Palliative Care Manual

for Patients and Families

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

RP-165E (2022-11)

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INTRODUCTION

Being diagnosed with a serious illness turns people's lives completely upside down. It is a difficult time to preserve both the mental and physical health of the patient. The patient and their family must adapt to the illness and the side effects of treatment, and they must make important decisions quickly.

The unknown is a source of worry and raises questions.

The purpose of this manual is to guide the patient and their family and help them have a better understanding of illness progression at the end of life.

PALLIATIVE CARE

"Palliative care aims to relieve suffering and improve the quality of life for those living with a life limiting illness, as well as their families."

Source: Canadian Hospice Palliative Care Association

Palliative care:

- recognizes death as a normal life process;
- does not speed up or slow down death;
- improves the quality of life of the patient, regardless of how much time they have left to live;
- relieves pain and other difficult symptoms;
- provides solutions to the physical, psychological, social, spiritual and practical issues related to the illness;
- helps the patient maintain a life with as much dignity as possible until death;
- addresses individual expectations, needs, hopes and fears;
- aims to provide support to the family;
- fosters opportunities for enriching experiences, personal growth and individual achievement;
- may be provided in the hospital or at home.

Palliative care at home or in a residence

To receive palliative care at home, the patient must request it from their family doctor. The family doctor will then send the request to the Extra-Mural Program of New Brunswick.

Palliative care in hospital

The hospitals of Vitalité Health Network provide specialized palliative care in a calm and comfortable environment. Several rooms are reserved to provide a welcoming environment, including chapels and family lounges.

Loved ones are allowed to visit any time. Cots are available for those who want to spend the night with a patient.

It is important for the patient and their family to feel comfortable at the hospital. They should feel free to bring familiar items that help them feel comfortable: toothbrush, toothpaste, deodorant, comb and hairbrush, nail clippers, electric razor, non-slip slippers, robe, favourite blanket, photos, trinkets, books.

Palliative care team members

- Physicians;
- Registered nurses;
- Licensed practical nurses;
- Patient care attendants;
- Occupational therapists;
- Speech-language pathologists;
- Spiritual care practitioners;
- Social workers;
- Respiratory therapists;
- Pharmacists;
- Nutritionists;
- Physiotherapists;
- Chaplains / clergy members (visitor);
- Volunteers.

A few clarifications

- Palliative care **is provided to people of all ages** (from early childhood through adulthood).
- Palliative care **is delivered by teams of experts** trained to respond to the needs of patients with a serious illness.
- Palliative care **is not provided only in the last few days or weeks of life**. Palliative care is important to ease the suffering of patients who have a serious illness that will eventually lead to the end of their life.
- Palliative care **is for all patients with a potentially fatal chronic illness.**
- Palliative care **is provided where people live** because most people prefer to die at home. It is offered at home, in hospice palliative care and long-term care facilities, in the hospital, etc.
- The primary goal of palliative care **is to help the patient maintain their independence and quality of life despite the illness.** This may mean planning for devices or strategies so that the patient may continue to live their life fully.
- The end of life **does not always involve pain**, but, if it does, this can be treated in a number of ways.
- It is **important to treat pain throughout the illness.** To ensure comfort, the dose of analgesics must often be increased. It is important not to fear an addiction.
- Palliative care **does not speed up the progression toward death.** Instead, it provides comfort and a better quality of life after the diagnosis of a serious illness until the end of life.
- **Addressing the topic of palliative care with the patient and their caregivers does not make them lose hope.** Palliative care gives the patient with a serious illness a better quality of life. Hope becomes less a matter of recovery and more a matter of living as fully as possible for the time that remains.
- **People need to change the way they talk about death.** They should think about the care that they want to receive or not receive at the end of life and the type of death that they want. They should talk about it with their loved ones and their physician to make their wishes known.

Note : Text from the Canadian Hospice Palliative Care Association adapted by Vitalité Health Network

SIGNS AND SYMPTOMS

Pain

Everyone experiences pain differently. Proper pain control allows for a better quality of life.

