

ADVANCE DIRECTIVE TREATMENT CHOICES

Treatment or Procedure	Want	Do Not Want	No Decision
C.P.R – which may be followed by Advance Cardiac Life Support, Respirator/Ventilator, IV's (Implement appropriate documentation forms if resident/legal representative do not want CPR)			
Antibiotics			
Artificial Hydration (I.V. Therapy) - nursing home			
Artificial Nutrition (Tube Feeding) - nursing home			
Hospitalizations			

Additional Directives/Comments: _____

The undersigned resident/legal representative can modify or change any of these instructions at any time (the resident's directive cannot be rescinded by anyone other than the resident). A copy of such written, signed instructions must be delivered to the facility to be in effect. The undersigned releases this facility from any and all liability concerning the treatment applied in emergencies, if consistent with these agreements.

 (Signature Resident/Legal Representative)

 (Date)

 (Facility Witness)

 (Date)

 (Facility Witness)

 (Date)

Resident: _____

Medical Record # _____