



TRANSCARE EMERGENCY MEDICAL SERVICES  
ADVANCE DIRECTIVES ON LEVEL OF CARE

Form 100-5  
Rev 1.0  
Series July 2016

<b>PATIENT'S GENERAL INFORMATION</b>		
NAME: _____		
(LAST)	(FIRST)	(MIDDLE)
AGE: _____	SEX: _____	BIRTHDAY(mm/dd/yyyy): _____
ADDRESS: _____		
CITIZENSHIP: _____		CONTACT NO: _____

<b>NEXT OF KIN/LEGAL GUARDIAN INFORMATION</b>	MEDICAL RECORD #
NAME: _____	
RELATION: _____ CONTACT NO: _____	
ADDRESS: _____	DATE ACCOMPLISHED

YES/NO	PREFERRED LEVEL OF CARE	DESCRIPTION OF CARE
<b>CARDIOPULMONARY RESUSCITATION</b>		
	ATTEMPT RESUSCITATION/CPR	May be done if a person has no pulse and is not breathing to prolong the life of the patient. This procedure entails pushing on the chest with great force and used of IV medications in attempt to restart the heart.
<b>MEDICAL INTERVENTION</b>		
	COMFORT MEASURES ONLY No hospitalization unless revoked	Relieve pain and suffering through the use of medication by non-invasive route, positioning, wound care and other conservative treatment.
	LIMITED ADDITIONAL INTERVENTIONS Specify allowed interventions: <ul style="list-style-type: none"><li>○ IV Fluid therapy</li><li>○ Nasogastric tube feeding</li><li>○ Gastrostomy tube feeding</li><li>○ Use of CPAP/BIPAP</li><li>○ Antibiotics therapy</li><li>○ Laboratory work up</li><li>○ Diagnostic work up</li></ul>	In addition to care described in Comfort Measures Only, use medical treatment as indicated. DO NOT intubate.  May transfer to hospital ONLY if care is not met in current location.
	FULL TREATMENT	In addition to above mentioned care, use of intubation, advanced airway intervention, mechanical ventilation, defibrillation/cardioversion as indicated. TRANSFER TO HOSPITAL if indicated.
<b>ADDITIONAL ORDERS</b>		

<b>INFORMATION DISCUSSED WITH:</b>	
Patient(has capacity for decision-making)	Next of kin or legally recognized decision-maker
<b>DECISION-MAKER VERIFICATION</b>	
NAME:	RELATION: (WRITE SELF IF PATIENT)
SIGNATURE:	DATE SIGNED:
<b>PHYSICIAN VERIFICATION</b>	
NAME:	PRC LICENSE NUMBER:
SIGNATURE:	DATE SIGNED: