

# Health Care Instructions Worksheet

## Part II Of Minnesota Health Care Directive

### MY HEALTH CARE GOALS

Having a sense of what is important to you can help your decisionmakers make health care decisions under different and complex circumstances. Read each statement below and on a scale of “0” to “4,” rate how important each of the health care goals are to you. In this case, “4” means “Extremely Important and “0” means “Not Important At All.” Remember reasonable medical care should always include maintaining a person’s comfort, hygiene, and human dignity.

HEALTH CARE GOALS	Not Important  0	1	Somewhat Important  2	3	Extremely Important  4
<b>How Important Is Pain Control?</b>					
• Being as comfortable and free from pain as possible					
• Having pain controlled, even if my ability to think clearly is reduced					
• Having pain controlled, even if it shortens my life					
<b>How Important Is the Use of Life Prolonging Treatment When:</b>					
• I have a reasonable chance of recovering both physically and mentally (50/50+)					
• I have some physical limitations but can socially relate to those I care about					
• I can live a longer life no matter what my physical or mental health					
• I have little or no chance of doing everyday activities I enjoy					
• I am not able to socially relate to those I care about					
• I have a terminal illness and treatment will only prolong when I die					
• I have severe and permanent brain injury and there is little chance of regaining consciousness					
• I have severe dementia or confusion and my condition will only get worse					
<b>Importance of Finances and Health Care</b>					
• Having my wishes followed regardless of whether or not my finances are exhausted					
• Not being a financial burden to those around me					
• Not having my health care costs affect the financial situations of those I care about					

I also want my decisionmakers to know the following things are important to me when receiving health care: \_\_\_\_\_

## My Medical Treatment Preferences

It is helpful for others to know if and why you have strong feelings about certain medical treatments. Some of the more difficult medical decisions are about treatments used to prolong life, such as those listed below. Most medical treatments can be tried for a while and then stopped if they do not help. Discuss these medical treatments with a health care professional to make sure you understand what they might mean for you given your current as well as future health conditions.

Medical Procedure	When It Is Used and Its Effects	My Feelings About This Procedure
<p>Ventilator/Respirator A breathing machine</p> <p>A Do Not Intubate (DNI) order is put on your medical record when you do not want this procedure</p>	<p>When you cannot breathe on your own</p> <p>You cannot talk or eat by mouth on this machine</p>	
<p>Nutrition support and hydration</p>	<p>When you cannot eat or drink by mouth, feeding solutions can provide enough nutrition to support life indefinitely.</p> <p>Feeding solutions can be put through a tube in your stomach, nose, intestine, or veins.</p>	
<p>Cardiopulmonary Resuscitation (CPR)</p> <p>A Do Not Resuscitate (DNR) order is put on your medical record when you do not want this procedure.</p>	<p>Actions to make your heart and lungs start if they stop including pounding on your chest, electric shocks, medications, and a tube in your throat.</p>	
<p>Dialysis</p>	<p>A mechanical means of cleaning the blood when kidneys are not working.</p>	

My feelings or concerns about other medical treatments include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I am pregnant, my feelings about medical treatment would include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **My Religious and Spiritual Beliefs**

Religious or spiritual beliefs and traditions influence how people feel about certain medical treatments, what quality of life means to them, and how they wish to be treated when they are dying or when they have died.

My decision makers should know the following about how my religious or spiritual beliefs should affect my health care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My religion/spirituality/ is: \_\_\_\_\_

My congregation/spiritual community (name, city, state): \_\_\_\_\_  
\_\_\_\_\_

I wish to have my (priest/pastor/rabbi/shaman/spiritual leader) consulted. \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, the person to be contacted is: \_\_\_\_\_

### **Feelings About Quality and Length of Life**

I have the following beliefs about whether life should be preserved as long as possible: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following kinds of mental or physical conditions would make me think that medical treatment should no longer be used to keep me alive: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### My Preferences for Care When Dying

If a choice is possible and reasonable when I am dying, I would prefer to receive care:

- At home \_\_\_\_\_
- At a hospital. Which one? \_\_\_\_\_
- At a nursing home. Which one? \_\_\_\_\_
- Through hospice services/care. Which one? \_\_\_\_\_
- From other health care providers. Which ones? \_\_\_\_\_

Other wishes I have about my care if I am dying \_\_\_\_\_

### My Wishes About Donating Organs, Tissues, or Other Body Parts

*Initial the lines that apply to you:*

- I DO wish to donate organs, tissue, or other body parts when I die
  - Any needed organs, tissue, or other body parts
  - Only the following listed organs, tissue, or body parts \_\_\_\_\_

Limitations or special wishes I have include: \_\_\_\_\_

I DO NOT wish to donate organs, tissue, or other body parts when I die

### Additional Health Care Instructions

My decision makers should also know these things about me to help them make decisions about my health care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that these are my health care instructions and have completed this willingly.

My signature: \_\_\_\_\_

Date completed: \_\_\_\_\_  
(month / day / year)

• This worksheet is an attachment to my Health Care Directive:

*Initial one box:*  Yes  No