

CONTINUUMLIFEPLAN



A LIFE WELL JOURNEYED

ADVANCED DIRECTIVES, END-OF-LIFE WISHES,
CONVERSATIONS & MAKING CHOICES

Schluter & Hughes
LAW FIRM PLLC

THE JOURNEY IS AMAZING.
ENJOY KNOWING YOU
HAVE MADE ARRANGEMENTS
& PLANS FOR YOURSELF.



STEP 1:

Designating
a Patient
Advocate/
Healthcare
Power Of
Attorney

STEP 2:

My Choices:
My Code
Status

STEP 3:

Additional
Treatments
I Do Not
Wish to be
Performed

STEP 4:

Considering
Terminal
Diagnosis

STEP 5:

Life-
Sustaining
Treatments

STEP 6:

My Last
Journey



WHY IS IT IMPORTANT TO EXPLORE WISHES FOR END-OF-LIFE CARE?



Advance directives specify what medical care you want in the future. The likelihood of your wishes being carried out increases by having relevant conversations and the correct documents in place.



Discussing this now allows you to participate in the decision-making process and gives you a voice in the end-of-life care you receive. It is a gift to give yourself, your family, and your loved ones.



Making decisions now assists loved ones in a time of crisis, and shifts the focus to being together, loving, and supporting each other.



It is beneficial to be proactive and discuss wishes regarding code status, resuscitation, and end-of-life care well in advance of needing such information.

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WHAT IS A PATIENT ADVOCATE/ HEALTHCARE POWER OF ATTORNEY?

STEP 1

A patient advocate is someone you choose to be your voice if you cannot speak for yourself. It is important to designate a person who knows you well, understands your wishes, advocates for you, and lives close to you. This role may be initiated during a medical crisis. At this time, a patient advocate would step in to make medical decisions on your behalf. Or this can occur after a person is deemed by two physicians, or through a neuro-psych evaluation, to be incompetent. In many instances, if a patient advocate is not designated it will be decided by law who is responsible to make decisions on your behalf.

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WHAT IS A CODE STATUS? WHAT IF MY HEART OR BREATHING

WERE TO STOP?

STEP 2

One of the most important decisions you can choose to make is your Code Status. Sharing this information and finalizing legal documentation prevents unwanted resuscitation efforts from being performed. Completing an emergency packet with code status paperwork can easily inform emergency personnel of your desired care even if you are unable to speak for yourself.

FULL CODE In the event that my heart and or breathing should stop I want all efforts and medical interventions available to resuscitate me including:

•CHEST COMPRESSIONS

A manual compression of the chest to attempt to circulate blood.

•DEFIBRILLATION

An electrical shock to try to get your heart to start beating.

•INTUBATION

A breathing tube placed down the throat to open the airway, often artificial breathing is provided by a bag or ventilator to push air into the lungs.

•CARDIOVERSION

An electrical shock delivered through the skin to attempt to return an abnormal heartbeat to a normal rhythm.

DO-NOT-RESUSCITATE

ORDER (DNR) In the event that my heart or breathing should stop, no person shall attempt to resuscitate me. A DNR order is applicable to all pre-hospital life support agencies and personnel, including EMS. A DNR code status is made legal in Michigan by discussing the form with your primary care physician and signing the form along with your physician. A DNR order can be revoked at any time according to your wishes.

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ADDITIONAL TREATMENTS I DO NOT WISH TO BE PERFORMED

STEP 3

Did you know that a Do-Not-Resuscitate order is only enacted when your heart or breathing have stopped? It is often assumed that a DNR Code Status means nothing will be done to sustain life, but this is misleading. It means no CPR, mouth-to-mouth, or defibrillation will be performed. All other medical interventions including intubation may be performed. There are additional treatments

that you may choose to decline. It is important to reassess with your physician and patient advocate to reflect on your current health status changes.

DO NOT Intubate – an airway or breathing tube placed down the throat

DO NOT Provide Mechanical Ventilation – a machine used to push air through a breathing tube to artificially inflate lungs

DO NOT Provide External Ventilation by Mask

DO NOT Defibrillate - an electrical shock to try to get your heart to start beating

DO NOT Cardiovert – an attempt to return your heartbeat to a normal rhythm through an electrical shock

DO NOT Provide IV Antiarrhythmic Drugs – Medications used in an attempt to return the heart to normal rhythm

DO NOT Provide IV Vasoactive Drugs - Medications used to increase blood pressure

DO NOT Transfer to ICU

DO NOT Provide IV Antibiotics

DO NOT Provide IV Fluids

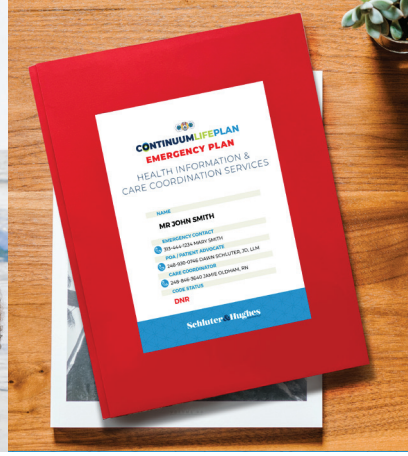
DO NOT Transfer to the Hospital

Find more information on how to share decisions with your designated patient advocate or to download the DNR form look under the Resources tab on our website.

www.schluterhugheslaw.com



A LIFE WELL PLANNED



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IF YOU ARE DIAGNOSED WITH A TERMINAL ILLNESS, WHAT DOES QUALITY OF LIFE LOOK LIKE TO YOU?

STEP 4

Quality of life is an important measure to consider. When treating a serious illness, there is a balance between comfort and aggressive therapies. Talking with your physician can give you a road map to a typical treatment and disease path.

Sharing your thoughts about this with your patient advocate that may be acting on your behalf becomes vital.

• CHEMICAL CODE

Medications only. Do not provide CPR, Do not intubate or ventilate, Do not defibrillate or cardiovert.

• COMFORT MEASURES ONLY

Allow the natural dying process to occur and continue to provide treatment for comfort and symptom control.

• DO NOT TRANSFER TO THE HOSPITAL

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WHAT IS CONSIDERED LIFE SUSTAINING TREATMENTS?

STEP 5

Life-sustaining treatments can be beneficial when recovering from an illness or during the treatment of a chronic illness. But near the end of life, they may sustain the length of life while not contributing to improved quality. Common life-sustaining treatments to consider include:

• ARTIFICIAL NUTRITION

A medical intervention that provides nutrition through an IV or through a tube that has been surgically placed in the stomach or intestine.

• HEMODIALYSIS

A means to filter blood using a machine when the kidneys no longer adequately function. Treatment typically occurs three times a week for about 3-4 hours each session.

• PERITONEAL DIALYSIS

A means to filter the blood using a membrane located in a person's abdomen when the kidneys are no longer adequately functioning.

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WHAT DO I WANT MY LOVED ONES TO KNOW AND WHAT SHOULD I PRE-ARRANGE BEFORE MY PASSING?

STEP 6

Discussing and having pre-arranged funeral plans in place before passing helps loved ones to honor your final wishes and memory.

Things to consider include:

• Do I wish to be buried or cremated?

• Do I wish to donate my body to science?

• Where do I wish my final resting place to be?

• Do I want to arrange and purchase a location before I pass?

• What service, mass, gathering, or celebration of life do I wish to be performed in my honor?

• Are there any words I wish to leave with my loved ones?



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