

Advance Directive Summary Sheet

This Advance Directive Summary Sheet is designed to provide a summary of the resident's overall values pertaining to medical care in different clinical situations. The document is to be used as a guide in the event the resident is unable to speak for themselves and as an informational tool, but only in the context of discussion with family and the care team. This document is not an order and is thus, only a guide to aid persons making decisions on behalf of the resident.

Resident Name: _____

Date of Completion of Form: _____

Summary: _____

In the event of one of the following events, this resident requests the following:

1 - Severe Confusion

Yes No Doctor visit here at _____ (facility name).

Yes No Hospitalization

Yes No CPR

Yes No Mechanical ventilation

Yes No Tube feeding

Yes No Palliative Care

2 - Fall with Injury

Yes No Doctor visit here at _____ (facility name).

Yes No Hospitalization

Yes No CPR

Yes No Mechanical ventilation

Yes No Tube feeding

Yes No Palliative Care

3 - Cough, Fever, Abnormal chest X-Ray suggestive of Pneumonia

Yes No Doctor visit here at _____ (facility name).

Yes No Hospitalization

Yes No CPR

Yes No Mechanical ventilation

Yes No Tube feeding

Yes No Palliative Care

4 - Focal weakness, Difficulty speaking suggesting a Stroke

Yes No Doctor visit here at _____ (facility name).

Yes No Hospitalization

Yes No CPR

Yes No Mechanical ventilation

Yes No Tube feeding

Yes No Palliative Care