

PCA Training

Welcome, PCA Class.

Rule & Policies Introduction

❑ Eligibility of Personal Care Aide (PCA)

1. Must be **18 years** of age or **order**
2. Must be able to **read & write in English**
3. Must be able to perform the tasks required
4. Limitations
 - **Do not perform skilled nursing task**
 - **Do not provide care for other person**
 - **Do not administer medications**

Providing Home Care...

- ❑ PCA-Personal Care Aide
- ❑ Medicare & Medicaid
- ❑ Professionalism
- ❑ Client's right
- ❑ Care Team
- ❑ Policy & Procedure



Professionalism

- **Positive attitude**-person centered
- **Doing** only the assigned tasks-follow P&P
- **Keeping** all client's information confidential
- **Never giving or accept gift**
- **Being clean** and neatly dressed and groomed
- Always being on time
- Following the chain of command
- Not using profanity
- Dependable, respectable, unprejudiced

Client Right

- The right to the best care available **with respect**
- The right to be **fully informed** for the rights and services
- The right to participate in their own care
 - Informed Consent
- **Free from abuse and neglect**
- Ombudsman-Observe and report
- **HIPAA**

Infection Control

Infection Control

- **To prevent and control** the spread of disease
 - Microorganism
 - Infection-pathogens (harmful microorganism)
- Clean vs. Dirty
- **Universal Precautions**- treat all body fluids and mucous membranes as if they are infected the wearing
- ▶ **medical gloves, goggles, and face shields**
- **Wash your hand**
 - Handling sharps with caution
 - Hold & carry dirty linen or items away from you



Hand Washing 1

- The best way **to prevent the spread of infection**
- When you get to work, touching visibly soiled items, contact with any body fluids
- **Before & after gloving, touching meal tray, feeding client, you eat, using toilet, applying make up**
- **After touching garbage bag or trash, blowing nose or coughing or sneezing, contact with pets**

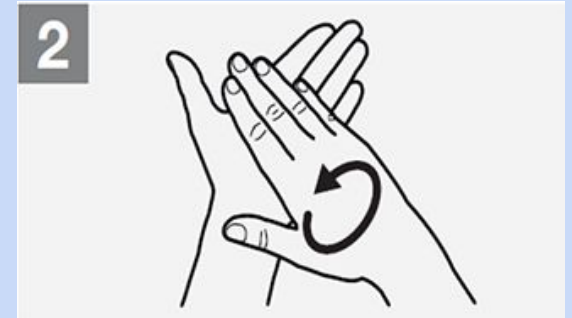
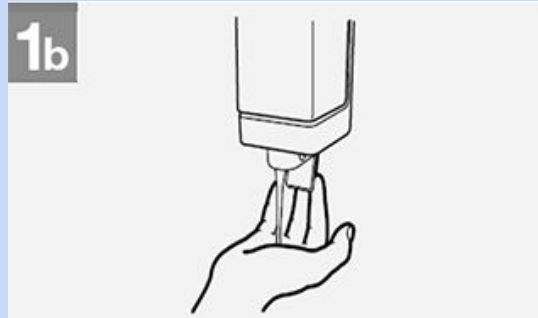
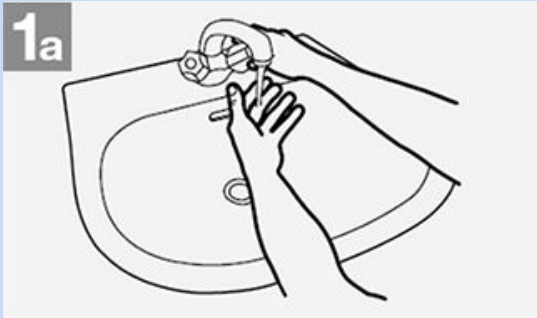
Hand Washing 2

❑ <https://www.youtube.com/watch?v=6ae0eODZyNQ>



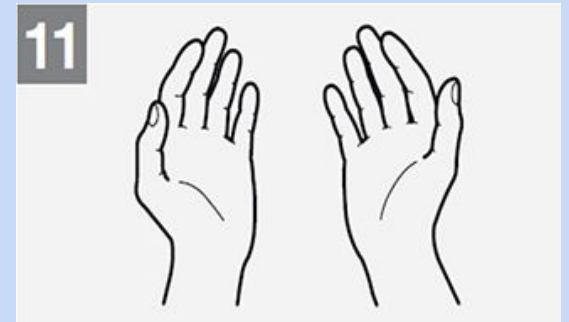
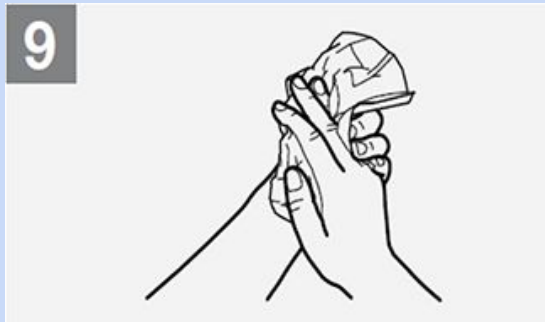
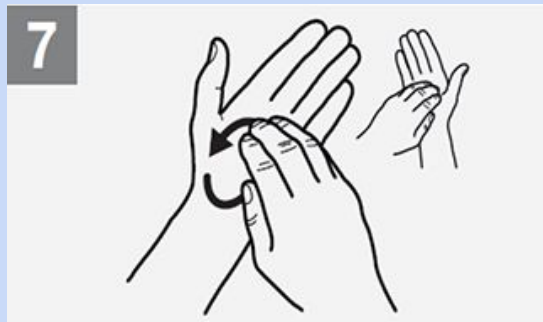
Hand Washing 3

Basic Wash : Soap & Water



Hand Washing 3

Basic Wash : Soap & Water



Hand Washing 3

Basic Wash : ABHR

1a



1b



2



3



4



5



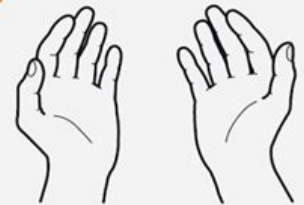
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7



8



Hand Washing 3

- **Check for Understanding**

Select the correct answer.

