

Who Will Decide  
*if*  
You Can't?

-Advance Care Planning-

# What is Advance Care Planning?



It's **THINKING...**

and

**TALKING...**



About your **FUTURE** medical care!

# Think About Choosing Your Health Care Proxy

-Also known as your “medical decision maker”

-Can be any adult 18+

-Someone you **TRUST**

-Someone who can quickly be present in the event of a health emergency vs. someone who lives in another state



# Think About Choosing Your Medical Treatments

-Decide what types of treatments and/or interventions you **WOULD** or would **NOT** want should you experience a life-limiting illness or injury.

-Base your decisions on your personal **values**, **preferences**, and **discussions** with your loved ones.



Let's Talk About:

# CPR

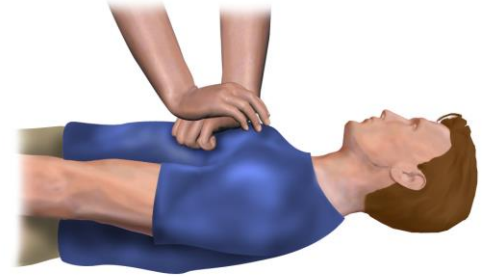
Cardio

Pulmonary

Resuscitation

Technique used to restart the heart and breathing that can include:

-Chest compressions→

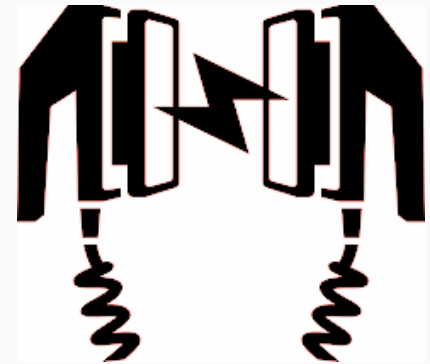


**Position Hands Over Sternum**



**Blow In Air**

-Mouth to mouth



-Electric shock

# The Reality of CPR

-Can restart heart & breathing, but cause possible brain damage from oxygen deprivation that last longer than 6 minutes

-If started immediately, works best for relatively healthy adults with no pre-existing health conditions

-Older, physically weaker adults are less likely to recover

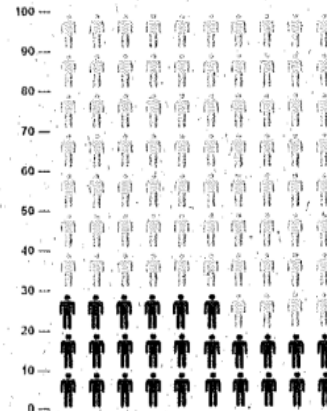
-If successful, CPR can result in major physical trauma including:

- \*broken ribs
- \*damage to the airway
- \*damage to internal organs
- \*bruising or puncturing of lungs
- \*internal bleeding

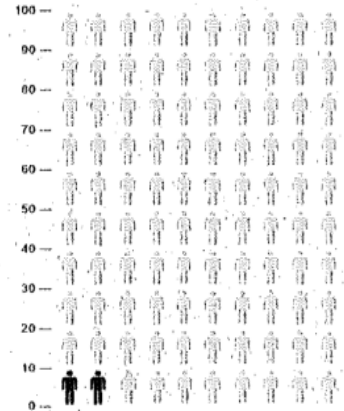
## The success of CPR

By “success,” we mean living through CPR and being able to leave the hospital.

Of those adults who receive CPR in the hospital and live, up to 26% (or 26 out of 100) will leave the hospital alive.<sup>1,2</sup>



For those adults who are older, weak, and living in a nursing facility, CPR will be successful for 2% (or 2 out of 100) of individuals.<sup>3</sup>



# Will CPR work for you?

- What outcomes would you expect if you received CPR?
- What would your goals be?

