

## COVID-19 Advanced Directive Provision: Documenting My Preferences if I have COVID-19 (Addendum)

**My name:** Edward James Holland

**My date of birth:**

**My address:**

**My phone numbers:**

- If your oxygen levels are dropping, do you want to go to the hospital or would you prefer to try to get non-invasive respiratory care at home? **(YES)**
- If you are not able to receive non-invasive respiratory care at home, do you want to go to the hospital? **(YES)**
- If the care that is available to you at home can keep you comfortable, but cannot save your life, is your preference to stay at home? Or do you want to go to the hospital? **(HOME COMFORT CARE – HOSPICE CARE AT HOME IF POSSIBLE OR RESIDENTIAL HOSPICE OR INPATIENT HOSPICE)**
- When you get to the hospital, do you want healthcare providers to only treat you with non-invasive options that could still save your life (such as oxygen through a face mask or nasal mask) and anything necessary to keep you comfortable and control your symptoms? Or do you want to be put on a ventilator if that becomes necessary to save your life? **(NON-INVASIVE OPTIONS FIRST THEN VENTILATOR IF NECESSARY FOR A LIMITED TIME – SEE BELOW)**
- If you would like to be ventilated, are there any guidelines around how long you want to stay on the ventilator? **(UNTIL MY MEDICAL TEAM IN CONVERSATION WITH MY AGENT DETERMINES THAT CONTINUING VENTILATION WOULD BE FUTILE)**
- Do you want to stay on the ventilator if your kidneys also shut down and you need dialysis? **(NO)**
- Do you want to stay on the ventilator if you are also going to need artificial nutrition and hydration to keep you alive? **(NO)**
- Is there a length of time that you want to stay on the ventilator? Days? Weeks? Months? **(TBD BY MY MEDICAL TEAM IN CONSULTATION WITH MY AGENT BUT NOT WEEKS OR MONTHS IF DOING SO ONLY PROLONGS MY DYING PROCESS)**
- If your heart stops, do you want to be resuscitated via CPR? **(IF ON VENTILATOR – NO)**
- Do you want your healthcare agent to have the ability to override any of these orders if s/he believes you have a reasonable chance of living a life consistent with your values and priorities based on the information provided by your medical team? **(YES)**

*Attach this form to your advance directive. Sign and date it. Then have it signed by witnesses in accordance with witness signature requirements for your state's Advanced Directives.*

I have made this document willingly. I am thinking clearly. This document states my wishes about my future health care decisions:

**Signature:**

**Date:**

**Notary Public:**

In the state of Minnesota, County of Ramsey.

In my presence on (Date):

Edward James Holland acknowledged his signature on this document. I am not named as a Health Care Agent in this document.

*Signature of Notary:*

*Notary Stamp:*

*My Commission Expires (Date):*