A nurse accidentally brushes her wrist on a patient's bloody bandage, smearing blood on her wrist. The nurse must perform hand hygiene using _____.

A. Soap and water

B. Alcohol-based handrub (ABHR)

Gloving

- Wash hand
- Disposable gloves are to be worn only once
- Remove gloves before touching **non-contaminated items**
- Remove gloves before exiting room
- **Wash your hands directly after removing gloves**

☐ Video

<https://www.youtube.com/watch?v=xueBYfElFEg>



Communication

Elderly 1

Physical and Biological Aspect of Aging
Psychological Aspects of Aging

Communication 1- **exchanging information with others**

- Verbal
- Nonverbal
- Proper communication
 1. Greet by preferred name
 2. Identify yourself
 3. Face the client while speaking
 4. Listen and respond
 5. Be courteous
 6. Tell your client while giving care & when you are leaving
- Barriers-defense mechanism, impairment, culture, language, mental illness



Communication 2

- **Effective Communication**

1. Use simple words, short sentences and speak clearly
2. Be aware the power of body language/gestures
3. Learn your client's behavior
4. Listen and observe carefully
5. Hearing aid and glasses
6. Reduce or remove noise
7. Do not shout, keep the pitch of voice low
8. Use different words
9. Use picture
10. Summarize and confirm



Communication 3 - Documentation

- Objective information- **see, hear, touch, or smell**
(Uninfluenced by emotions or personal prejudices)
Examples- The recipient received a complete bath today.
- Subjective information-reported by client's (existing in the mind)
Examples- The recipient is angry and says "I was never given a bath today."



PROVIDER AIDE RECORD

(Personal/Respite Care)

Individual's Name:				Phone:			
DAY:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
DATE (Month/Day/Year):	/ /	/ /	/ /	/ /	/ /	/ /	/ /
ACTIVITY:							
Complete/Partial Bath							
Dress/Undress							
Assist with Toileting							
Transferring							
Personal Grooming							
Assist with Eating/Feeding							
Ambulation							
Turn/Change Position							
Vital Signs							
Assist with Self-Admin. Medication							
Bowel/Bladder							
Wound Care							
ROM							
Supervision							
Prepare Breakfast							
Prepare Lunch							
Prepare Dinner							
Clean Kitchen/Wash Dishes							
Make/Change Bed Linen							
Clean Areas Used by Individual							
Lasting Supplies/Shopping							
Individual's Laundry							
Medical Appointments							
Work/School/Social							
Other							
DAILY TIME IN							
DAILY TIME OUT							
NUMBER OF HOURS							
Weekly Comments or Observations (required):							
Answer each question by checking the box that applies				Y	N	Observation if YES	
1. Did you observe any change in the individual's physical condition?							
2. Did you observe any change in the individual's emotional condition?							
3. Was there any change in the individual's regular daily activities?							
4. Do you have an observation about the individual's response to services rendered?							
Additional Comments/Observations (if needed):							
Use back of page if more room needed for additional comments or observations.							
Weekly Signatures:							
Individual's/Family's Signature				Date			
				Print Aide's Name			
RN's Signature (not mandatory)				Date			
				Aide's Signature			
				Date:			

This form contains patient-identifiable information and is intended for review and use of no one except authorized parties. Misuse or disclosure of this information is prohibited by State and Federal Laws. If you have obtained this form by mistake, please send it to: DMAS, 600 East Broad Street, Suite 1300, Richmond, VA 23219
DMAS-90 rev 06/2012

The Elderly 1

- **Aging is a normal process**, not a disease
 - ▶ Loss of & preparation for death Involve.....
- **Ageism-discrimination** against people on the grounds of age; specifically, discrimination against the elderly

Psychological Aspects of Aging

- Facts
- Behaviors

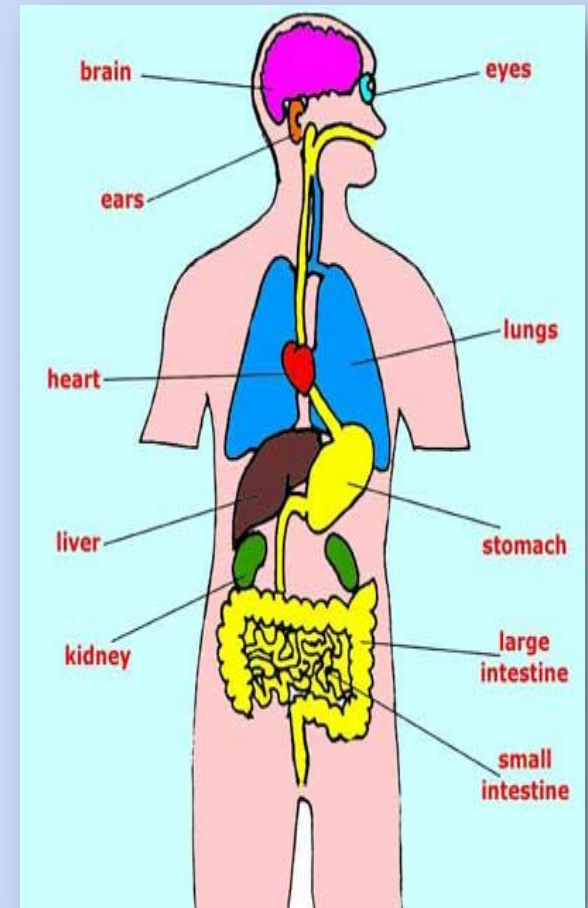
Physical and Emotional Needs

- **Basic Human Needs**
 1. Physiological Needs
 2. Safety and Security
 3. Personal security
 4. Love & Belonging
 5. Self- esteem and respect
 6. Self- Actualization



Physical and Biological Aspect of Aging

1. Cardiovascular Changes
2. Respiratory Changes
3. Urinary System Changes
4. Digestive System Changes
5. Nervous System Changes
6. Musculoskeletal Changes
7. Integumentary (Skin) Changes
8. Endocrine System Changes
9. Reproductive System Changes



Personal Care 1

Personal Care 1

- **Goals**

1. Promote self care and independence
2. Assure safety and comfort
3. Maintain dignity and self- respect
4. Maintain stability

- **Principles**

Explain, provide privacy and safety, encourage and allow self care as possible, assist, inter act, monitor and report any changes

