Emergency Response Wishes

Name:_____ Date of Birth _____

- ☐ I want all attempts of resuscitation to be considered in an emergency situation. (Initials: _____)
- ☐ I want CPR if my heart stops. (Initials: _____)
- ☐ I want intubation for breathing assistance. (Initials: _____)

I generally wish to decline any medical treatment that does not provide reasonable benefit to my current condition and wish to allow a natural death (A-N-D).

- ☐ I do not want CPR if my heart stops. (Initials: _____) DNR
- ☐ I do not want to be intubated for breathing assistance. (Initials: _____) DNI

The person I appoint to decide my health care treatment if I become unable to make my own decisions (Medical Durable Power of Attorney or MDPOA) is:

Name: _____ Phone# _____

If that person is unreachable, I appoint:

Name: _____ Phone# _____

Your Signature: _____ **Date:** _____

Power of Attorney if appointed: _____ Date: _____

Witness #1 (optional): _____ Date: _____

Witness #2 (optional): _____ Date: _____

(The witnesses should not be a health care provider OR health care employee or a family member or expected beneficiary)

Recommendations:

- Discuss these wishes with your close family members and those persons you will ask to make medical decisions if you are unable to do so.
- Take to your primary physician to sign and upload into Quality Health Network (QHN), the regional health information exchange. Providers note: Instructions for uploading this form are available under the Resources tab, QHN System Tip Sheets, at: www.qualityhealthnetwork.org.
- Keep this in a "butterfly folder" on your refrigerator. This folder is used to notify emergency personnel of your wishes, and may be taken with you if you are admitted to the hospital.
- Complete a Medical Durable Power of Attorney (MDPOA) wallet card with this information. Cards are available at www.hopewestco.org or at your doctor's office.

Provider Signature (optional)_____ Date:_____

NOTE: If patient is in Nursing Home, Assisted Living or Hospital the M.O.S.T. form should be completed.

This form was designed and approved by the Mesa County ACP Project Team 11/2016. Contact HopeWest at 970-257-2360 for more information.

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