

Healthcare Directive Education and Terminology

Healthcare Directive: is an advance directive that combines a living will and durable power of attorney for healthcare into one document. It is a written document that allows you to name a person to make decisions about your healthcare in the event you are unable to do so for yourself.

Healthcare Agent: is the person you appoint to make decisions about your healthcare when you are unable to communicate or make decisions for yourself. You should choose someone you know and trust to speak for you if you cannot speak for yourself.

Examples: -you had a stroke and can no longer speak or write
 -you are in a coma

Cardiopulmonary Resuscitation (CPR): is a part of basic life support which includes chest compressions (pressing on your chest) and electrical shocks to restart the heart. It works best if you are healthy with no illness.

Benefits: -resuscitation may prolong life

 -CPR **may not** work as well if:
 -you have chronic health problems
 -you have an illness that can no longer be treated
 -you are older and weak

Risks: -it can cause chest pain, broken ribs and/or a collapsed lung
 -most patients who survive require a breathing machine while in the intensive care unit

Institute of Medicine noted a survival rate of less than 6% when cardiac arrest occurs outside of the hospital and only 24% when cardiac arrest occurs inside the hospital. [Reference: Institute of Medicine: *Strategies to Improve Cardiac Arrest Survival: A Time to Act*. Washington DC: The National Academies of Press 2015]

If you **DO NOT** want emergency personnel to give you CPR, you will need to talk to your provider to have a Providers Orders for Life Sustaining Treatment (POLST) form completed.

Intubation: is an emergent procedure in which medical personnel insert a breathing tube through your mouth into your throat. This tube is then connected to a mechanical ventilator (machine) which performs artificial breathing.

Benefits: -prevents aspiration into the lung
 -preserves a stable airway

Risks: -injury to teeth or dental work during insertion
 -injury to the throat or trachea, particularly if the tube is in place for a prolonged period of time
 -bleeding

Ventilation (Mechanical ventilation or assisted ventilation): is the medical term for a machine that assists or replaces spontaneous breathing. Mechanical ventilation is a form of life support when you can no longer breathe on your own. Mechanical ventilation does not heal you, but it allows you a chance to become stable while undergoing treatment. Mechanical ventilation may only be needed as a short-term treatment but in some conditions may be needed longer.

Benefits: -the patient does not work as hard to breathe

Risks: -may cause potential lung damage due to over inflation or collapsed lung
 -may cause an infection in the lung
 -may prolong the dying process

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Tracheostomy: is a surgical procedure to create an opening through the neck and into the trachea (windpipe). This allows for long-term use of a mechanical ventilator.

Tube Feeding: is a feeding tube to provide nutrition if you have difficulty swallowing or are unable to eat. It can be inserted directly into the stomach (G tube) or through the nose and into the stomach (nasogastric or NG tube) or through the nose and into the small intestine (NJ tube). A percutaneous endoscopic gastrostomy (PEG) may be placed when the medical condition has a poor prognosis in order to improve the quality of life.

Benefits:

- may be beneficial if patient has a reversible illness
- medications and water can be given via the tube

Risks:

- potential risk for aspiration pneumonia which often is an indicator the patient is dying
- may not prolong life or help the patient regain strength and independence
- may cause physical discomfort, patients may try to rip feeding tube out
- may cause nose bleed, sinusitis or sore throat
- may cause erosion of nose where tube is anchored or perforation of esophagus

Dialysis: is the process of removing waste and excess water from the blood. It is used primarily as an artificial replacement for lost kidney function in patients with kidney failure. The dialysis process is three days a week for several hours a day. It may be needed temporarily or on a permanent basis.

Donating Your Body to Medical Science After Death: Contact the closest medical school in your state to inquire about donating your body to science. If you donate your body for scientific research, you cannot be an organ or tissue donor. Here are some places to contact:

Mayo Clinic: 507.284.2693

University of Minnesota Medical School: 612.625.1111

University of Wisconsin-Madison Medical School: 608.262.2888

Dementia Resource: www.compassionandchoices.org

The section on Advance Care Planning has a “Dementia Values and Priorities Tool” which can be completed and attached to your healthcare directive.

For more specific information about your Healthcare Directive as it relates to your health status, contact your healthcare provider.