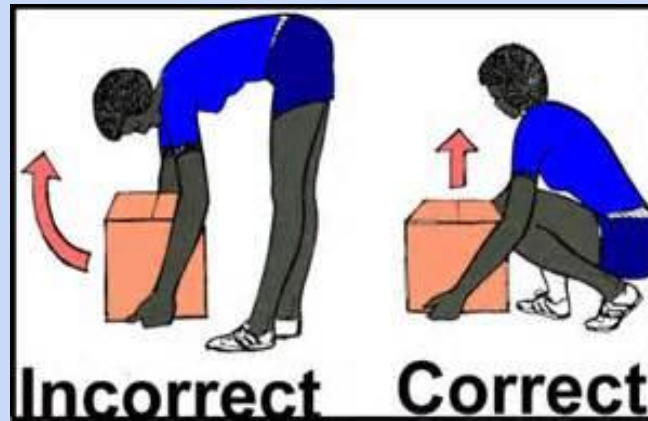
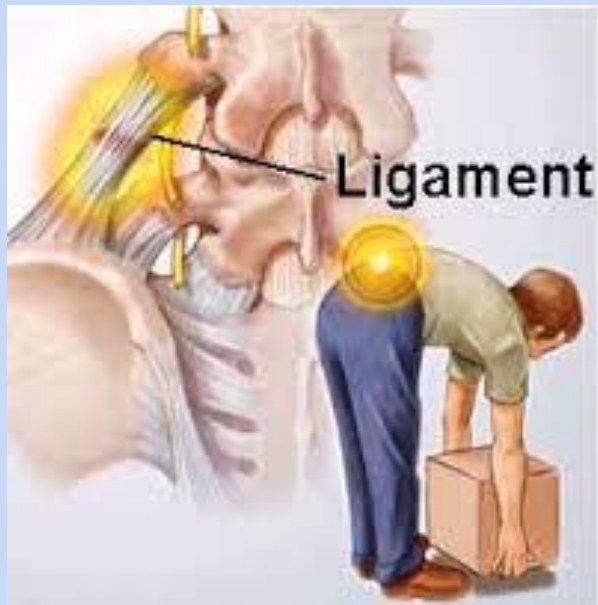


Body Mechanics

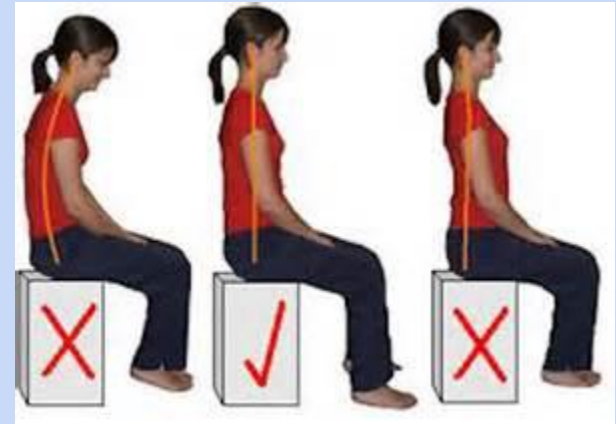
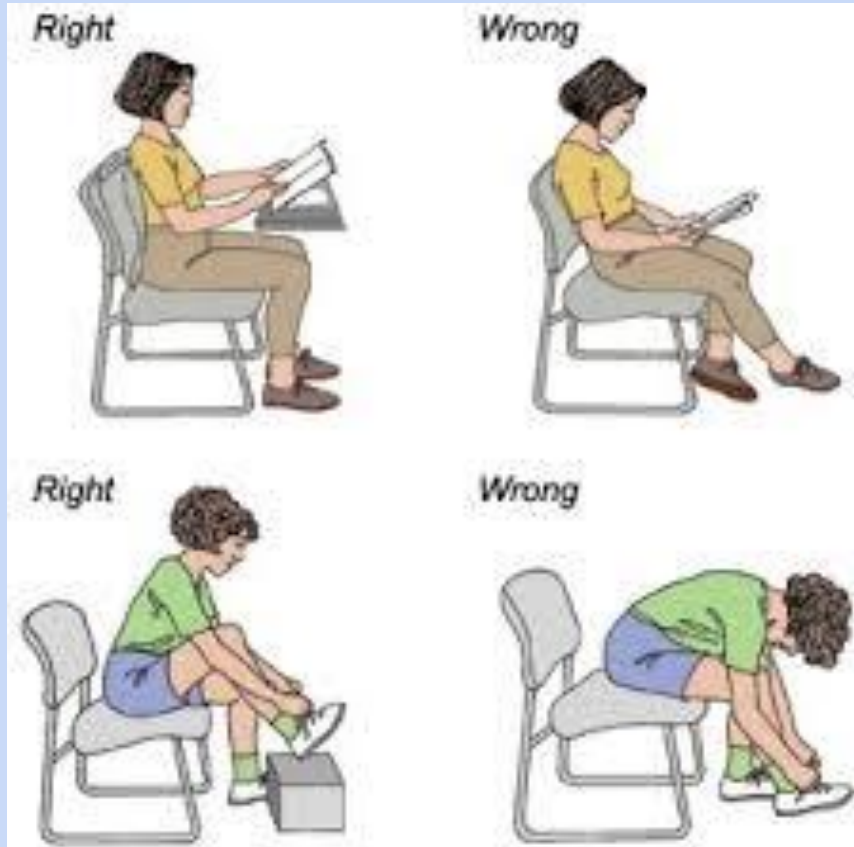
- **Definition:** Using proper body movement to reduce injury to self or another while moving/transferring large weights
- **Use of proper body mechanics** – prevent injury and utilize the safest and often easiest
- Be aware of any **limitation and restrictions**
- Body alignment
- Techniques of body mechanics
 1. Helping the client sit up in bed
 2. Moving the client in bed
 3. Helping the client move from
 4. Helping the client walk....



