



ADVANCED DIRECTIVES

Resident Name: _____ I.D. Number _____

Physician: _____ Room Number _____

Level I

Comfort measure only, i.e. nursing care, relief of pain, oral fluids and controlling fever if present.
No Cardio Pulmonary Resuscitation

Level II

Comfort measures with additional treatment available. This would consist of the above plus medications, most frequently antibiotics. No Cardio Pulmonary Resuscitation

Level III

Transfer to acute care hospital without Cardio Pulmonary Resuscitation. If serious deterioration occurs, the Resident is transferred to an acute care hospital. Assessment would be made at the hospital and a decision made as to whether to admit the Resident or return him/her to the retirement residence. No Cardio Pulmonary Resuscitation will be performed and no admission to the ICU

Level IV

Transfer to acute care hospital with Cardio Pulmonary Resuscitation. If serious deterioration occurs, the Resident is transferred to an acute care hospital and if necessary may be admitted to the ICU Cardio Pulmonary Resuscitation may be performed if required

Other

Residents of their Power of Attorney for Care may submit their own requests for treatment plans if difference from the above

This treatment plan decision can be cancelled or changed at any time, either verbally or in writing, by the Resident of the Power of Attorney for Care

Resident/Power of Attorney for Care _____
Date

Witness _____
Date

Renewals

Name	Level #	Relationship/Self	Signature	Date