

<p>Summary Sheet Advance Health Care Directive <i>(To be placed at front of Resident's Medical Record)</i></p>
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Resident's Name:

Name of Facility:

Address of Facility:

The resident whose name appears above completed an Advance Health Care Directive (AHCD) on (date:) while still competent; the AHCD was signed by Dr and it was correctly witnessed.

In the AHCD the resident gave the following instructions:

1. In the event of temporary loss of capacity provide: (tick one box, complete (b) if necessary)
- (a) all treatment available in this facility
 - (b) all available treatment except

2. If the resident is in one of the following conditions, which s/he deemed unacceptable: (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 which s/he deemed unacceptable (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 from p4 of the AHCD for which the resident requested hospitalisation)

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4. Palliative End-of-Life Care: the resident's preferred place for end-of-life care is (tick one)

- (a) this facility
- (b) hospital