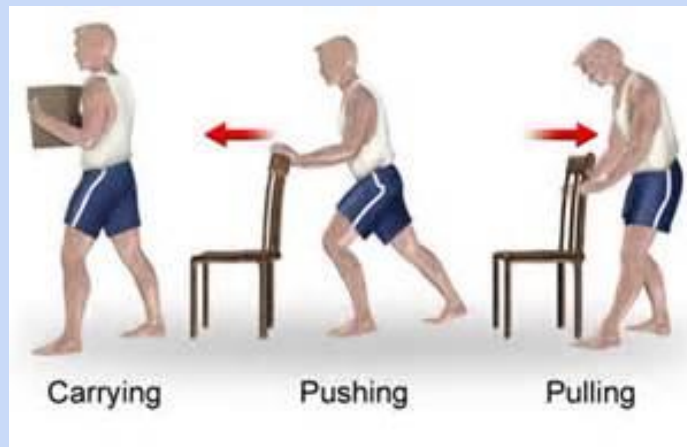
Body Mechanics



Body Mechanics



Body Mechanics



ADL's-Activities of Daily Living

- 1. Transferring**
- 2. Eating/Feeding**
- 3. Dressing**
- 4. Bathing**
- 5. Toileting/Bowel and Bladder Control**

Transferring 1

Make sure the recipient wear **well fitted shoes or slippers**

- **Ambulation (Indoors)**

1. Walking
2. Wheeling
3. Stair Climbing

- **Mobility(Outdoors)**

Helping the Client Move from

- Bed to chair
- Bed to wheelchair: <https://www.youtube.com/watch?v=HyZvbVf2SSY>
- Bed to toilet/commode
- Bed to tub/shower
- Chair to commode
- Chair to tub: <https://www.youtube.com/watch?v=ckuZ4JoN8V4>
- Wheelchair to tub
- Wheelchair to commode

Helping the Client Walk

https://www.youtube.com/watch?v=uxio2MKN_NU

Walker



Crutches



Cane



Transferring 2

<https://www.youtube.com/watch?v=ZlwKx2e-mtI>

❏ Video



Personal Care 1 – I & II

Eating/Feeding

- Ensure toileting needs are met
- Safe and comfortable position
- Give choice to eat
- Offer liquids at intervals
- **Avoid rushing**
- Monitor for change of ability of chewing and swallowing
- Monitor for pocketing



Dressing

- Give a choice
- Prepare all needed /proper articles
- Provide privacy and avoid exposing
- Aware special instructions
- Encourage independence
- Removing-strong side first
- Put-weak side first
- Avoid pulling catheter or tubes, **DO NOT disconnect them**

Dressing

<https://www.youtube.com/watch?v=PiHCvPHBoZs>

□ Video



Bathing 1 - Mouth care (Page 8)

- Sit up position as possible
- **Wear gloves**
- Unconscious recipient
- Dentures care
 1. Like warm water (moderately warm; te
 2. Handle with care
 3. Check for crack, chips, or loose teeth
- Observe and report



Denture Care

 **Video** <https://www.youtube.com/watch?v=l0G0ZO627jo>

Bathing 2 - Hair Care (Page 9)

- Allow self care as possible
- Explain the procedure
- **Should NOT cut or perm without permission**
- Use caution when using heated device



Bathing 3 - **Shaving**

- Preferable to use electric razor
- Do not shave without permission
- Pull skin or ask to make face to make skin flat



Personal Care 1 – II & III

Bathing 4 - **Bath**



- Provide **privacy**
- Gather all necessary equipment
- Explain procedures
- Be sure the room is warm and comfortable
- Expose only one part of the body at a time
- Change the water if it cools off or becomes soapy at a time
- Consult the plan of care for the type of bath to be given per recipient's needs
- Gloves are worn for universal precaution
 1. Tub
 2. Shower
 3. Bed bath-complete/partial

Bathing 5

- Complete bath : **clean to dirty area**

1. Bath
order-eyes-face-ear-neck-chest-arms-abdomen-legs-foot-back-perineal area
2. Washes and dries one part at a time
3. Test water temperature before start
4. No soap for eyes, use different clean area of wash cloth for each side of eye
5. Use gentle and long stroke
6. Be sure rinse off all soap

Bed Bath

□ Video <https://www.youtube.com/watch?v=TH1IVwZmAEE&t=77s>

Bathing 6

- Perineal (genital/rectal area) care

At least one time a day and as needed Worn gloves

1. Female

- Separate labia
- Use different clean area of wash cloth
- Clean from front to back

2. Male

- Clean -> penis-scrotum/groin-buttock-anal area
- Uncircumcised-pull back foreskin to wash
- Wash in a circular motion from tip down to base

Bathing

- Q & A

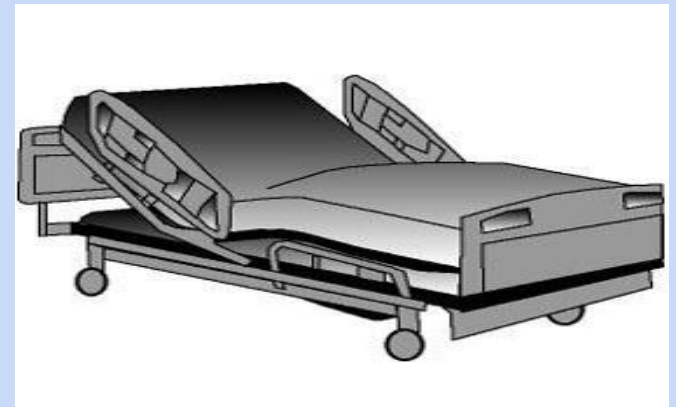


Bed Making 1

- Gathering all needed supplies
- Explain procedure

☐ **Unoccupied bed**

1. Remove the linens from one side - roll –pull the dirty linens out
2. Hold dirty linens away from PCA & drop to linen hamper
3. Change gloves as necessary
4. Apply the clean linens
5. Straighten the linens as needed




Bed Making 2

❑ Occupied bed

1. Recipient turn to one side/ side rail up
2. Remove the linens from one side – roll them under the recipient's back
3. Change gloves as necessary
4. Apply the clean linens under the dirty linen
5. Assist the recipient to turn to the other side
6. Pull the dirty linens out, hold dirty linens away from PCA & drop to linen hamper
7. Pull the clean linens and straighten as needed



