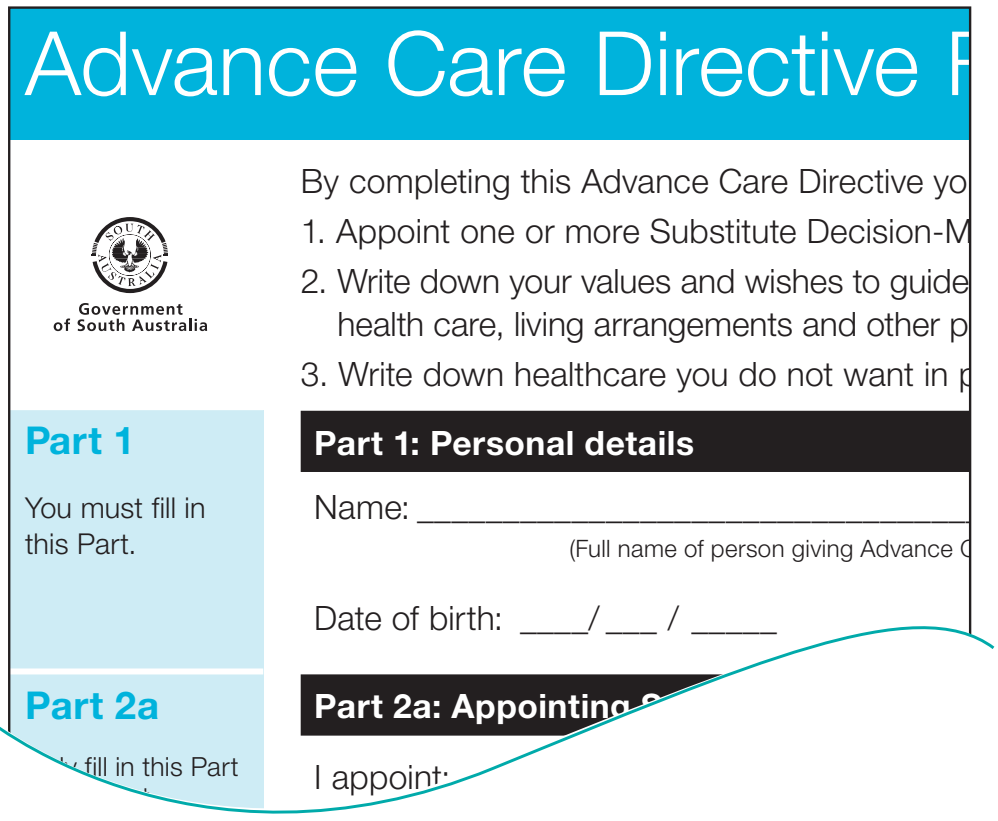
Do you have:

An Advance Care Directive?

ADVANCE CARE DIRECTIVE



Advance Care Directive F

Government of South Australia

By completing this Advance Care Directive yo
1. Appoint one or more Substitute Decision-M
2. Write down your values and wishes to guide
health care, living arrangements and other p
3. Write down healthcare you do not want in p

Part 1

You must fill in this Part.

