



## DECLARATION OF LIVING WILL

### INSTRUCTIONS: PAGE 1-3

"I, _____"	Your full, legal name
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Paragraph beginning: *"If at any time..."*

This paragraph makes it clear that this document is to be consulted when two doctors have agreed that your condition is incurable and that medical interventions may prolong your life but will not make you better.

#### Cardiopulmonary Resuscitation (CPR)

Write your initials next to your choice to receive CPR, or not, if your heart stops beating, you have no pulse and you are not breathing.

*From la-post.org\**: Cardiopulmonary resuscitation, or CPR, is an emergency effort to restore breathing and heartbeat, once they have stopped. It may or may not be successful. CPR involves chest compressions designed to provide blood circulation until emergency responders arrive. Emergency care teams may also use a defibrillator, which administers an electric shock to the heart in order to restore a viable heart rhythm, or mechanical ventilation, which involves pumping air into and out of the lungs through a tube. CPR can be beneficial to healthy people who die suddenly, but may not always be helpful for those who are older or who have serious, advanced illnesses. If successful in restoring circulation, CPR may present risks such as a lack of oxygen to the brain resulting in decreased physical or mental ability.

#### Medical Interventions:

Write your initials next to your choice to receive life-supporting medical interventions in the event that two doctors agree these interventions will not cure you, but only prolong your life.

You can choose to receive no life-support treatment or ask that all available life-support measures be provided to you. You can also choose a middle way (limited additional interventions) by directing your healthcare agent to consult with your doctor to provide limited life-support treatment for a trial period, to see if it improves your condition, and to discontinue that treatment if your condition does not improve.



## DECLARATION OF LIVING WILL

### INSTRUCTIONS PAGE 1-3 (continued)

#### Medical Interventions (continued):

No matter which option you choose, you will receive comfort measures. *From la-post.org\**: Comfort-focused medical treatments are always provided. They are meant to provide comfort and reduce pain and other symptoms. They are not meant to extend life, although some studies have shown that they may.

#### Artificially Administered Nutrition and Fluids:

##### Nutrition:

Write your initials next to your choice to have your doctor use or insert a feeding tube to provide you with nutrients if you cannot eat on your own.

You can say yes or no to a feeding tube, or you can direct your healthcare agent and your doctor to provide you with tube feeding for a trial period and discontinue tube feeding if it does not improve your condition.

*From la-post.org\**: This is a way of providing nutrition through a tube either in the nose or directly through the skin into the stomach. Tube feeding can help people who cannot swallow now, but who are expected to get better. The need for food and fluids will be less as we near the end of life. During this time, our bodies are unable to use food and fluids like a healthy person. When we are near the end of life, we may be more comfortable eating just what we can or want by mouth. Tube feeding may increase risk of pneumonia and may result in swelling and infection. It may not accomplish the goals we want.

##### Fluids:

Write your initials next to your choice to receive IV fluids as a life-support measure when your condition is incurable.

You can say yes or no to IV fluids, or you can direct your healthcare agent and your doctor to give you IV fluids for a trial period and discontinue the IV fluids if they do not improve your condition.

*From la-post.org\**: IV fluids are sterile fluids that are put into the body through a tube placed in a vein in the arm or the neck. IV fluids can be given for short periods of time for a specific illness or reason (goal).



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### Antibiotics:

Write your initials next to your choice regarding the use of antibiotics to prolong your life when your condition is not expected to improve.

You can say yes or not to antibiotics, or you can direct your healthcare agent and your doctor to give you antibiotics for a trial period, if you develop an infection, and discontinue antibiotics if they do not improve your condition.

*From la-post.org\**: Antibiotics are used to fight infections like pneumonia or urinary tract infections and may reduce the symptoms and pain caused by those infections. They do not usually improve other health conditions which are causing health to decline.

### Location:

Write your initials next to your choice regarding where you'd like to be, during your last days of life, if your condition is incurable.

You can choose to be in a healthcare facility, such as a hospital, rehab center, or care home. You can choose to be in your own home. You can choose to receive hospice care at your own home, or in a hospice or care facility. You can also directly your healthcare agent to make the decision for you, based on their knowledge of your values and priorities.

### Paragraph beginning "*In the absence of...*"

This paragraph invokes your legal right to consent to or refuse medical treatment and directs your family and healthcare providers to honor this document as your expression of that right.

### Paragraph beginning "*Should any specific directions...*"

This paragraph is a safeguard, in case the laws change and any of the choices you express in this document become legally invalid. In that case, all the remaining choices will still be honored, and one invalid choice will not cause the entire document to be invalid.



## DECLARATION OF LIVING WILL

### INSTRUCTIONS: SIGNATURE PAGE

This document does NOT require notarization. It does require two (2) witnesses to observe your signature. They should not be family members or stand to inherit from our estate. You should sign first, and the witnesses should sign after you do.

THUS DONE AND PASSED on the ____	Date on which document is signed
... day of _____	The month in which the document is signed
20____	The last two (2) digits of the year in which the document is signed
...at _____, _____ Parish...	The city, and parish in which the document is signed
DECLARANT Signature:	Your signature. This can be your normal signature. It does not have to be your full legal name.
Print DECLARANT Name:	Your full, legal name, printed legibly.

### WITNESSES WILL FILL OUT:

Witness:	The signature of the <b>first</b> witness
Printed Name:	The full, legal name of the <b>first</b> witness.
City, Parish, and State of Residence:	The city, parish (or county – witnesses do not have to live in Louisiana) and state in which the <b>first</b> witness lives.
Witness:	The signature of the <b>second</b> witness
Printed Name:	The full, legal name of the <b>second</b> witness
City, Parish, and State of Residence:	The city, parish (or county) and state in which the <b>second</b> witness lives.

Make two (2) copies of this document. Place the original in your “When I Die” folder or some other easy-to-find location in your house. Give one copy to your healthcare agent, and one to your primary care physician to enter into your healthcare record.

\*la-post.org is the website of the LaPOST Serious Illness Coalition, developed to support the improvement of care for those with serious illnesses in the state of Louisiana.