Bed Making

 **Video** <https://www.youtube.com/watch?v=xyw1TN5BQQU>

Toileting/Bowel and Bladder Control

1. Provide **privacy**
2. Provide safe and comfortable environment
3. Help recipient wash their hand after she/he is finished
4. Wear glove when assisting for clean up
5. Empty and clean equipment thoroughly
 - Bedpan
 - Urinal
 - Bedside commode
 - Trip to toilet

Toileting/Bowel and Bladder Control

Bedpan



Urinal



Bedside commode



<https://www.youtube.com/watch?v=pV6gDqO1RTc>

Personal Care 2

- Meal preparation
- Housekeeping
- Laundry
- Using the Telephone
- Home Maintenance

The Vital Sign

Vital Signs 1

- The measurement of Temperature, Pulse, Respiration, and Blood Pressure
 1. Temperature (**Normal-98.6 F**)
 - A. Oral-wear gloves
 - B. Rectal-wear gloves
 - C. Axillary
 - D. Tympanic
- **Wash hands before and after**
- Temperature **over 100 degree** should be documented and reported to the RN supervisor



Vital Signs 2

2. Pulse (**Normal 60-80**)

The numbers of heart beat in one min.

- A. Radial
- B. Apical

✓ The pulse should be reported to the RN supervisor if it is **below 60**



Vital Signs 3

3. Respiration (**Normal 18-20**)

How many breaths in **one min.**

- ✓ One breath-one inhalation and one expiration
- ✓ Respiration can be counted after taking the pulse
- ✓ Document the rate and note if there were periods when no breath was taken

Vital Signs 4

4. Blood Pressure (**Normal 120-140/70-80**)

Measure the pressure of the heart contracting and at rest

- ✓ Record the BP and report it to the RN supervisor **if it is under 110 (systolic) / 60 (diastolic), or over 140/90**
- ✓ Note for headache, nose bleed, feeling dizzy, lightheaded etc....



Special Care

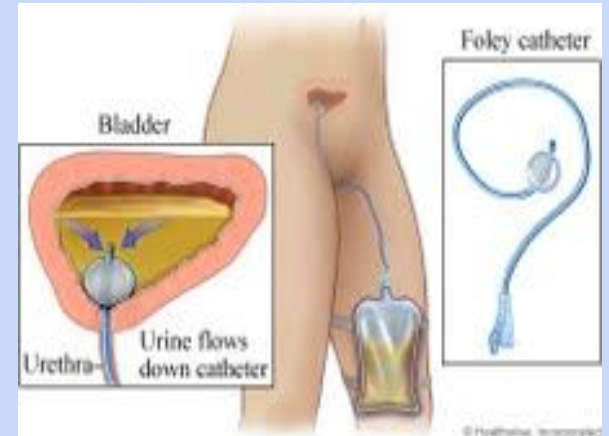
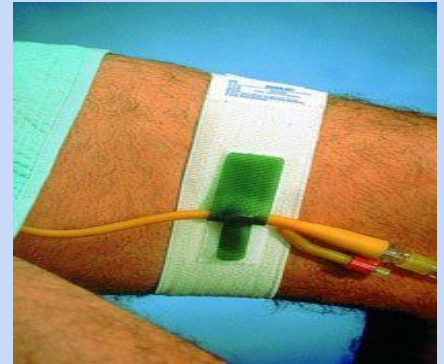
Home management & Safety 1

Special Care 1

<https://www.youtube.com/watch?v=XzQTDUEpx0w>

- **Indwelling catheter care**

1. Washing around the urethra with soap & water
2. Handle gently /Do not pull
3. Empty bag every 6-8 hrs. or as needed when filled more then half
4. Keep the bag lower then bladder level at all times
5. Clean the bag as instructed



Special Care 2

- **Back rub**

1. Lying on his/her side
2. Wash your hand
3. Apply lotion to your hand & rub your hands together
4. Apply the lotion to the recipient's back rubbing a long circular motion
5. Observe for any signs of redness or breakdown
6. Report

Remember the bathing video with the back rub?

Special Care 3

- **Skin Care-** prevention for skin breakdown

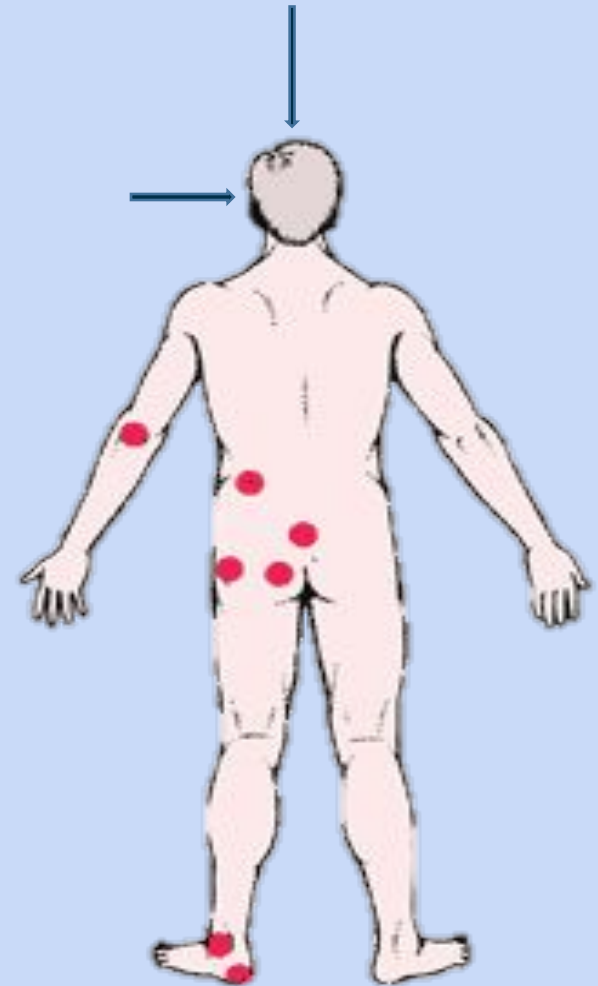
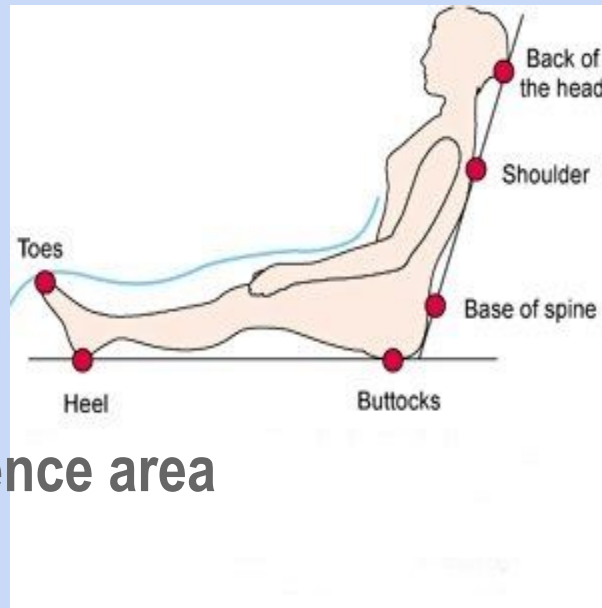
- **Decubitus** –sore that forms from immobility