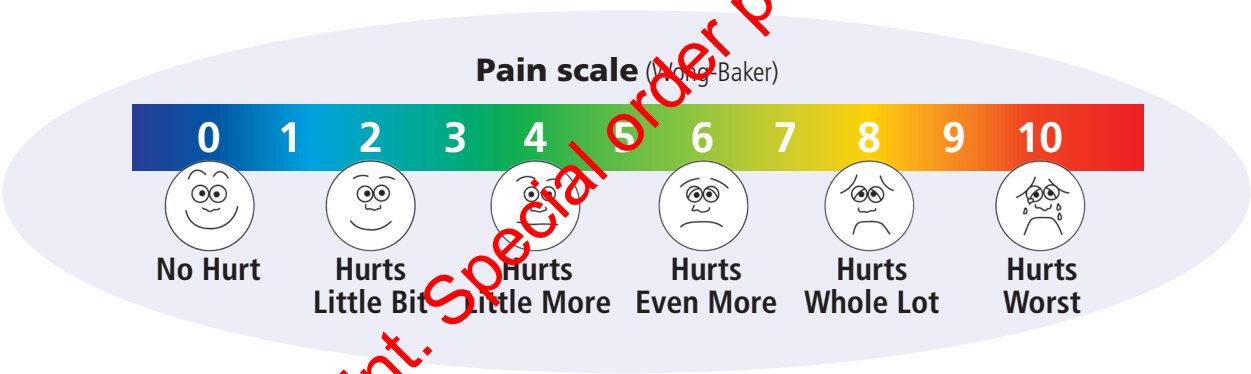
The goal of palliative care is to ease pain and provide as much comfort as possible.

Pain is not just physical; it can be emotional, social or spiritual.

Signs of physical pain

The patient :

- says it hurts;
- is crying;
- is agitated or irritable;
- is making a face or wincing;
- is curled up and tense.



Signs of pain that is not physical

The patient :

- talks about mental anguish;
- has a feeling of despair and emptiness inside;
- says they want to be done with it;
- has financial concerns;
- is afraid of leaving their family behind them;
- feels like they are a burden;
- feels the need to reconcile with a loved one.

Methods other than medication for managing pain

- Distraction;
- Breathing exercises and meditation;
- Music therapy;
- Applying heat or cold;
- Presence of someone to listen.

Examples of medications to manage pain

- Analgesics (acetaminophen);
- Non-steroidal anti-inflammatory drugs – NSAIDs (Aspirin, Ibuprofen);
- Opioids (morphine, hydromorphone, codeine);
- Anticonvulsants (gabapentin);
- Antidepressants (amitriptyline);
- Steroids (prednisone, dexamethasone).

To properly manage pain, medications must be taken on a regular basis with additional doses as needed for unusual pain.

Constant pain require constant doses. When medications are administered properly, they are safe and effective.

The care team also addresses the side effects of pain medications, such as:

- nausea and vomiting;
- constipation;
- dizziness;
- drowsiness;
- confusion.

These side effects do not always persist. Some of them disappear or decrease after a few days.

Eating

It is normal for the illness to cause a decrease in appetite. The body does not digest food like it did before and the patient often loses weight.

Loss of appetite may be caused by:

- medications;
- pain;
- intestinal blocage or constipation;
- sores in the mouth.

Tips to make eating easier

- Let the patient eat at the time of day that they feel best;
- Let the patient have several small meals a day instead of three large ones;
- Let the family give the patient whatever they prefer to eat;
- Let the patient try fluids and nutritional supplements (sometimes these are tolerated better than solids).

Preparing a good meal for the patient is a way of showing them love. The natural reflex is to encourage the patient to eat and drink to build their strength. However, it is important to remember the following:

- The goal is to respect the patient's limits and feed them without causing them discomfort;
- Any food and any drink that the patient asks for is acceptable;
- The patient's preferences are more important that the nutritional value of the food;
- It may be normal for a patient to eat very little or not at all.