Part 1: Personal details

Name: _____

(Full name of person giving Advance C

Date of birth: ____/___ / _____

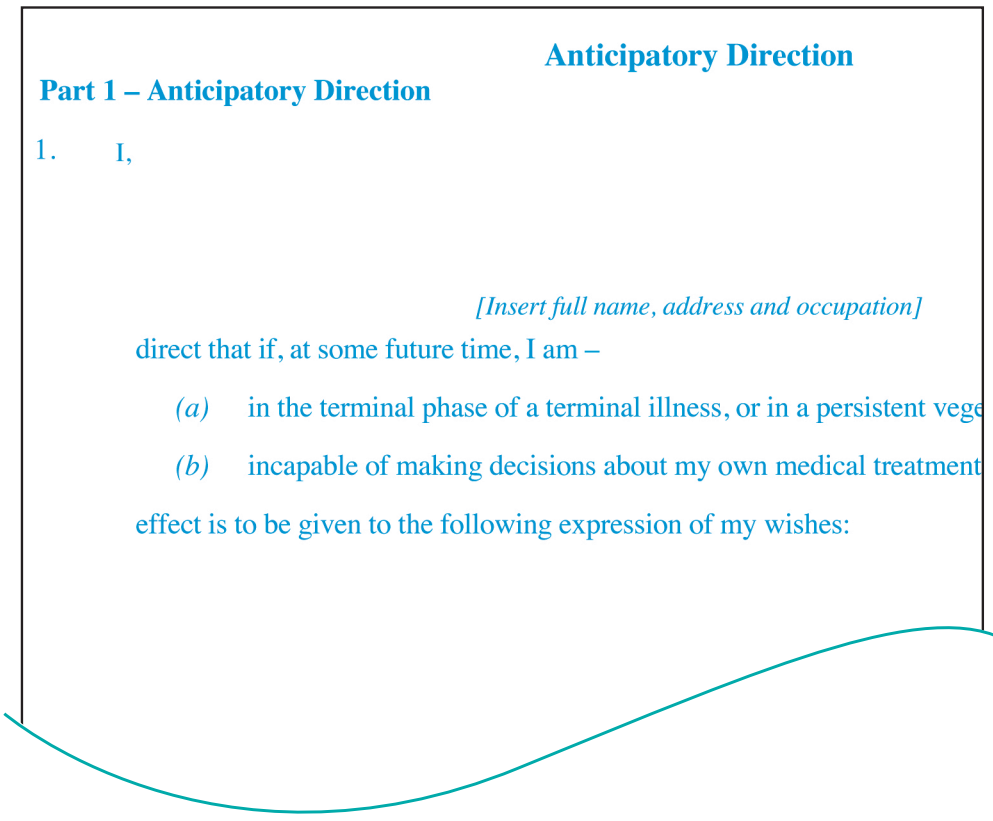
Part 2a

fill in this Part

Part 2a: Appointing

I appoint:

ANTICIPATORY DIRECTION



Anticipatory Direction

Part 1 – Anticipatory Direction

1. I,

[Insert full name, address and occupation]

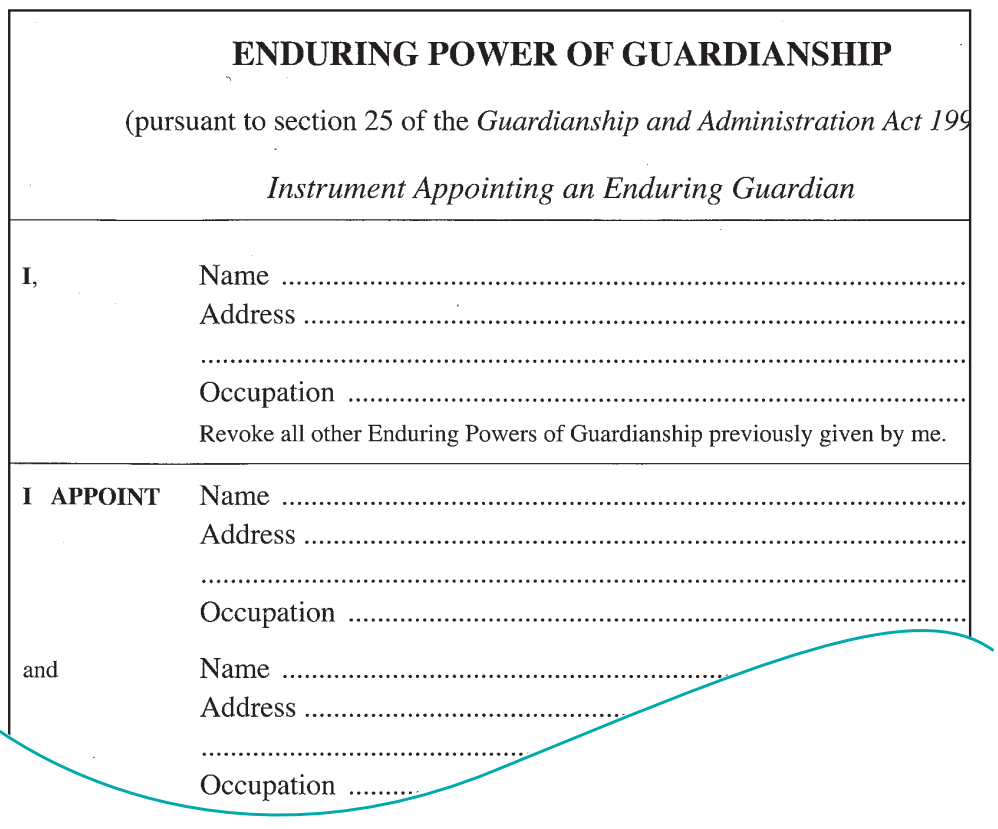
direct that if, at some future time, I am –

