

<p>Summary Sheet Statement From Person Responsible <i>(To be placed at front of Resident's Medical Record)</i></p>
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Resident's Name:

Name of Facility:

The resident whose name appears above did not complete an Advance Health Care Directive (AHCD) because s/he was no longer competent (or chose not to complete an AHCD and is no longer competent). The Person Responsible to make health care decisions for the resident is:

(tick the first readily available in the following order)

(a) <input type="checkbox"/> Enduring Guardian appointed by the resident.
(b) <input type="checkbox"/> A spouse or partner of the resident
(c) <input type="checkbox"/> A person who has been providing care to the resident on a non-professional basis
(d) <input type="checkbox"/> A close relative or friend of the resident

Name of Person Responsible.....

Authority of Person Responsible (from list above, i.e. Enduring Guardian, spouse, etc.)

.....

Phone number of Person Responsible **Mob:**

The Person Responsible gave the following instructions:

1. If the resident is in one of the following conditions and this is deemed irreversible:
 (tick all that apply)

(a) not being able to recognise people important to her/him
(b) not being able to communicate
(c) not being able to eat by mouth
(d) not having control of her/his bladder and bowels
(e) other (as specified)

(Tick all that apply)

- Provide measures for comfort and dignity only, with particular emphasis on pain relief
- Withhold or withdraw treatment that might obstruct her/his natural dying
- Unless required for comfort and dignity as part of palliative care, no surgery is to be performed

3. Admission to hospital: If the resident is in a condition ticked by the Person Responsible as being for comfort care only (as above), where possible s/he is to be treated in the facility, unless s/he is suffering from one of the following: (List conditions for which the Person Responsible requests hospitalisation – see p4 of the AHCD document as a guide)

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4. Palliative End-of-Life Care: the Person Responsible requests that, if possible, end-of-life care is to be provided in (tick one)

(a) this facility

(b) hospital