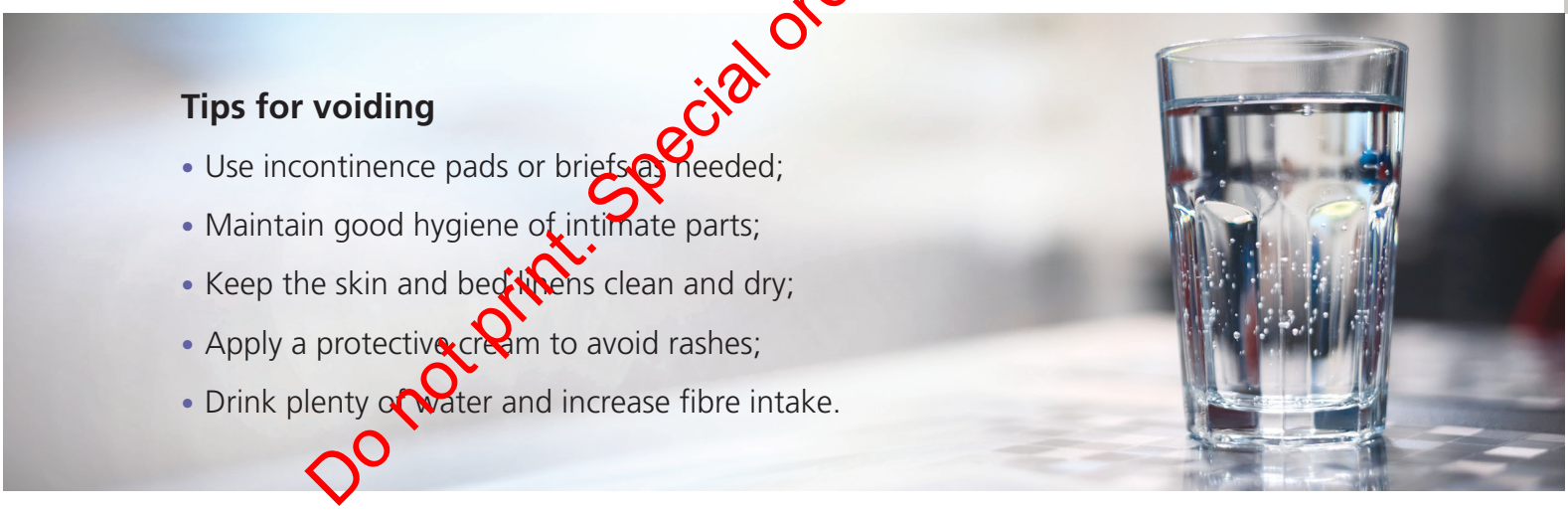
Voiding

Toilet habits may change over the course of the illness. Changes in the voiding of stool and urine may be caused by:

- medications
- the fact that the patient is eating less;
- a reduction in physical activity;
- the illness.

Symptoms to report

- No stool for three days;
- Several bouts of diarrhea in one day;
- Blood in urine or stool;
- Cramps, nausea or vomiting;
- Bloating or swelling of the abdomen.



Tips for voiding

- Use incontinence pads or briefs as needed;
- Maintain good hygiene of intimate parts;
- Keep the skin and bed linens clean and dry;
- Apply a protective cream to avoid rashes;
- Drink plenty of water and increase fibre intake.

Breathing

The patient may experience shortness of breath, coughing fits or difficulty breathing.

These discomforts may be caused by:

- the illness;
- a general weakness;
- a blocage;
- anxiety.

Symptoms of a patient who has difficulty breathing

- Headaches;
- Heaviness in the chest;
- Thick secretions and cough;
- Noisy or rapid breathing at rest.

Tips to make breathing easier

- Choose a comfortable position;
- Wear loose-fitting clothing;
- Plan rest periods;
- Avoid smoking;
- Stay away from allergens.

Nausea and vomiting

Nausea is the sensation of feeling sick to your stomach, wanting to vomit or discomfort at the back of the throat. It can adversely affect quality of life.

Nausea may be caused by:

- the side effects of medications;
- constipation;
- irritation of the stomach or intestines;
- infection.

Tips for managing nausea and vomiting

- Eat small portions;
- Avoid fatty, spicy or acidic foods;
- Avoid lying down within two hours after a meal;
- Change positions slowly;
- Perform oral care regularly;
- Keep a bowl handy.

Confusion

Confusion often occurs when the patient has difficulty speaking, thinking, reasoning and understanding what is happening around them. It may be temporary or permanent, depending on the cause.

Confusion may be caused by:

- the illness;
- infection;
- lack of oxygen;
- medications;
- pain.

Signs of confusion

- Memory or attention issues;
- Lack of concentration, difficulty following a conversation;
- Behaviour problems (aggressiveness, paranoia);
- Hallucinations.

Tips for managing confusion

- Stay calm and speak slowly;
- Remind the patient where they are and of the date and time;
- Use short and simple sentences;
- To avoid upsetting the patient, do not contradict them;
- Reduce stimulants (reduce the number of visitors, noise);
- Bring in familiar items from home.