Talk with your doctor about CPR and what results you might expect

-If you **DO NOT** want CPR performed, be sure to complete a Do Not Resuscitate (DNR) or Physician Orders for Life Sustaining Treatment form (POLST)

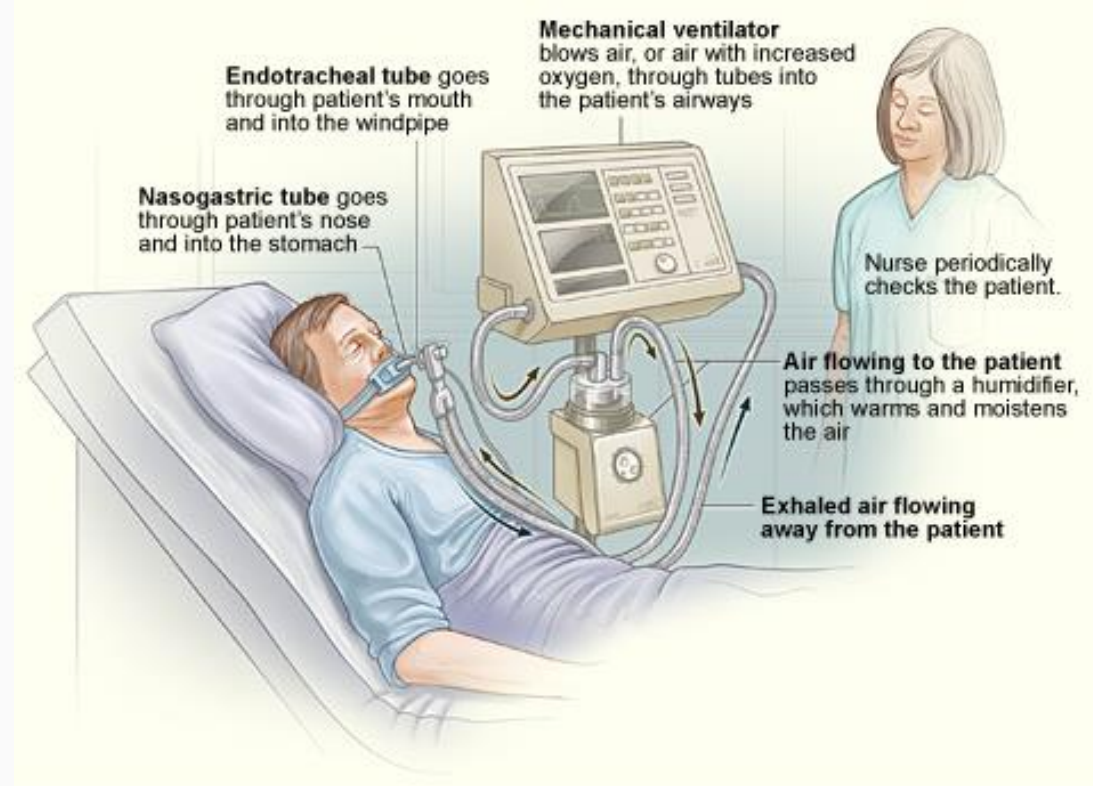
Let's Talk About:

# Breathin

# g

# Support

Medical



**Invasive ventilation**-air moves through one of these

- long, thin tube through mouth, down throat
- Surgically placed in neck and trachea (windpipe)

\*Long-term invasive ventilation always requires a tracheostomy



Continued...

# Breathin g Support

Medical



**Non-invasive ventilation**-for temporary use

- Mask that covers your mouth and nose
- Nasal pillows that fit inside your nostrils
- A mouthpiece

# When Is It **Beneficial** To Use Breathing Support?

In some cases, breathing support can help an individual live well for many years. In other cases, it may prolong the dying process without improving the individuals health or chances of recovery.

