



DECLARATION OF LIVING WILL

I, _____, hereinafter **DECLARANT**, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease, or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process,

I direct that the instructions listed below be followed:

Cardiopulmonary Resuscitation (CPR)

If my heart stops beating, I have no pulse, and I am not breathing:

_____ I do not want CPR. I want to be allowed a natural death.

_____ I want CPR.

Medical Interventions

I desire the following interventions:

_____ I do not want life-support treatment. I want comfort measures only. Use medical care to relieve pain and keep me comfortable so that I do not suffer. I do not want to be transferred to a hospital.

_____ I want limited additional interventions. My healthcare mandatary, in consultation with my healthcare provider, can determine if I need life-support treatment, but I want the life-support treatment stopped if it does not help my condition. Use medical care to relieve pain and keep me comfortable so that I do not suffer. Use medical treatment, IV fluids, and cardiac monitor as indicated. Do not use intubations, advanced airway interventions, or mechanical ventilation. I want to be transferred to a hospital if indicated. Avoid intensive care unit if possible.



_____ I want life-support treatment, meaning I want full treatment. My healthcare provider should use all measures available. Use oxygen, oral suction and manual treatment of airway obstructions as needed for comfort. Use medical treatment, IV fluids and cardiac monitor as indicated. Use intubations, advanced airway interventions, and mechanical ventilation. I want to be transferred to a hospital if indicated. Include intensive care unit if needed.

Artificially Administered Nutrition and Fluids

If I am unable to eat well enough or be assisted in eating well enough to support my physical health:

_____ I do not want artificial nutrition by tube, meaning I don't want a feeding tube placed in my stomach or intestine.

_____ My healthcare mandatary, in consultation with my healthcare provider, can determine if I need a trial period of artificial nutrition by tube.

_____ I want long-term artificial nutrition by tube.

Fluids

_____ I do not want IV fluids.

_____ My healthcare mandatary, in consultation with my healthcare provider, can determine if I need a trial period of IV fluids.

_____ I want IV fluids.

Antibiotics

In some cases, the use of antibiotics may prolong life, but not change overall health. If this is the case for me:

_____ I do not want antibiotics. Use other measures to relieve symptoms.

_____ My healthcare mandatary, in consultation with my healthcare provider, can determine use or limitation of antibiotics when infection occurs, with my comfort as the goal.

_____ Use antibiotics if my life can be prolonged.



Location

If my health is not expected to improve:

_____ I want to spend my last days in a healthcare facility.

_____ I want to spend my last days at home.

_____ I want to spend my last days in hospice care either at home or at a hospice care facility.

_____ I want my healthcare mandatary to make this decision based on their judgement about what is best for me and my family.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.

Should any specific directions be held to be invalid, such invalidity shall not affect other directions of the declaration which can be given effect without invalid direction, and to this end the directions in the declaration are severable.

Signature page follows.



THUS DONE AND PASSED on the _____ day of _____, 20____, at
_____, _____ Parish, Louisiana.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

DECLARANT Signature: _____

Print **DECLARANT** Name: _____

Witness: _____

Printed Name: _____

City, Parish, and State of Residence: _____

Witness: _____

Printed Name: _____

City, Parish, and State of Residence: _____