Sleep

Illness often leads to sleep problems.
These may be caused by:

- fear;
- sadness;
- pain;
- coughing;
- nausea.

Tips for improving sleep

The patient can:

- reduce noise and light at bedtime;
- lay down when they feel tired;
- avoid caffeine and nicotine before bed;
- talk about their concerns;
- use relaxation techniques.

COMMUNICATION

When the diagnosis is made, the patient and their loved ones must face a new reality. Everyone reacts differently. Addressing difficult subjects and communicating in an appropriate way can be a challenge for the patient and their loved ones.

Tips to make communication easier

Tips for the patient

- Live in the present moment;
- Discuss wishes and worries about your care and death (see Appendix A – What matters to patients at the end of life);
- Find things you enjoy;
- Share your life story;
- Allow yourself to feel your emotions;
- Respect your limits.

Tips for the family

- Be honest, show respect and stay true to yourself;
- Respect the patient's decisions;
- Continue to do activities with the patient, if possible;
- Do not avoid the subject of death or fears;
- Share your fond memories and express your gratitude;
- Help the patient stay in contact with their friends and family;
- Take the time to share what matters to you without too much delay (this could reduce regrets after death).

SPIRITUAL ASPECT

Spirituality is the way in which a person perceives themselves in relation to others, the earth and the universe. It is also a quest for meaning, a search to find oneself, the elevation of self and the revelation of self.

When people have a serious illness, they are often drawn to seek inner peace and to try to give meaning to their life and their death.

The spiritual aspect can lead the patient to:

- question their identity and their place in the universe;
- get back in touch with religion or a higher power;
- ask for forgiveness;
- take stock of their life;
- explore the concept of life after death;
- let go;
- openly express their thoughts and feelings.

Tips for the family

- Respect the spiritual and religious needs of the patient;
- Take into consideration your own needs regarding spirituality;
- Bring religious or spiritual symbols to the patient;
- Perform rituals with the patient (e.g., prayer, visualization);
- Listen attentively to the patient;
- If the patient so wishes, ask the care team to contact a spiritual care practitioner or a chaplain for a meeting.

Health care directives and powers of attorney

The patient should speak to their physician about the type of death that they want and the care that they would like to receive at the end of life.

It is good to put their wishes into writing to guide their loved ones and the care team in making decisions.

Three forms can help the patient clearly express their wishes (see Appendices B, C and D):

- Health care directives (these allow the patient to specify the health care that they would like to receive at the end of life, the health care that they do not want to receive and the type of death that they would like);
- Enduring power of attorney for personal care (this allows a power of attorney to be designated for personal care; this person will represent the patient in making decisions in their place if they are no longer capable of doing so);
- Identification of substitute decision maker for incompetent patient.

Funeral arrangements

Funeral arrangements involve various choices:

- Funeral home (contract for funeral arrangements and associated costs);
- Casket or urn;
- Burial plot with gravestone or location where urn will be placed;
- Type of ceremony;
- Logistics of the ceremony (location, guest list, flowers, food, death notice, etc.);
- Suggestions of organizations (donations in memory of the deceased), registry kept for thanking people.

Financial support | Potential financial assistance

- Compassionate care benefits from Employment Insurance (1-800-808-6352 or servicecanada.gc.ca)
- Private insurance
- Life insurance policies
- Canadian Cancer Society (1-888-939-3333)
- Canada Revenue Agency (1-800-267-6999)
- Survivor Benefits, Death Benefit and Allowance for the Survivor (1-800-277-9915 or servicecanada.gc.ca)
- Veterans Affairs (1-866-522-2022)
- Funeral Benefit from Social Development (1-833-733-7835)

END OF LIFE

Several signs may indicate that death is nearing. The bodily functions slow and prepare to stop: the patient is no longer hungry or thirsty, they get tired quickly, sleep more and more, and isolate themselves.

