

Conditional Medical Order

Please enter in my medical record

Patient _____ Date of birth _____

ID/Record number _____

Patient demonstrated sufficient capacity: Yes

Patient health-literacy sufficient to understand decision. Yes

As a context, my general goal is — (For clarification, if needed, see my Final Statement and 6-steps Living will dated 1/2/21)

To live as long as possible regardless of the quality of my life—therefore I want all potentially helpful treatments.

I want to try a limited course of treatments only if there is a reasonable chance of my being able to live a life I value, i.e., intellectual functioning at the college graduate level, able to independently manage my bodily functions, and able to recognize and converse coherently with others. If it is unlikely that I can retain the quality of life I desire, I would like comfort care only.

To die naturally—therefore I want comfort measures only to allow natural death. (I would rather make the mistake of moving to comfort care too soon than risk waiting so long that my functioning to deteriorate below the quality of life I am willing to lead.)

Options for Conditional Resuscitation Orders

ACPR: DO attempt resuscitation any time I suffer cardiopulmonary collapse.

DNAR-X: DO NOT attempt resuscitation EXCEPT in the event of cardiopulmonary collapse due to an event that has reversible effects in the opinion of providers at the scene.

DNAR: DO NOT attempt resuscitation if I suffer cardiopulmonary collapse regardless of the cause. Comments:

Options for Conditional Ventilation Orders

AV: DO Always ventilate by any means for any duration recommended

IMV-C: Use invasive ventilation methods ONLY on the conditions that it is needed for resuscitation or for the treatment of an acute event with reversible effects. OTHERWISE use non-invasive ventilation as needed.

DNI: DO NOT ventilate if the sole purpose is to delay my death from an irreversible terminal illness. Provide oxygen via noninvasive canula only for comfort.

Comments:

Options for Conditional Artificial Nutrition and Hydration Orders

AANH: ALWAYS administer ANH by any method for any duration as recommended.

NH-X: DO NOT administer ANH EXCEPT for a short time to achieve a specific goal.

DNANH: DO NOT administer ANH. Provide nutrition and hydration orally only, accepting my refusal of either or both.

Additional option that can be chosen along with ANH-X or DNANH

VCED: Accept my voluntary cessation of eating and drinking, making me as comfortable as possible while awaiting death. Do not attempt to provide food or liquid orally other than ice chips or lozenge for comfort.

Comments:

My wishes regarding Medical Aid In Dying (MAID)

If I suffer from a terminal condition that meets the legal requirements of MAID, I wish to be offered this benevolent service. If the provider(s) treating me do not offer this service, or the institution in which I am being treated does not permit it, I wish to be transferred immediately to a provider or institution that will honor this carefully considered request.

I hold blameless any provider who honors this order in good faith. YES RBS Initial NO Initial

Physician, RN, ARNP, or PA-C Date

Patient Date

Surrogate Date