Machine-aided breathing can be beneficial in helping you live well if:

- Used for short-term use to aid you in recovering from surgery, a sudden illness or severe injury
- Used long-term when your health condition affects your breathing but not other body systems
- Used long-term for a medical condition that is stable or slowly changing such as muscular dystrophies, Scoliosis or irregular breathing due to sleep disorders

## *Side effects:*

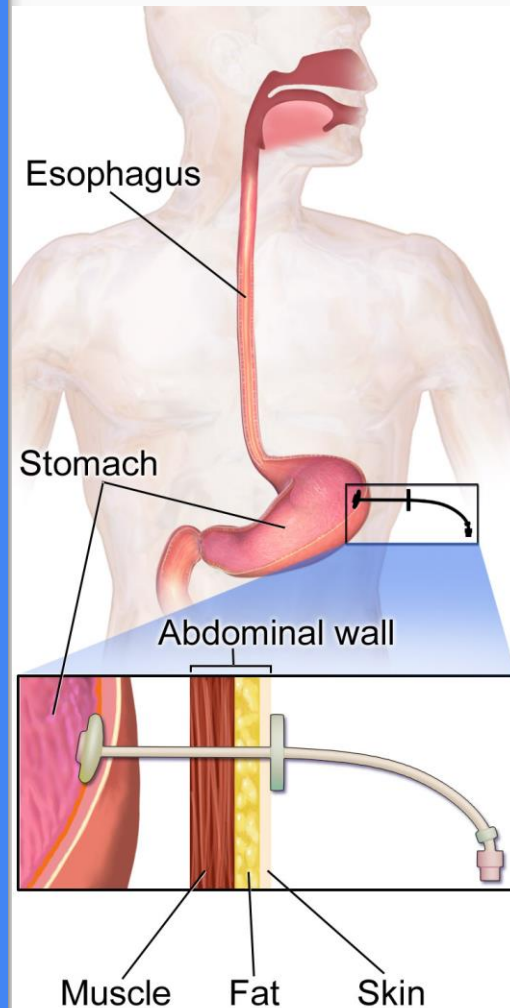
- discomfort to face, nose or throat
- trouble swallowing or talking
- Invasive ventilation may require sedation, limiting ability to engage with family and friends

Let's Talk About:

# Feeding Tubes

Nasogastric or NG

Tube



\*A feeding tube is used to put liquid food into the body through 2 common pathways:

-through the nose into the stomach for short-term use

-through the abdomen skin into the stomach for long-term use

\*Tube feeding can help an individual to living well during illness or disability and is most effective if:

-you are healthy enough to benefit from feeding

-your illness or disability makes it hard to swallow or take in enough nutrition

# When Is It **Beneficial** To Choose Tube Feeding?

*May be the right choice if:*

- you cannot swallow safely due to head, neck, or throat cancer
- your throat muscles are weakened due to diseases that affects those muscles

*Is not likely to help if:*

- your inability to swallow is due to worsening dementia
- a terminal illness is certain to end your life within a short period of time

*Side Effects:*

- liquid food can spill over into your lungs and cause severe infection
- fluids can build up and make you feel nauseous
- experience discomfort from fluid build up in lungs, stomach, hands, and other body parts

# The Choice Is Yours

\*CPR, ventilators and feeding tubes are a few of many choices you can make to ensure that you live the best possible life. Spend adequate time to learn about the risks and benefits of the medical procedures you may have to choose whether or not to utilize.

Take time to:

- *Understand* your prognosis and your options
- *Reflect* on what is most important to you- Quality vs. Quantity of life
- *Communicate* your thoughts, wishes and concerns with your loved ones and medical care team
- *Think* about who you would want to speak and decide for you when you are no longer able to do for yourself
- *Write* down your choices onto an Advance Health Care Directive to ensure that your choices are honored and your dignity upheld.

**Thank  
You!**

Contact us:

SJCCC  
1106 N. El Dorado Street  
Stockton, CA 95202

Gerry Grossman  
209.444.5908

MayPa Thor  
209.396.6945

Mon. - Fri. 8:30AM - 4:30AM



**San Joaquin  
Coalition for  
Compassionate Care**

[www.sanjoaquinccc.org](http://www.sanjoaquinccc.org)