1. Inspect the recipient's skin and bony prominences for symptoms of skin breakdown
red marks, blisters, itching, warm to touch,
 - ▶ dark discoloration
 - watch for bruising, rash, skin tears
2. ▶ **Change position- every 2hrs**
3. Pressure off-use padding, pillows
4. Good nutrition and hydration
5. Range of motion-prevent contraction
6. Report

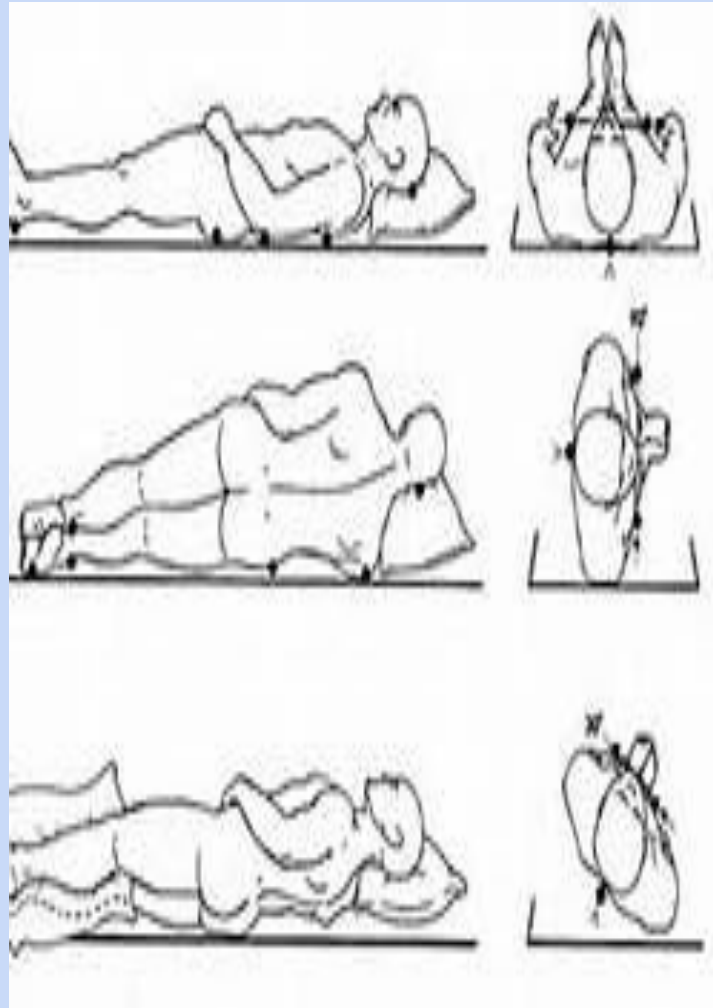


Body that touches the mattress

- Hip
- Heels
- Elbows
- Buttocks
- Ears
- Ankles
- Knees
- Head
- Sacrum
- Bony Prominence area



Body that touches the mattress



Skin Conditions



- Bruises
- Bed Sore/Decubitus
- Abrasions
- Rashes
- Skin tears

Physical Disabilities of Handicaps 1

● Rheumatoid Arthritis

Severely crippling and painful disease Gentleness when moving,

- ▶ turning, bathing, or dressing

● Stroke- cerebrovascular accident (CVA)

Rapid loss of brain function due to disturbance in the blood supply

- ▶ to the brain Symptoms-slurred speech, difficulty, swallowing, paralysis Physical, occupational and speech therapy as needed, assist for ADL's as needed

Physical Disabilities of Handicaps 2

- **Heart trouble**

Chest pain on exertion, sweating, nausea, pain in the left arm, jaw, shoulder blade, short of breath

▶ Call 911

- **Parkinson's Disease**

Degenerative disorder of the central nervous system, shaking, rigidity, depression, dementia

Assist for walking, eating and ADL's as needed

▶

Home Management

- **Maintain clean environment**
- House-keeping duties for living area of the recipient regarding plan of care
- Use of proper body mechanics
- Routine care and use of cleaning, laundry, kitchen equipment
- Emergencies –notify the caregiver and RN supervisor for disconnection of heating, water, electricity
- Pest Control- notify the caregiver and RN supervisor for necessary treatment

Safety and Accident Prevention 1

● Falls

1. Wipe all spills
2. Remove area rugs, extension cords and clean hallway
3. Never left alone to get in or out of the tub
4. Utilize assistant device-walker, eye glasses, side bar
5. Use light, keep night light on
6. Schedule toileting and assist
7. Make sure to wear secure fitting shoes or slippers

● Burns

1. Assist with all cooking
2. Test temperature for bath water













Safety and Accident Prevention 2

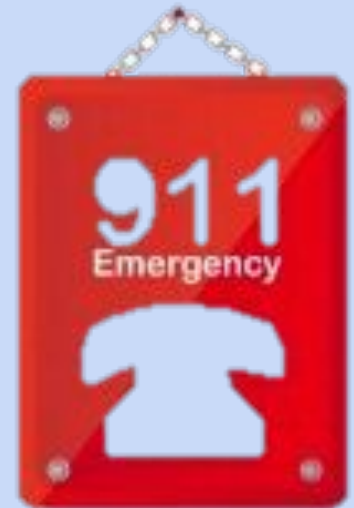
● Medication errors

1. Use prefilled medication box (only fill by qualified person or dedicated family member)
2. Remind/assist recipient to take medication as directed and document