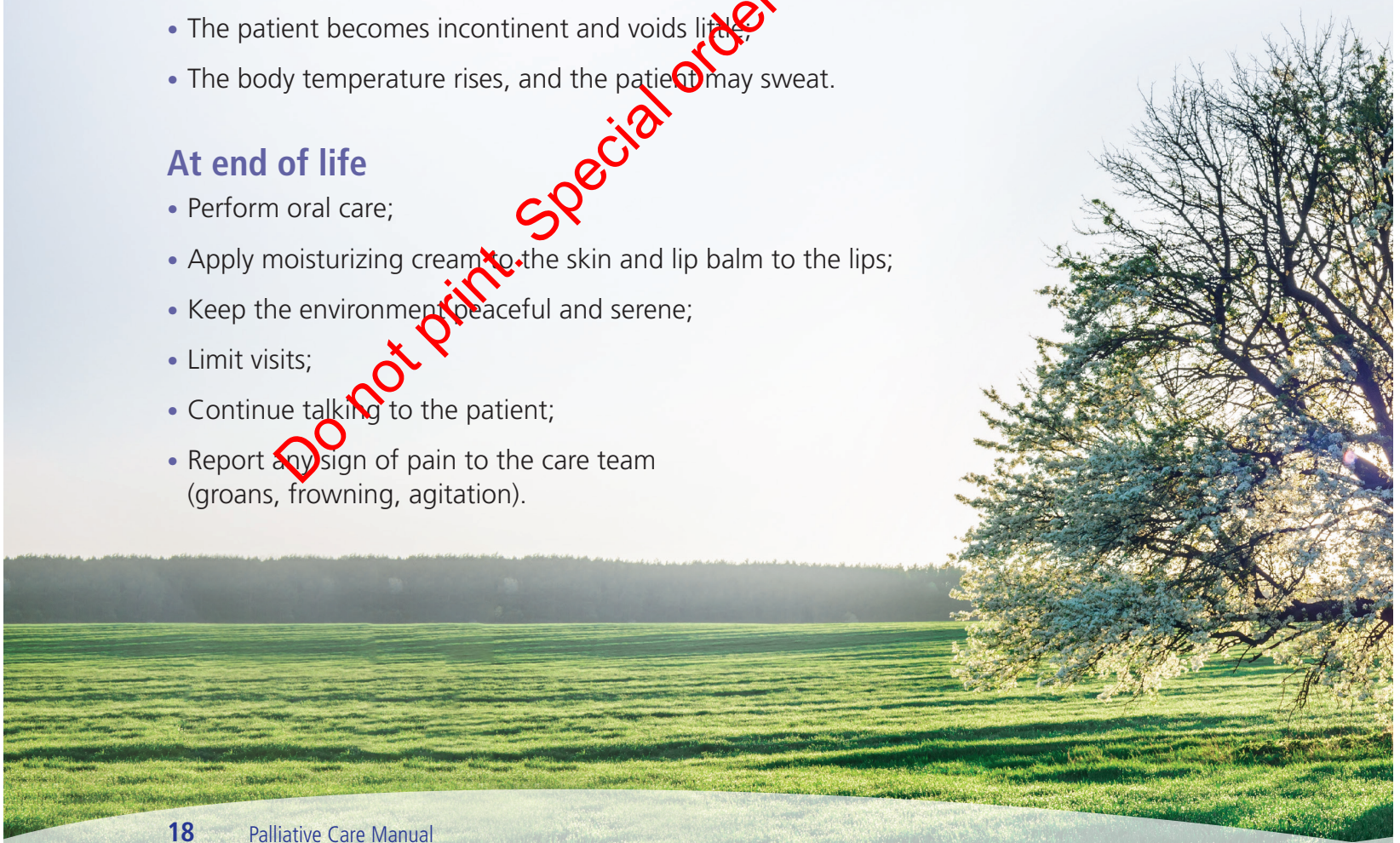
It is difficult to predict the exact time death will occur because each person is different.

Signs of the natural movement toward death

- The extremities become cold, blue and mottled;
- The patient is not awake very often;
- The level of conciousness is reduced;
- Breathing changes (becomes slower or faster, with pauses lasting up to 30 seconds);
- Since the patient is no longer able to move secretions from their airways, a rattling sound can be heard;
- The patient becomes incontinent and voids little;
- The body temperature rises, and the patient may sweat.

At end of life

- Perform oral care;
- Apply moisturizing cream to the skin and lip balm to the lips;
- Keep the environment peaceful and serene;
- Limit visits;
- Continue talking to the patient;
- Report any sign of pain to the care team (groans, frowning, agitation).



In the final moments, allow each person who so wishes to be alone with the patient for a moment.

