

COVID-19: Documenting Your Preferences (Advance Directive Addendum)



This document is intended to act as an addendum to your existing advance directive, to provide instructions for care in the event you contract COVID-19. Once completed, this form should be attached to your advance directive. This form is not intended to address general care wishes, which should be detailed in your advance directive. If you do not have an advance directive, please visit CompassionAndChoices.org/advance-directives for more information on how to draft one.

ABOUT ME:

- » Name: _____
- » Telephone Number: _____
- » Address: _____
- » Email: _____

Please check the box next to the option that best expresses your medical wishes if you contract COVID-19. If needed, please add any additional details about desired care in the provided box.

1. If I am at home and experiencing difficulty breathing:

- a. I would like to be transported to the hospital.
- b. I would prefer to first attempt to get non-invasive respiratory care at home.
- c. Other. Please explain _____

d. Additional details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

2. If I am not able to receive non-invasive respiratory care at home:

a. I would like to be transported to the hospital.

b. I do not want to be transported to the hospital.

c. Other. Please explain

d. Additional details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

3. If the care that is available at home can keep me comfortable, but cannot save my life:

a. I would prefer to stay at home and receive comfort care.

b. I would prefer to be transported to the hospital.

c. Other. Please explain

d. Additional details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

4. If I am transported to the hospital:

- a.** I would prefer to receive non-invasive, but potentially life-saving, treatment (e.g., oxygen through a face mask or nasal mask) and anything necessary to keep me comfortable and control my symptoms.
- b.** I would prefer to be placed on a ventilator to save my life if necessary.
- c.** Other. Please explain

d. Additional details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

5. If I am on a ventilator and my kidneys fail to the point where I would require dialysis, I would prefer:

- a.** To be kept on the ventilator and receive dialysis.
- b.** To be taken off the ventilator and only receive comfort care.
- c.** N/A. I do not wish to be placed on a ventilator.
- d.** Other. Please explain

e. Additional details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

6. If I am on a ventilator and would require feeding tubes to keep me alive, I would prefer:

a. To be kept on the ventilator and receive feeding tubes.

b. To be taken off the ventilator and only receive comfort care.

c. Other. Please explain

d. N/A. I do not wish to be placed on a ventilator.

e. Additional details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

7. If I am placed on a ventilator, I would prefer to stop receiving ventilator treatment if (please state any guidelines around when you would wish to be taken off a ventilator):

a. Details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

8. If my heart stops:

a. I want to be resuscitated via CPR.

b. I do not want to be resuscitated.

c. I want to be resuscitated under the following circumstances *(please explain)*:

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d. Additional details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

9. If my healthcare proxy (as indicated in my advance directive or, in the case I have not assigned a health care proxy, as indicated by law) believes I have a reasonable choice of living a life consistent with my values and priorities based on the information provided by my doctor, then in those circumstances:

a. I want my healthcare proxy to have the ability to override any of these orders.

b. I want these orders followed no matter what.

c. Additional details

(People often put length of time or quality of life indicators to guide the healthcare proxy.)

Signature

Date

WITNESS 1

WITNESS 2

Signature

Signature

Date

Date



Please follow the rules in your state for certifying an advance directive and then attach the completed and certified version to your advance directive. It is important to note that this form does not constitute legal advice specific to your situation. We are simply providing generalized information. For legal advice as it relates to end of life planning, please consult with a licensed attorney in your state.