(a) in the terminal phase of a terminal illness, or in a persistent vege

(b) incapable of making decisions about my own medical treatment

effect is to be given to the following expression of my wishes:

ENDURING POWER OF GUARDIANSHIP



ENDURING POWER OF GUARDIANSHIP

(pursuant to section 25 of the *Guardianship and Administration Act 199*

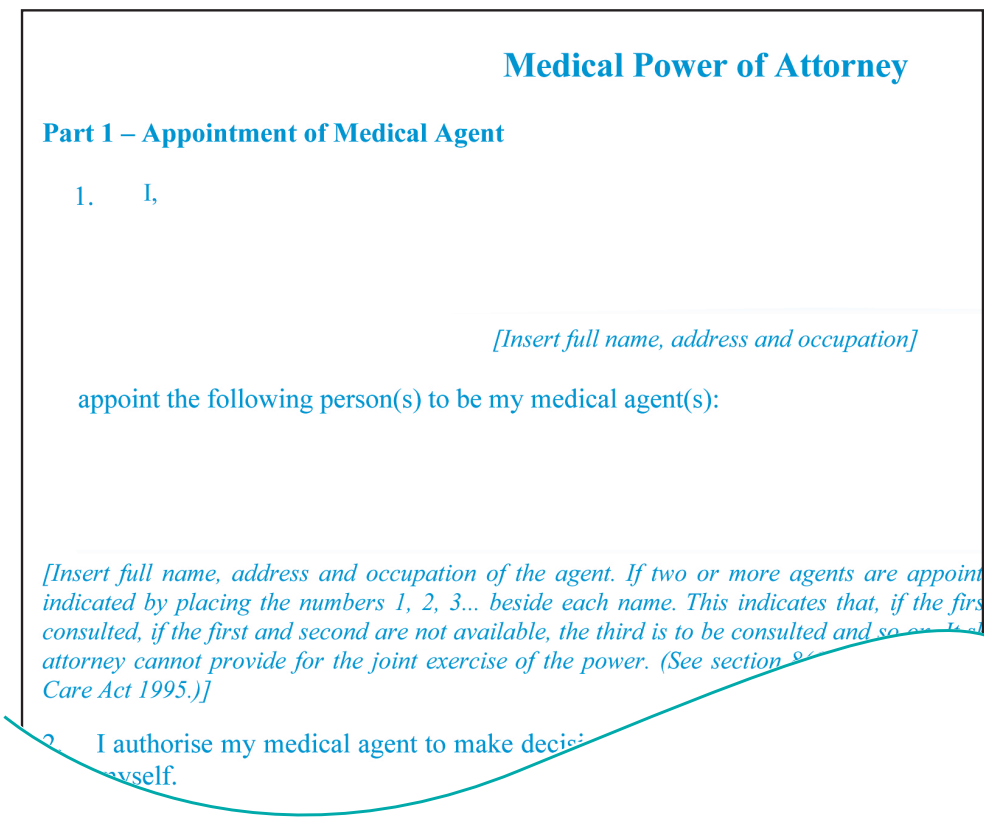
Instrument Appointing an Enduring Guardian

I, Name .....
Address .....
.....
Occupation .....
Revoke all other Enduring Powers of Guardianship previously given by me.

