

PLANNING FOR THE FUTURE

Please help us meet your needs

We value you and your unique needs and wishes and know how important they are in the healing process. Our Chaplains are specially trained in multi-faith spiritual care in order to help you utilize your own unique beliefs and practices in your healing process. You can help us do this.

- o Are there religious/spiritual or cultural:
 - practices related to your bodily care that you would like us to honor?
 - items you would like to wear or keep with you that bring you comfort?
 - customs regarding your diet that you would like us to honor?
 - practices you would like to observe?
- o Would you like your clergy/person contacted?

Advance Care Planning Enables Us to Honor Your Choices

Hospitalization is a reminder of the importance of planning for our future regardless of our age or medical condition. Our values, beliefs, hopes and dreams shape our decisions for life including those for healthcare. Making these clear through and Advance Healthcare Directive will help your loved ones make the best possible decisions for you and enable your physicians to honor your wishes should you become too ill to speak for yourself.

To execute an Advance Healthcare Directive: A Chaplain, Social Worker or Nurse will be happy to provide you with the form and help you and your family with this process. To reach a

chaplain, dial extension 5351, or ask the Operator or Nurse to page one.

The Advance Healthcare Directive asks you to:

- o Name some one to speak for you should you be unable to do so.
- o State your healthcare wishes, or, that you entrust these decisions to your agent.
- o Sign it in the presence of:
 - two (2) witnesses.
 - or a Notary.
- o If you execute your document in the hospital, neither witness nor notary may be a hospital staff member.
- o The witnesses:
 - may not be named as your agent.
 - **one** may not be a family member.
 - neither may be named in your will.
- o You must be alert and oriented to do this.
- o We must hear **your wishes** from **you**.

Please know that your choices are very important to us. You may change your mind at any time. If you decide to change your wishes or your agent, let us know, or execute a new document.

It is very important that you share this information with your loved ones and with your physicians in order to insure that your decisions are honored.

Some questions to consider:

Question: “What is life support?” Life support means any medical procedure, device or medication to maintain life. These include the following:

- o CPR (Cardio-Pulmonary Resuscitation):
- o Compressions of the chest to start the heart beating again.
- o Electrical shock: restarts or regulates heart beat or rhythm.
- o Artificial nutrition and/or hydration provided by tubes.

- o Dialysis: artificial support for failing kidneys
- o Ventilator/respirator: mechanical breathing aid
- o Surgery.
- o Aggressive medications to regulate the heart or blood pressure.

The question to ask yourself is how will these treatments help you live your values or dreams?

Question: Should you be unable to speak for yourself:

- o Who do you wish to speak for you that will honor your wishes?
- o What kind of treatment do you want? Possible choices to consider:
 - Prolong life; treat everything
 - Attempt to cure but reevaluate often. It is possible to set time limits to see if an intervention will work.
 - Limit to less invasive treatment.
 - Provide comfort care only.
 - Or, state your wishes for a specific illness or condition. For example:
 - brain damage resulting in a persistent vegetative state.
 - brain damage that results in irreversible, intolerable mental and/or physical disability.
 - terminal illness.
- o If you should be unable to care for yourself after hospitalization, would you prefer to be cared for:
 - at home if at all possible.
 - in a nursing facility.
- o Do you want pain relief even if it causes drowsiness or sleep.

Question: Which of the following would bring you comfort?

- o massage and/or touch.
- o quiet
- o not to be alone.
- o visitors limited.
- o prayer
- o humor

- scripture or other readings.
- favorite music played.
- prayers
- visits from my clergy person.
- the following spiritual or religious practices honored: _____.
- to be able to speak openly and honestly about my illness and my feelings.
- to have my wishes honored even if my loved ones disagree.
- to see my last days as days of life, meaning and personal growth.
- to live each moment fully by sharing hopes and dreams, fun and wonderful memories, love and peace with family and friends.
- should I be near death, to die at home if at all possible.

May Wisdom direct you in your choices!

Spiritual Care Department

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NORTHRIDGE HOSPITAL MEDICAL CENTER



Question: What are your wishes for final plans:

- I do or I do not (circle one) wish to be an organ donor.
- I wish (circle one) cremation or burial.
- I do or I do not (circle one) want to have a funeral or memorial service.
- I would like the following for funeral or memorial service:
 - to be held at:
 - to be led by:
 - the following people to participate:
 - Music:
 - Readings:
 - I wish my remains to rest:
 - Other things to be included:

Question: What do you want your loved ones to know?

- I love them.
- I forgive them for anything they may have done that hurt me.
- I ask forgiveness for anything I might have done that hurt you.
- I am grateful to them for the many gifts of love and care they have given me.
- I believe that death is a part of life and I do not fear it.