Critical situations that PCA may be involved

- Verbally abusive-must maintain professionalism
- Combative- leave the recipient alone for few min. unless she/he in danger **NEVER**, under any circumstances, to hit a recipient
- **Emergency**
 1. Be aware what is happening with your recipient at all times
 2. Must be prepared with a plan of action
 3. Depending on the problem, **call 911**, family member and agency



Policies and Procedures **1**– regarding accidents or injuries

- **Limitation of the PCA**

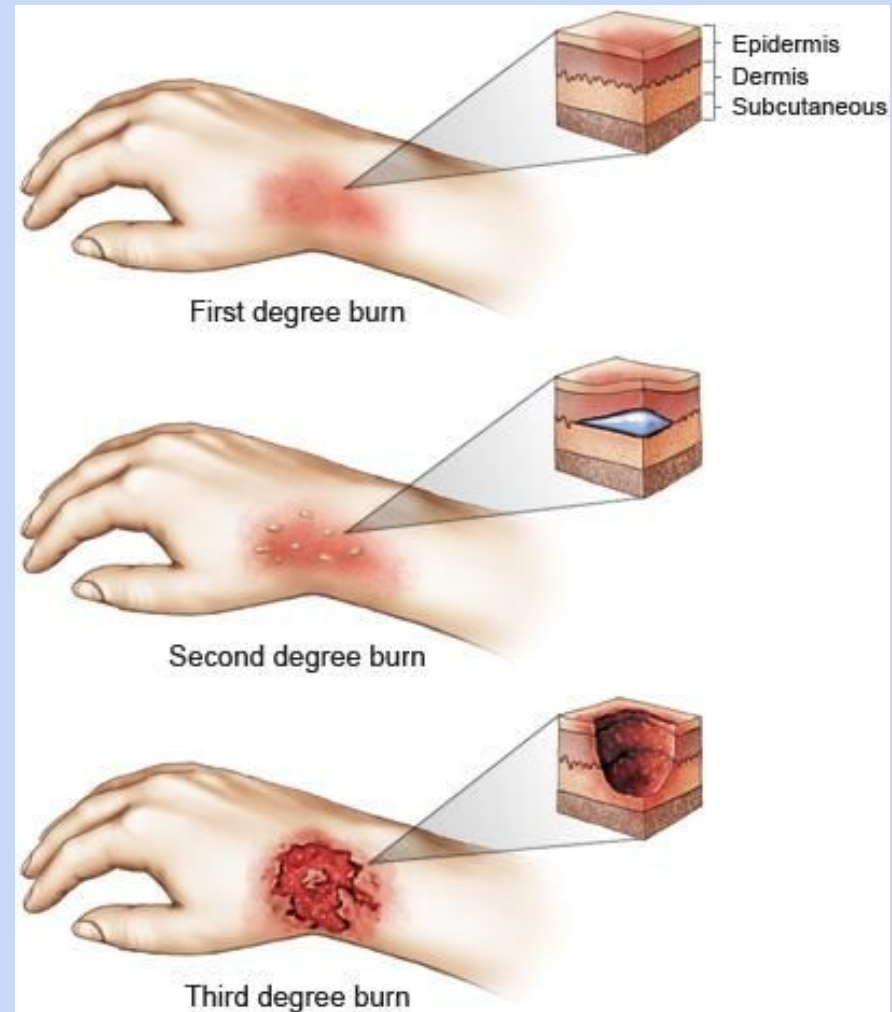
1. Do not move after a fall until evaluated
2. Never clean a wound other than soap
3. If need to apply a bandage to an injury, no salve, cream, ointment or medication
4. Call the RN supervisor and 911 immediately

Policies and Procedures **2**— regarding accidents or injuries

● **First Aid**

1. **Abrasion** - clean with clean washcloth, notify to the RN supervisor
2. **Bruises** - notify to the RN supervisor and document, cold compress for bumps or knot
3. **Cut** - notify to the RN supervisor, apply direct pressure with clean washcloth or towel until seen by medical professional , may require an emergency room visit
4. **Burn** - **1st degree(red)** -cold water, **2nd degree(blister)** -cool water
Notify to the RN supervisor, document
DO NOT apply ice, salve, cream, ointment
5. **Poisoning** - Immediately notify to the RN supervisor
Do not give anything to eat
Do not induce vomiting unless to do so by the RN supervisor, Physician,

911, Poison Control Center



Medical Emergency - **Warning signs**

- **Bleeding** that will not stop
- Breathing problems
- Change in mental status
- Chest pain
- Choking
- Coughing up or vomiting
- Fainting or loss of consciousness
- Head or spine injury
- Severe and persistent vomiting
- Sudden, severe pain anywhere in the body
- Sudden dizziness, weakness, or change in vision
- Swallowing a poisonous substance
- Upper abdominal pain or pressure
- Severe allergic reaction

Responding to.....stay with your recipient

- **Vomiting** - put on gloves, head is up, place emesis basin under the chin, wipe face and mouth, oral care, clean after, report and document for observation
- **Fainting** - have the recipient lie down, if person is in sitting position, bend forward and place head between knees, loose any tight clothing, report and document for observation
- **Seizures** - Lay the person to the floor and place pillow or blanket to protect any injury, notify RN supervisor immediately, do not restrain or force anything, do not place your hand in the mouth, report and document for observation

Safety and Accident Prevention 3

<https://www.youtube.com/watch?v=SbYOTbgHMac>

- OSHA (Occupational Safety and Health Administration)
- **Fire** - know Fire Safety Plan
 - P**-ull **A**-im **S**-queeze **S**-weep
 - R**-emove **A**-larm **C**-ontain **E**-xtinguish
- **Disaster guidelines** - Remain calm, follow instruction



Incident Report

Food

Incident Report

- **Incident**

abuse, accident, injury, elopement/missing person, hospitalization, death, suicide

- **Notify to RN supervisor**

- **Documentation/Report**

- Incident report
- Date, time, place, who, what

- **Follow up** - follow with care plan/document

Food, Nutrition and Meal Preparation

- Nutritional value
- Cultural and ethnic food patterns
- Individual like and dislike
- Budgetary limitations
- Special considerations of normal diet for elderly
 1. Frequent small meals
 2. Ability to chew and swallow
 3. A minimum of eight glasses of water to prevent dehydration
 4. The need for calories decreases
 5. Adequate intake of vitamins, minerals, proteins, carbohydrates, starches and fats in their daily diet.



