

## ADDRESSING DEMENTIA CARE IN YOUR HEALTH CARE POWER OF ATTORNEY

The South Carolina Health Care Power of Attorney is a standard form, but it does allow for some modification or further input. Although most specific treatment options are best made when facing a specific diagnosis, many clients are concerned about medical care if they develop dementia and wish to establish care standards before such an occurrence. While there are many types and causes of dementia, the impairment is classified by stages. If you wish to add a statement to your health care directive regarding dementia care, please indicate for each level of dementia (mild, moderate, severe) the care option you prefer. You can find a fuller explanation of stages and ramifications at [www.dementia-directive.org](http://www.dementia-directive.org), and [www.dementia.org](http://www.dementia.org) or other similar sites.

Mild dementia (Stages 3 and 4)	<input type="checkbox"/> Care Option 1	<input type="checkbox"/> Care Option 2	<input type="checkbox"/> Care Option 3	<input type="checkbox"/> Care Option 4
Moderate dementia (Stages 5 and 6)	<input type="checkbox"/> Care Option 1	<input type="checkbox"/> Care Option 2	<input type="checkbox"/> Care Option 3	<input type="checkbox"/> Care Option 4
Severe dementia (Stage 7)	<input type="checkbox"/> Care Option 1	<input type="checkbox"/> Care Option 2	<input type="checkbox"/> Care Option 3	<input type="checkbox"/> Care Option 4

Care option 1: I want to receive normal medical care to treat disease and prolong my life including efforts to restart my heart if it stops beating.

Care option 2: I want to receive treatment to prolong my life, but I do not want mechanical or other procedures that affect bodily function including artificial respiration, nutritional support and hydration, or cardiopulmonary resuscitation.

Care option 3: I want to receive treatment in the place that I am living only. If a treatment such as antibiotics would allow me to live longer in the place I am living, then I do want to receive such care. However, if I continue to get worse, I do not want to go to an emergency room or hospital. I do not want mechanical or other procedures that affect bodily function including artificial respiration, nutritional support and hydration or cardiopulmonary resuscitation.

Care option 4: I want to receive comfort care only, to relieve suffering such as pain, anxiety or breathlessness. I do not want any care that would keep me alive longer.

Care option in your own words: \_\_\_\_\_

Nothing in this document should be considered medical advice; please consult your physician or do your own research if you have questions.