

EMERGENCY PLAN – IF I GET SICK and NEED HELP

Place this document in a prominent spot on your refrigerator!

SHARE THIS INFO with YOUR HEALTHCARE POWER OF ATTORNEY and CLOSE FRIENDS/FAMILY

1. NAME/Birthdate									
2. My PHONE and ADDRESS									
3. DOCTOR name/phone									
4. OTHER DOCTORS name/ phone									
5. HOSPITAL PREFERENCE Give My Chart access to HCPOA									
6. HEALTH INSURANCE CO./POLICY # (primary and secondary)									
7. HEALTH CONDITIONS & DISEASES									
8. MEDICATIONS AND OVER THE COUNTER SUPPLEMENTS	<i>Use the back of this form to list name, dose and frequency of each.</i>								
9. ALLERGIES (food and meds)									
10. MEDICAL DEVICES YOU RELY ON (check those that apply)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><i>Glasses</i></td> <td style="text-align: center;"><i>Contact lens</i></td> <td style="text-align: center;"><i>Pacemaker</i></td> <td style="text-align: center;"><i>Hearing aids</i></td> </tr> <tr> <td style="text-align: center;"><i>Oxygen</i></td> <td style="text-align: center;"><i>CPAP</i></td> <td style="text-align: center;"><i>Walker</i></td> <td style="text-align: center;"><i>Other:</i></td> </tr> </table>	<i>Glasses</i>	<i>Contact lens</i>	<i>Pacemaker</i>	<i>Hearing aids</i>	<i>Oxygen</i>	<i>CPAP</i>	<i>Walker</i>	<i>Other:</i>
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<i>Oxygen</i>	<i>CPAP</i>	<i>Walker</i>	<i>Other:</i>						
11. Who is your HEALTHCARE POWER OF ATTORNEY(HCPOA) (Name/Relationship/Phone/BackUp)									
12. NOTIFY THESE PEOPLE IF I AM VERY SICK (names, home & cell phone, relationship)									
13. Where to find my WILL & ADVANCE CARE DIRECTIVE (be specific)									
14. Where to find DNR/MOST FORM (if you have one)	Prominently display on your refrigerator.								
15. PETS NAMES (include name and contact # for those who might care for them)									
16. NEIGHBORS/FRIENDS who have a key to my home (name & home/cell numbers)									
TRY TO HAVE ADEQUATE CASH, PRESCRIPTIONS, FOOD AND PET FOOD ON HAND.									

Dear Friends,

April 16 is *National Healthcare Decision Day*, a nationwide initiative that encourages adults of all ages to plan ahead for a health crisis. When we make health decisions ahead of time and put those wishes in writing, we bring peace of mind to our families and to ourselves.

This year, with the spread of the Coronavirus and Covid-19, the End of Life Senior Resource Team of the Orange County Department on Aging encourages you to use this time at home to talk with your loved ones about your wishes should you become seriously ill. Choose a friend, family member or other trusted person to make medical decisions on your behalf if you can't speak for yourself. Talk to them about becoming your medical care decision-maker (Healthcare Power of Attorney) if you can't make decisions for yourself. Make sure the person you choose knows what is important to you first and foremost. We may not be able to predict every choice we'll have to make, but we can give those we love the guiding principles to confidently make decisions for us if we can't make them for ourselves. If we don't tell them, they won't know. Here are some things you might talk about.

MY COVID 19 / SERIOUS ILLNESS PLAN

Don't let this wait!

Review and update your wishes/Advance Directive with your Health Care Proxy of Attorney

1. WHAT ARE YOUR BIGGEST FEARS/WORRIES ABOUT THE VIRUS? ARE THERE STEPS YOU CAN TAKE NOW TO ADDRESS THEM?

2. WHAT QUALITY OF LIFE WOULD BE UNACCEPTABLE? (e.g., Require assistance with eating, toileting? Unable to communicate meaningfully with loved ones? Being restricted to a bed? Being in constant, severe pain? Not being able to eat chocolate?)

3. WHAT IF YOU GET VERY SICK FROM COVID-19 OR ANOTHER SERIOUS ILLNESS (*with shortages of equipment you may not have a choice, but your wishes need to be understood!*)

- **DO YOU WANT CPR IF YOUR HEART STOPS?**

- **DO YOU WANT A VENTILATOR (WHICH ACTS AS YOUR LUNG) IF YOU HAVE TROUBLE BREATHING? WHAT IF THERE IS A VENTILATOR SHORTAGE?**

- **DO YOU WANT TO HAVE A FEEDING TUBE IF YOU ARE UNABLE TO SWALLOW OR EAT?**

- **DO YOU WANT TO BE MAINTAINED IN A COMA? FOR HOW LONG?**