I APPOINT Name .....
Address .....
.....
Occupation .....

and Name .....
Address .....
.....
Occupation .....

MEDICAL POWER OF ATTORNEY



Medical Power of Attorney

Part 1 – Appointment of Medical Agent

1. I,

[Insert full name, address and occupation]

appoint the following person(s) to be my medical agent(s):

[Insert full name, address and occupation of the agent. If two or more agents are appoint indicated by placing the numbers 1, 2, 3... beside each name. This indicates that, if the firs consulted, if the first and second are not available, the third is to be consulted and so on. U attorney cannot provide for the joint exercise of the power. (See section 8 Care Act 1995.)]

2. I authorise my medical agent to make decisi
yself.

Please turn over for other documents to check for

Please advise registration/admission clerk if you have any of these documents.
Present your document(s) upon admission so we can make a copy for your medical record.

An Advance Care Plan?

STATEMENT OF CHOICES

Respecting Patient Choices Advance Care Planning

South Australian Statement of Choic

My *Statement of Choices* is based on my values and beliefs. I understand it w
future medical decisions, only if I am unable to communicate my decisions.

I …… *(Full name)*

of…… ……

Understand that

- it is important to discuss my wishes with my Medical Agent/s or Enduring Gua with my family and health care team, so that they are aware of my wishes.
- my doctors can only offer treatments that are medically appropriate

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1. Living well, or an acceptable recovery after illness or injury can mean: to be able to communicate meaningfully with my family and friends; to not be cor to not be dependent on others for hygiene; to be able to eat and drink naturally; t

To me 'living well' or an 'acceptable recovery' means: *(please writ*

……

……

……

GOOD PALLIATIVE CARE PLAN

Good Palliative Care Plan

Directions for Future Treatment*

Prepared by DOCTOR …… Date …/…/… **

Name of PATIENT ……

Medical Condition/Prognosis ……

……

……

I have discussed the situation with: (and explained the implications of any decisi

☐ The patient (if competent) *or*

because the patient is not competent to sign, I have considere
all ascertainable information regarding the wishes of t
expressed previously, and consulted with:

Medical Agent (named) ……

A Resuscitation Plan?

OTHER ADVANCE CARE PLAN

Other Advance Care Plan

RESUSCITATION ALERT
7 STEP PATHWAY -
DEVELOPING A RESUSCITATION PLAN
(MR-RESUS)

Hospital: ……

UR Number: ……
Surname: ……
Given name: ……
Second given name: ……
D.O.B: __ __ / __ __ / __ __ __ __ Sex: _

Read accompanying instructions before completing.
This form must be open to A3 when filled in, use Ballpoint pen.
Interns are not permitted to complete this form.

1. TRIGGER

Complete this form early if the clinical situation requires decisions about resuscitation or end of life. However, the urgency to complete this form needs to be balanced with sensitivity to the readiness patient and family to discuss these issues.

2. ASSESSMENT

Is there adequate clinical information to allow decisions to be made about resuscitation and life care? If YES [ ] > Continue with the plan.

3. CONSULTATION

If possible, discuss the clinical situation (e.g. diagnoses, prognosis, treatm… patient, substitute decision-makers, person responsible and/or relati…
PORTANT: Interpreter use is recommended for non …
…t have decision-making capa…

Please advise registration/admission clerk if you have any of these documents.
Present your document(s) upon admission so we can make a copy for your medical record.

For more information

SA Health
Policy and Commissioning Division
Email: policy&legislation@health.sa.gov.au
subject line: Advance Care Directive

This document has been reviewed and endorsed by CACAC* for consumers and the community September 2014.

*The South Australian Safety and Quality in Health Care Consumer and Community Advisory Committee.

Government of South Australia
SA Health