As needed, reassure the patient and tell them not to worry (this is a little bit like giving them permission to leave).

At the time of death

- Breathing stops; there is often a final sigh;
- The heart stops beating;
- The eyelids may stay partially open, and the gaze may be fixed;
- The mouth may open because the jaw relaxes;
- The content of the intestines and bladder may be released because the muscles relax;
- The skin becomes cold, pale and waxy;
- The family may gather and take the time they need to be with the patient.

GRIEF

After the death, it is natural to feel grief. Although this journey is different for everyone, most people go through similar stages. Every story and every relationship are unique; there is no single way or set amount of time to grieve.

Physical reactions to grief

- Increase or loss or appetite;
- Fatigue and loss of energy;
- Dizziness;
- Digestive issues;
- Difficulty sleeping.

Mental and emotional reactions to grief

- Loss of motivation and loss of pleasure;
- Great sadness, dispair, withdrawal;
- Inability to think about something else;
- Feeling of emptiness.

Spiritual reactions to grief

- Blaming a higher power;
- Loss of meaning of life;
- Desire to die and join the deceased;
- Existential pondering.

Tips to make grieving easier

- Accept taking the time you need to grieve;
- Be patient and caring toward yourself;
- Take time to do things you like;
- Turn to a support network;
- Confide in someone and express your feelings;
- Take care of your physical health;
- Respect your limits;
- Avoid the overconsumption of alcohol or medications;
- Learn about grief.

AFTER DEATH

After death, several things need to be done. To this end, the deceased's personal information is required:

- Copy of the death certificate;
- Copy of the marriage certificate;
- Copy of the birth certificate;
- Medicare number;
- Social insurance number.

Checklist (things to check, to cancel, etc.)

- Will;
- Funeral arrangements contract;
- Employer (inform them of the death);
- Services, licences, etc.
  - Government of Canada:
    - » Canada Pension Plan 1-800-277-9915
    - » Old Age Security Pension 1-800-277-9915
    - » Employment Insurance 1-800-808-6352
    - » Canada Revenue Agency 1-800-959-7383
    - » Social Insurance Card 1-866-274-6627
    - » Passport 1-800-567-6868
    - » Citizenship or Permanent Resident Card 1-888-242-2100
    - » Secure Certificate of Indian Status 1-800-567-9604
  - Government of New Brunswick:
    - » Medicare card 1-888-762-8600
    - » Driver's licence 506-453-2410
    - » Vehicle registration 506-453-2410
    - » Student loans 1-800-667-5626
    - » Property tax 506-453-2264
    - » Social assistance program 1-833-733-7835
    - » Public Safety compensation 506-453-2410
    - » Firearms licence 1-800-731-4000

- Public services:
  - Residential and cell phone;
  - Electricity;
  - Gas;
  - Cable, Internet;
  - Post office.
- Insurance companies:
  - Life insurance;
  - Disability insurance;
  - Private health insurance;
  - Home insurance;
  - Automobile insurance.
- Mortgage;
- Banking institutions;
- Credit cards;
- Investments and other loans;
- Social clubs, associations and subscriptions/memberships.

RESOURCES AND CONTACT INFORMATION

Canadian Hospice Palliative Care Association: chpca.ca

New Brunswick Hospice Palliative Care Association: nbhpca-aspnb.ca

Canadian Virtual Hospice: virtualhospice.ca

Canadian Virtual Hospice: My Grief (mygrief.ca) and Kids Grief (kidsgrief.ca)

Government of Canada: www.canada.ca

Government of New Brunswick: gnb.ca

Vitalité Health Network: vitalitenb.ca

Social Supports NB : socialsupportsnb.ca

Advance Care Planning Canada: advancecareplanning.ca

Heart and Stroke Foundation of Canada: heartandstroke.ca

Canadian Lung Association: lung.ca

Canadian Cancer Society: cancer.ca

Alzheimer Society: alzheimer.ca

Palliative Care phone numbers

Zone 1

Moncton: 506-862-4000
Sainte-Anne-de-Kent: 506-743-7830

Zone 4

Edmundston: 506-739-2544
Grand Falls: 506-473-7553
Saint-Quentin: 506-235-7110

Zone 5

Campbellton: 506-789-5014

Zone 6

Bathurst: 506-544-2004
Caraquet: 506-726-2110
Lamèque: 506-344-3416
Tracadie: 506-394-3037

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APPENDICES

APPENDIX A
WHAT MATTERS TO PATIENTS AT THE END OF LIFE

What matters to patients during their final days?

