



Covid-19 Addendum to My Advance Health Care Directive

1. This is a page of explanations about how this addendum fits into an Advance Health Care Directive (AHCD) and how to make sure it is honored.
2. This Addendum could stand alone, but is designed to be added to an already completed AHCD as it refers only to the medical care you desire if you have a Covid-19 illness.
3. If you do not have an AHCD, you can download one of the fill-in-the-blank AHCDs from the Internet such as https://www.courts.ca.gov/documents/Advanced-HealthCare-Directive-Form_031620.pdf You can name one or more persons as your health agent(s) to speak for you if you are unconscious or intubated or too confused to speak for yourself and you can indicate what kind of care you want for other terminal illnesses such as cancer, heart failure, or stroke, etc.
4. No two individuals have the same beliefs as to what care they want done (or not done). So even if the person you chose to be your health agent does not wish the same care for themselves, it is very important that they understand what you want AND that s/he is willing to stand up to other family members or the medical providers to ensure that you get the level of care you want.
5. You must sign and date your AHCD while you are of sound mind. Although it *may* be honored without being witnessed or notarized, it carries more weight if it is. Below is a link to that lists each US state and its finalization requirements for AHCDs. <https://www.nolo.com/legal-encyclopedia/finalization-requirements-health-care-directives.html#AZ>
6. **Do Not Resuscitate:** If you stop breathing or your heart stops and you do not want to be resuscitated you may want to complete a **POLST** (Physician Orders for Life-Sustaining Treatment) form. Health care providers, especially first responders are not bound by a DNR within an AHCD whereas a POLST is a physician order which must be followed. A California POLST form may be accessed at: <https://tinyurl.com/sh64e6j> You will need to get a physician to sign it.
7. If you go to an Emergency Room with a suspected Coronavirus diagnosis, your health agent will most likely not be allowed to accompany you inside the ER or visit you if you are hospitalized. So it is essential that you give one copy to your health agent AND take at least two copies of your AHCDs with you to the ER: one to give to the admitting nurse to be scanned into your medical record and one to have by your bedside. Full AHCDs can be multiple pages long so we advise that if you decide to create this Covid-19 Addendum that you try to get it printed on brightly colored paper and staple it as the top page of your AHCD.
8. This document is not provided as Legal Advice. San Diego Hemlock Society is not a law firm and cannot provide legal advice. You may wish to have this reviewed by your attorney.

Covid-19 Addendum to My Advance Health Care Directive

Stage I: If I develop a Covid-19 pneumonia, I realize that I may become severely ill and become delirious. If I've lost my mental capacity, I want my health agent to (choose #1 or #2):

1. ____ Transport me to the nearest ER knowing that most likely, my health agent or other family or friends will not be able to accompany me because of the infectious disease restrictions.
2. ____ Mobilize an emergency home-health evaluation to provide at-home pulse oximetry to monitor my oxygen level, supplemental oxygen, & intravenous hydration if needed.

Stage II: If my illness worsens, my oxygen levels may fall to life-threatening levels and I may become very confused or lose consciousness. If I've lost my mental capacity, I want my health agent to (choose #1, #2, or #3):

1. ____ Call 911 knowing that I will be asking to use precious emergency equipment and exposing the entire EMS team to my virus.
2. ____ Transport me in a private vehicle to an ER or urgent care facility knowing that most likely, my health agent or other family or friends will not be able to accompany me because of the infectious disease restrictions.
3. ____ Maximize my in-home care including enrolling me in Hospice care if I am eligible. Do whatever is possible to have on hand strong narcotics, including injectables and dermal patches and sedative medication, so that if I appear to be in pain or panicked from shortness of breath, I will not suffer from these feelings even if the physicians warn that these medications may hasten my death.

Stage III: If for whatever reason I end up in an ER and my physicians confirm that my illness is at a life-threatening stage and I've lost my mental capacity, I want my health agent to (choose #1, 2, 3, or 4):

1. ____ Request all available treatments including intubation and artificial ventilation for as long as my heart is beating. (I understand that if I consent to be intubated, I will have a tube in my windpipe and will not be able to talk. I may also be heavily sedated to keep me from trying to pull out the breathing tube.)
2. ____ Request all available treatments including a trial of intubation and artificial ventilation, but it should be continued only if it maintains my blood oxygen at a level to preserve my brain function.
3. ____ Request all available treatments except intubation and artificial ventilation. By requesting no intubation, I realize that I may become agitated and panicked from breathlessness. (see a & b below)
4. ____ If, after talking to my physician, my health agent is not convinced that hospitalization will restore my health, I wish to return home.

If I appear to be in pain or panicked from shortness of breath, (choose "a" or "b" below):

a. ____ I want b. ____ I do not want to receive strong narcotics including patient-controlled IV morphine and sedative medication so that my panic can be fully relieved even if the physicians warn that these medications may hasten my death.

Other requests _____

Do Not Resuscitate: If I develop a serious Covid-19 illness and my heart stops beating

____ I do ____ I do not want to have Cardiopulmonary Resuscitation.

My health agent is: _____ Phone #: _____

My alternate health agent is: _____ Phone # _____

Signature _____ Date _____

Statement of Witnesses

If you use two witnesses, at least one of them must make the following declaration:

I declare under penalty of perjury that the principal is personally known to me, that the principal signed or acknowledged this Covid-19 Addendum in my presence and appears to be of sound mind and under no duress, fraud or undue influence, that I am not the person appointed as agent and that I am not a provider of health care, an employee of a provider of health care.

Witness #1 Signature:

Witness #2 Signature:

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Residence Address:

Residence Address:

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Print Name:

Print Name:

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Date:

Date:

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At least one of the two witnesses must also sign the following declaration:

I declare under penalty of perjury that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

Signature:

Print Name:

Date:

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or Certificate of Acknowledgment of Notary Public

(A notary may use this page to place his/her stamp or may add a separate sheet to attest this Addendum.)