# *INTERIM CARE DIRECTIVE [DRAFT]*

I _____, have a "Durable Power of Attorney for Healthcare" (DPA) or other advance directive, but it is not physically present at the time of my admission. During this admission, until my directive is available, I would like the following to be considered as an *Interim Care Directive*. The following, as indicated by an initialed box and my signature, reflects my wishes.

- ❑ *I do not want life sustaining treatment to be provided or continued if I am in an irreversible coma or persistent vegetative state, and/or if I am terminally ill and the application of life sustaining procedures would serve only to artificially delay the moment of my death. I want the hospital and my Health Care Agent to provide comfort and pain relief measures should such measures be indicated.*

- ❑ *I want life sustaining treatment to be provided even if I am in an irreversible coma or persistent vegetative state, and/or if I am terminally ill and the application of life sustaining procedures would only serve to artificially delay the moment of my death*

- ❑ *Other:* _____

  _____

***My designated Health Care Agent is*** _____

*Telephone Number (___)*_____

*Address:* _____

This *Interim Care Directive* **does not** replace, modify or cancel my existing DPA or other advanced directive. This interim directive is only applicable until such time as my DPA or other directive becomes available to hospital personnel. At that time, this interim directive is to be cancelled.

| _____ | _____ | _____ |
|---|---|---|
| Name (Printed) | Signature | Date |

| _____ | _____ | _____ |
|---|---|---|
| Witness Name | Signature | Date |