

OUT-OF-HOSPITAL DO-NOT-RESUSCITATE (DNR) ORDER

What is it?

A form signed by the patient or their proxy and their doctor that states that you do not want any life-sustaining treatments in the hospital or doctor's office, at home or in an emergency vehicle.

Why do I need one?

This DNR form will tell health providers NOT to use CPR and other life-sustaining treatments, if you are under Hospice care and/or you are in the last stages of a terminal illness or your condition is irreversible. If you do not have this DNR order, health care providers may do everything medically possible to revive you.

What do I do?

- If you have an illness that is irreversible or incurable, ask your doctor for the Out-of-Hospital DNR Order.
- Talk with your family, clergy, and/or friends about this choice.
- Complete this form. You will be given a copy of the Order and a DNR ID bracelet.

Points to remember

- By signing this Order, you are assuring that in the end stages of life you will get the proper pain control, if needed, without unnecessary efforts to keep you alive.
- To show that you have an Out-of-Hospital DNR Order, you must have a copy of the Order with you or be wearing an approved ID bracelet.

FOR MORE INFORMATION

A short video on **Making Health Care Decisions** is shown on Parkland's Patient Education Channel. This video will give you more information about Advance Directives. Check Channel 3 for the schedule.

Forms for all Advance Directives are available. Ask your doctor, nurse or chaplain for help in getting these forms.

Help in filling out these forms is available by calling the Pastoral Care Office at **(214) 590-8512 Ext #: (28512)**.

The Ethics Committee is ready to help you and your family make hard choices. Call **(214) 590-8630** and ask for the **Ethics Consultant**.

SOME FUTURE CONCERNS

You may want to talk with your family or us about some other important concerns.

Organ and Tissue Donation

Sometimes an accident can be so bad that no matter what the doctor does, the patient still dies. If that should happen to you, you or your loved ones may want to donate your organs (like the heart or kidneys) or tissues (like skin or bone) to help other people.

Finally, we suggest that you talk with your loved ones about some other issues. Where would you like to spend the last days, weeks or months of your life when you come to that point – at home, nursing home or hospital? How would you want your body taken care of – burial, cremation, or donation to a medical school? What kind of funeral would you want? Do you have a Will?

ADVANCE DIRECTIVES

MAKING YOUR HEALTH CARE DECISIONS IN ADVANCE



Directive to Physicians and Family
or Surrogates
(Living Will)

Medical Power of Attorney

Declaration for Mental Health
Treatment

Out-of-Hospital
Do-Not-Resuscitate
Order

*You can have your health care
decisions respected by choosing in
advance what is right for you.*



Parkland
Health & Hospital System

MAKING MEDICAL CARE CHOICES

This information is important to you for making medical care choices.

As a patient in a Texas hospital, you have legal rights to make choices about your medical care. What is written here will help you understand your rights and choices.

At Parkland Health & Hospital System we are committed to your human rights. So it is important that we know your beliefs, values and desires about medical care. Then you and your doctor can make your health care choices together.

Your doctor will talk with you about your illness and what medical care is possible and helpful. How each treatment can help or hurt you will be discussed with you in a way that you can understand.

KNOW YOUR CHOICES

Competent adults may accept or refuse any care offered. By competent, we mean that you understand what is going on, that you can choose for yourself what care you want or do not want, and that you understand the effects of your choices.

Incompetent means that you cannot understand what is going on or the effects of your choices. A serious illness or accident could make it impossible for you to make your own choices.

LIVING WILL (DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES)

What is it?

A living will is a form which, if signed by you in advance, allows you to direct your physicians to withhold or withdraw life-sustaining treatment, if your health condition is considered by your Doctor to be irreversible or terminal (6 months **or less** to live) and you are unable to make your own health care decisions. You may also mark on the form that you want aggressive procedures used to keep you alive even if your doctors have said that your condition is irreversible and/or that you are terminally ill.

Why do I need one?

A Living Will allows you to tell your doctors and those close to you what you wish to have done should you need life-sustaining treatment. If you don't have a Living Will, doctors may use machines, such as respirators, to keep you alive.

What do I do?

- Talk with family, clergy, and/or friends.
- Decide for yourself what kinds of aggressive treatment you will or will not accept if your health condition is either terminal or irreversible.
- Complete the Living Will form.

Points to remember

- You can change your Living Will at *any* time for *any* reason.
- Anyone 18 years or older can fill out a Living Will. Don't wait until you are sick.
- A Living Will goes into effect *only* when you have a terminal or irreversible health condition.
- The Living Will pertains to health care decisions – not to financial matters.

MEDICAL POWER OF ATTORNEY

What is it?

A form that allows you to appoint someone to make health care decisions for you and to speak with your doctors, if you are no longer able to make them for yourself.

Why do I need one?

So that someone you want can speak for you when you cannot. If you have not named someone, a guardian may be appointed by a court.

The state of Texas recognizes only immediate next of kin as being able to represent you if you are unable to make your own health care decisions. Frequently, however, we want someone to speak for us who is not a relative. To make sure that the person or persons who know our wishes best are able to speak for us it is good to name them in your Medical Power of Attorney form.

What do I do?

- Choose your Health Care Agent or Agents
- Discuss with this person or these persons your health care wishes and make sure they are willing to serve as your Agent.
- Fill out the form.

Points to remember

- You can change this form at any time.
- Anyone over 18 years of age can use this form.
- The person you choose as your Agent only acts when you are not able to make health care decisions.

DECLARATION FOR MENTAL HEALTH TREATMENT

What is It?

This document allows you to tell the hospital providing mental health services what kinds of mental health treatment you want, in the event you cannot make your own health care decisions.

Why do I need one?

It allows you to tell your doctors and those close to you the kind of mental health services you do or do not consent to.

It includes such options as psycho-active medications, convulsive treatment and preferences for emergency mental treatment.

What do I do?

- Decide for yourself what treatment you will and will not accept.
- Talk with family, clergy and/or friends.
- Complete the form.

Points to remember

This document will continue in effect for a period of three years, unless you cancel it.

You may not revoke this declaration when you are considered by a court to be unable to make the best choices.