

Advance Care Plan Questions

Name: _____

1.1 Advance care plan details

He / She is

- ☐ not capable of making informed decisions regarding care
- ☐ Capable of making informed decisions

1.2 Substitute decision maker

- ☐ does not have an appointed substitute decision maker(s)
- ☐ has an appointed substitute decision maker

Details

- ☐ Enduring Guardianship
- ☐ Enduring Power of Attorney
- ☐ Power of Attorney

Substitute Decision Maker(s) details:

He / She is

- ☐ not under State Trustee
- ☐ under State Trustee

State trustee details

2.1 Advance care directives documents

He / She

- ☐ does not have advance care directive document(s)
- ☐ has advance care document(s)

Advance care directive document(s) include: (please list)

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Copies of advance care directive(s) are held by:

3.1 Cardiopulmonary resuscitation (CPR)

He / She

- ☐ does not want cardiopulmonary resuscitation (CPR) to be performed
- ☐ wants cardiopulmonary resuscitation (CPR) to be performed

CPR details

3.2 Transfer to a Hospice

He / She

- ☐ does not want to be transferred to a Hospice
- ☐ wants to be transferred to a Hospice

Hospice Details:

3.3 Transfer Home

He / She

- ☐ does not want to be transferred home
- ☐ wants to be transferred home

Home details:

3.4 Transfer to an acute hospital for medical support

He / She

- ☐ does not want to be transferred to an acute hospital for medical support such as antibiotics, fluids and medications
- ☐ wants to be transferred to an acute hospital for medical support such as antibiotics, fluids and medications

Medical support details:

3.5 Transfer to an acute hospital for life prolonging measures

He / She

- ☐ does not want to be transferred to an acute hospital for life prolonging measures such as breathing machine (ventilator), kidney machine (dialysis), feeding tube or surgery
- ☐ want to be transferred to an acute hospital for life prolonging measures such as breathing machine (ventilator), kidney machine (dialysis), feeding tube or surgery

Life prolonging measures details:

4.1 Significant people

He / She

- ☐ does not have specific wishes regarding significant people to be present
- ☐ has specific wished regarding significant people to be present

Details of wishes regarding significant people:

4.2 Spiritual / religious representative

He / She

- ☐ does not have specific wishes regarding a spiritual/religious representative to be present
- ☐ has specific wishes regarding a spiritual/religious representative to be present
- ☐ is unable to communicate specific wishes regarding spiritual/religious representative to be present

Details of wishes regarding a spiritual/religious representative:

4.3 Nearing end of life

He / She

- ☐ does not have specific wishes he /she would like to be honoured when nearing end of life
- ☐ has specific wishes he/ she would like honoured when nearing end of life
- ☐ is unable to communicate specific wishes when nearing end of life

Please write details of specific wishes when nearing end of life

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4.4 Nearing end of life – Details

Further details regarding his /her would like when nearing end of life:

4.5 Items to be removed on death

He / She

- ☐ does not have specific items to be removed from his /her body on death
- ☐ has specific items to be removed from his / her body on death
- ☐ is unable to communicate wishes regarding specific items to be removed from his / her body on death

Please list specific items to be removed from his / her body on death

4.6 Items to be removed on death - Details

Removed item(s) to be given to:

Details regarding specific item(s) to be removed from his / her body on death:

4.7 Items to remain on death

- ☐ does not have specific items to remain on his / her body on death
- ☐ has specific items to remain on his /her body on death
- ☐ is unable to communicate wishes regarding specific items to remain on her body on death

Specific items to remain on his / her body on death

4.8 Items to remain on death - Details

Details regarding specific items to remain on his / her body on death:

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4.9 After death

After death he / she would like their body to be

- ☐ buried
- ☐ cremated

He / she

- ☐ does not have any specific wishes regarding his / her body after death
- ☐ has specific wishes regarding his / her body after death
- ☐ is unable to communicate specific wishes regarding his / her body after death

Details of wishes regarding his / her body after death:

4.10 Organ donor

He / she

- ☐ is not a registered organ donor
- ☐ is a registered organ donor . Registration Number: _____
- ☐ wishes to be a registered organ donor
- ☐ is unable to communicate specific wishes regarding organ donation

Organ donor details:

5.1 Funeral arrangements

He / She

- ☐ does not have a pre-arranged funeral
- ☐ has a pre-arranged funeral

5.2 Funeral Director

Details of funeral director

6.1 Cultural and / or religious considerations relating to advance care plan

He / She has

- ☐ no cultural and / or religious consideration(s) relating to advance care plan
- ☐ cultural and / or religious consideration(s) relating to advance care plan

Details of cultural and/or religious consideration(s) relating to advance care plan include:

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7.1 Additional advance care plan information

Additional information relating to his / her advance care plan:

Additional interventions relating to her advance care plan:

8.1 Advance care plan authorisation

Authorisation Document 1

Authorisation Document 2

Authorisation Details:

Name: _____ *Witness:* _____

Resident /POA Medical: _____ *Relationship:* _____

Date: _____ *Date:* _____

Signature: _____ *Signature:* _____