1. Having their family by their side.
2. Being able to talk about death.
3. Meeting a member of the clergy or a spiritual care practitioner.
4. Talking about their fears.
5. Being at peace with their higher power.
6. Not being connected to machines.
7. Not being a burden to their family.
8. Having completed preparations for their funeral arrangements.
9. Being of sound mind until the end.
10. Being able to trust the care team.
11. Not dying alone.
12. Having their loved ones visit.
13. Keeping their sense of humour.
14. Maintaining their dignity.
15. Being treated the way they wish, in accordance with their values and priorities.
16. Remembering their personal achievements.
17. Being able to say goodbye to their loved ones.
18. Being informed of how their body will change.
19. Being able to prepare their family for their death.
20. Dying at home.
21. Not suffering physically or mentally.
22. Keeping good bodily hygiene.
23. Having a feeling of peace.

APPENDIX B
HEALTH CARE DIRECTIVES

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

HEALTH CARE DIRECTIVES

Name: _____
Date of Birth: _____
Medicare #: _____

Current state of health:
❒ I am healthy
❒ I have an illness. Specify: _____

Take the time to reflect before completing this form. In each of the boxes write:

- "Yes" for treatments that you wish to receive;
- "No" for treatments that you do not wish to receive.

Rest assured that, whatever decisions you make, you will always receive comfort care (to ease pain and discomfort or provide psychological and spiritual support).

	Illness Mentioned Above	Terminal Illness	Cognitive Impairment (dementia, Alzheimer's, Stroke, etc.)			Permanent Coma
			Mild	Moderate	Severe	
Intravenous (IV) Hydration						
Artificial Feeding						
Dialysis						
Cardiopulmonary Resuscitation (CPR)						
Artificial Respirator						
Blood Transfusion						
Life-saving Surgery						
Life-saving Antibiotics						
Other						

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

HEALTH CARE DIRECTIVES

Name: _____
Date of Birth: _____
Medicare #: _____

Additional directives:

_____
_____
_____
_____
_____
_____

Signature of patient or third party[1]: _____ Date: _____

Signature of first witness[2]: _____ Date: _____

Signature of second witness[2]: _____ Date: _____

1. Third parties:

- Cannot be the attorney for personal care or the spouse, common-law partner or child of the attorney for personal care;
- Must be at least 19 years old.

2. Witnesses:

- Must be present when the patient or third party signs and dates the directives;
- Cannot be the attorney for personal care or the spouse, common law partner or child of the attorney for personal care;
- Must be at least 19 years old.

****

Give the hospital's Health Records Department a copy of this document and keep the original.

Also give copies to your doctor and family.

Think about and revise your health care directives at least once a year.

If you change them, replace all outdated copies with the new version. Your health care directives remain valid until they are revised.

****

DEFINITIONS

Health problems

Terminal illness: Incurable illness involving a life expectancy under six months.

Cognitive impairment: Gradual and irreversible loss of mental functions. The illness may progress over the course of months or years.

- Mild impairment: The person can do most of their daily activities without help.
- Moderate impairment: The person can live in their home but needs a few hours of help per day.
- Severe impairment: The person cannot do their daily activities and needs help day and night.

Permanent coma: The person is unconscious and will always remain so.

****

TREATMENT CHOICES

Intravenous (IV) hydration: A small tube is inserted into the arm to hydrate the person with an intravenous.

Artificial feeding: A tube is inserted into the stomach through the nose or mouth or through a small hole in the abdomen to nourish the person.

Dialysis (artificial kidney): Treatment given when the kidneys no longer work. The person is hooked up to a machine for several hours at a time, several times a week, by a tube that enters the abdomen or a vein.

Cardiopulmonary resuscitation (CPR): Technique used to restart a heart that has stopped beating. The person may then need to be kept alive artificially with machines, without being able to speak, and may have to receive medications keeping them "asleep" while they are hooked up.

Artificial respirator (breathing machine): Machine used when a person can no longer breathe on their own.

Blood transfusion: Blood introduced into a vein through a needle or small tube.

Life-saving surgery: Surgery to prevent death, without which the person would only survive a few hours or days.

