indefinitely (persistent vegetative state):**

**IF I were on life support with permanent inability to speak for myself or breathe on my own, I would want ventilator support discontinued:**

**IF I were on life support with permanent inability to speak for myself or breathe on my own, I would want ventilator support discontinued:**

**IF I become nonverbal & dependent on life support with no recovery, continue life support indefinitely (persistent vegetative state):**

**IF I were on life support with permanent inability to speak for myself or breathe on my own, I would want ventilator support discontinued:**

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**Check which measures you want taken in each stage:**

**Check the conditions that currently apply:**

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**DNR Order (If applicable*)**