Special Diet & Considerations

- Disease
- Eating poorly
- Tooth lost or oral pain
- Economic hardship
- Reduced social contact
- Multiple medications
- Involuntary weight loss or gain
- Need of assistance with self care
- Elderly person older than 80 years



Food Purchasing and Preparation / Storage and Sanitation

- Buy recipient's preferences for brand, size, quantity
- Prepare food for client's dietary requirement
- Prepare food as requested by client if no dietary restriction
- Store food as needed-milk, butter, meats in refrigerator
- Place food in freezer if will not be used in the **next three days**
- Wash hands before & after touching any food
- Defreeze meats or other items in the refrigerator

Special Diet

- **Must** be closely observed and assisted
- Follow the diet instruction as directed by doctor/
Dietician
 1. Diabetic-limit sugar intake
 2. Ulcer-may need bland diet
 3. Blood Clot-may need low Vitamin K diet
 4. Hypertension-no added salt diet
 5. Dialysis/ Kidney failure- maintain the balance of electrolytes

Documentation

- Aide Record (DMAS-90)
- Complete at the time the service is provided
- All required field must documented including the recipient and caregiver's signature
- Never use white out
- Make one line through the error, initial, date the change, and rewrite the correct information
- Follow provided agency plan of care

The Elderly 2 & 3

The Elderly 2

- **Dementia-general term that refers to serious loss of mental abilities**
- **Common cause of dementia**
 - Alzheimer's disease-tangled nerve fibers and protein deposits to form in the brain
 - Vascular Dementia

The Elderly 2-cont.

- **Difficult behaviors related AD**

1. Problems with ADLs
2. Sundowning
3. Pacing and Wandering
4. Elopes
5. Hallucinations and delusion
6. Depression
7. Repetitive phrasing
8. Pillaging and Hoarding
9. Agitation

The Elderly 2-cont.

- **Care principles**

1. Encourage/help their mind and bodies as active as possible
2. Do not take their behavior personally
3. Treat client with AD with dignity and respect, as you would want to be treated
4. Work as a team
5. Encourage communication
6. Work with family members
7. Follow the goals of the care plan

Interventions

- Break complex task to small steps
- Use pictures and signs
- Suggest a word when has trouble to find
- Redirect - unsafe behavior, hallucinate, use bad language, verbally abusive
- Be creative and flexible for care
- Give simple choice
- Make routine schedule
- Maintain self esteem and encourage independence
- Remove triggers – physical and emotional-fatigue, change of environment /routine/care giver, overstimulation, pain, hunger, need for toileting
- Physical aggressiveness-step out of reach, call for help, do not leave client alone
- Do not argue, be calm
- Report for changes

Creative Therapy

- Validation therapy
- Activity therapy



The Elderly 3

- **End of Life Care**

Grief process by Elisabeth Kubler-Ross

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

The Elderly 3 - Common signs of approaching death

- Unfocused eye
- Loss of movement
- A rising or below body temperature
- Decrease blood pressure
- Weak pulse
- Slow irregular respiration
- A rattling or gurgling sound as the person breathes
- Perspiration
- Incontinence
- Disorientation or confusion

The Elderly 3 –Care

- Tell person about any procedure
- Mouth care
- Skin care
- Comfort
- Favorite object/environment
- Emotional and spiritual support
- Treat with dignity
- Respect their wishes
- Respect the privacy including family and other visitors
- Care family and visitors

The Elderly 3 - cont.

- **Hospice-palliative care**

1. Special care that a dying person needs and family in a hospital, home or care facility
2. Goals-comfort and dignity of client such as pain relieve and comfort
3. Be a good listener, be sensitive for their needs
4. Allow yourself to grieve

- **DDNR - Durable Do Not Resuscitation**

1. Doctor's order
2. Medical provider honor wishes about own decision for care
3. Form follows client



DDNR FORM



Durable Do Not Resuscitate Order

Virginia Department of Health

Patient's Full Legal Name _____ Date _____

Physician's Order

I, the undersigned, state that I have a bona fide physician/patient relationship with the patient named above. I have certified in the patient's medical record that he/she or a person authorized to consent on the patient's behalf has directed that life-prolonging procedures be withheld or withdrawn in the event of cardiac or respiratory arrest.

I further certify (must check 1 or 2):

- ☐ 1. The patient is CAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment (Signature of patient is required)
- ☐ 2. The patient is INCAPABLE of making an informed decision about providing, withholding, or withdrawing a specific medical treatment or course of medical treatment because he/she is unable to understand the nature, extent or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision.

If you checked 2 above, check A, B, or C below:

- ☐ A. While capable of making an informed decision, the patient has executed a written advanced directive which directs that life-prolonging procedures be withheld or withdrawn.
- ☐ B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf" with authority to direct that life-prolonging procedures be withheld or withdrawn. (Signature of "Person Authorized to Consent on the Patient's Behalf" is required.)
- ☐ C. The patient has not executed a written advanced directive (living will or durable power of attorney for health care). (Signature of "Person Authorized to Consent on the Patient's Behalf" is required.)

I hereby direct any and all qualified health care personnel commencing on the effective date noted above, to withhold cardiopulmonary resuscitation (cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, and related procedures) from the patient in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide the patient other medical interventions, such as intravenous fluids, oxygen, or other therapies deemed necessary to provide comfort care or alleviate pain.

Physician's Printed Name _____

Physician's Signature _____

Emergency Phone Number _____

Patient's Signature _____

Signature of Person Authorized to Consent on the Patient's Behalf _____

Copy 1 - To be kept by patient

Special Need

Special needs– Disease

- Diabetic
- CHF-Congestive Heart Failure
- COPD-Chronic Obstructive Pulmonary Disease
- Kidney Failure/Dialysis
- Cancer
- DVT-Deep Vein Thrombosis (Blood Clot)
- Depression
- Hypertension
- Constipation

Assisting Adminstrating **Medication**

- Remind /assist recipient to take medication as directed
- Document



Final Review

Final Test



Graduation

