



Advance Directive Information

Te Hopai's facilities are designed for the care of older people. Many people admitted to our facilities have one or more serious medical conditions and at all times care has been designed to be of the highest medical and nursing standard for each individual resident. The goal of such care is to maximise the quality of life of our residents.

Advance directives are about thinking ahead; this enables us to develop a better understanding of you and your families' priorities, needs and preferences, in regard to the planning and provision of care. Advance directives enable a more proactive approach to be taken, and ensure that it is more likely that the right thing happens at the right time. An advance directive is a "dynamic" planning document, which is designed to be adapted and reviewed as needed. One such decision that is discussed when an advance directive is made, is that of choosing or declining cardiopulmonary resuscitation (CPR).

CPR is a technique used in the event of a cardiac arrest.

At Te Hopai we have the ability to provide basic life support: the aim of CPR is to try to maintain the circulation and respiration until advanced life support services are available.

CPR may result in serious harm. As with other medical procedures, Te Hopai establishes our practice by referring to evidence-based information, in order to maximise success, minimise distress and preserve quality of life. Please refer to the document "Information about CPR" for more information.

As this decision is a complex one, it is important it is made in conjunction with your GP, and if you wish, your next of kin or EPOA; however, only the person to whom the decision relates can make the choice and sign the form.

If a person does not wish to make a decision regarding CPR, then the decision will be made by that person's medical practitioner and will become a **medical directive**. This decision will be after careful consideration of the person's medical status. Until the person has been assessed by their GP, in the event of a cardiac arrest, the default decision will be for the staff to perform active resuscitation and transfer to a public hospital.

If you decide you do not require staff to attempt CPR, Te Hopai will provide care that relieves any distress and pain, allows dignity, privacy, peace, effective pain management and symptom control.

Along with CPR, there are a number of other medical and personal decisions that will be helpful to discuss and document in an advance directive.

These include:

- Artificial nutrition and hydration*
- Antibiotic use
- Palliative care wishes
- Personal cares
- Surgery
- Transfer to hospital*

When considering transfer to hospital, it may also be helpful to guide the medical staff as to the extent of medical intervention you wish to receive. This provides guidance if your wishes cannot be made known at the time. Interventions can include:

- Intubation with long term mechanical ventilation
- Intubation for a trial period
- Non-invasive ventilation e.g. BIPAP
- Feeding tube placement (PEG or NG) long or short term*
- IV fluids
- IV antibiotics

Again, it is important that these decisions are discussed with your GP and if you wish, your significant others.

We have documentation available to guide you in drafting your advance directives, and you will receive any help you require from the medical and nursing staff. However, these treatment decisions are only a guideline and are designed to assist the medical staff in the hospital.

* Please refer to the documents “Deciding about going to the hospital” and “Information about Tube Feeding for Residents and Families”