Life-saving antibiotics: Medications used to treat infections that may be fatal (pneumonia, meningitis, etc.). These medications are sometimes given through a small tube inserted into a vein.

APPENDIX C
ENDURING POWER OF ATTORNEY FOR PERSONAL CARE

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

ENDURING POWER OF ATTORNEY FOR PERSONAL CARE

Name: _____

Date of birth: _____

Medicare #: _____

Take the time to reflect before completing this form.

An enduring power of attorney for personal care allows you to name one or more attorneys for personal care to act on your behalf concerning your personal care when you are no longer able to do so. If you have more than one attorney for personal care, they must act together.

Attorney(s) for personal care

If I am no longer able to make decisions about my care and treatments, I ask that my wishes (expressed verbally or in my advance health care directives) be respected.

If other directives are needed, I authorize my attorney(s) for personal care to make decisions about my care and treatments.

Name of attorney for personal care[1]: _____ Telephone: _____

Relationship to patient: _____ Cell: _____

Signature of patient or third party: _____ Date: _____

****

Name of attorney for personal care[1]: _____ Telephone: _____

Relationship to patient: _____ Cell: _____

Signature of patient or third party: _____ Date: _____

****

Name of first witness[2]: _____

Signature of first witness[2]: _____ Date: _____

Name of second witness[2]: _____

Signature of second witness[2]: _____ Date: _____

RA-256E (2021-07)

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

ENDURING POWER OF ATTORNEY FOR PERSONAL CARE

Name: _____
Date of birth: _____
Medicare #: _____

1. **Attorney(s) for personal care:**

   - Must be at least 19 years old.

2. **Witnesses:**

   - Must be present when the patient or third party signs and dates the directives;
   - Cannot be the patient's attorney for personal care or the spouse, common-law partner or child of the patient's attorney for personal care;
   - Must be at least 19 years old.

****

Give the hospital's Health Records Department a copy of this document and keep the original.

Also give copies to your attorney(s) for personal care, doctor and family.

Think about and revise your enduring power of attorney for personal care at least once a year.

If you change your attorney(s) for personal care, you must complete a new form and distribute new copies. Your enduring power of attorney for personal care remains valid until it is revised.

RA-256E (2021-07)

ANNEXE D IDENTIFICATION OF SUBSTITUTE DECISION MAKER FOR INCOMPETENT PATIENT

RÉSEAU DE SANTÉ vitalité HEALTH NETWORK

IDENTIFICATION OF SUBSTITUTE DECISION MAKER FOR INCOMPETENT PATIENT
Intergrated Risk Management

☑ Vitalité Zone : ❒ 1B ❒ 4 ❒ 5 ❒ 6 Facility : _____

*Any court order or power of attorney for personal care takes precedence over this form.

The purpose of this form is to facilitate the identification of a person to give or refuse consent to personal care on behalf of the above-mentioned incompetent patient.

Declarant's full name:	
Address and phone number:	

Relationship with the incompetent person (Check ONE of the following choices.)

1. Guardian appointed by a court of competent jurisdiction ☐ 2. Trustee ☐
3. Attorney under a power of attorney for personal care ☐
***For choices 1 to 3, provide a copy of the court order or power of attorney.**

4. Person appointed by the patient when the latter was competent ☐
5. Spouse or common-law partner ☐ 6. Child who has reached the age of 16 ☐
7. Custodial parent ☐ 8. Sibling who has reached the age of 16 ☐
9. Other family member: ☐ _____

For choices 4 to 9, you may act as substitute decision maker if you answer "yes" to the following statements:

1. I have reached the age of 19 or I have reached the age of 16 and I am the parent of the incompetent patient.	☐ Yes ☐ No
2. I believe that if the patient had been competent, he or she would have had no objection to me making a decision about his or her personal care or having access to his or her personal health information.	☐ Yes ☐ No
3. I wish to take responsibility for giving or refusing consent to personal care proposed for the patient.	☐ Yes ☐ No
4. I believe that no one at a higher rank (according to the above list) or at the same rank as I is available, willing, and claiming the right to give or refuse consent to the patient's personal care.	☐ Yes ☐ No

_____ _____
Name of substitute decision maker Signature of substitute decision maker

_____ _____ _____
Name of witness Signature of witness Date (yyyy-mm-dd)

Note: Place the original in the patient's record with a copy of the court order/power of attorney, if applicable.