Advance Directive for People with Motor Neurone Disease

This document is intended to help people with MND remain in control of their care, particularly in the later stages of the illness.

The questions below describe situations that might arise, and allow you to say what choices you would like to make for yourself. They can be answered with a simple ‘yes’ or ‘no’, and each is followed by a space for you to write or dictate your own wishes.

We will then use your responses to make a document for you to sign with a witness. You can use this to tell others about your choices.

You can change the choices you make now at any time in your illness.

Usually this form will be completed with the help of someone involved in your care, but if you need further help please contact:

Version .                                         Name

1. If I develop an infection, I would like this treated with antibiotics.

   YES      NO

   If you have allergies to any antibiotics please list them here

   Comments:

2. If I was conscious and became distressed I would like medication to make me comfortable.

   YES      NO

   Comments:

3. If I became unconscious but was still breathing, I would like fluids (for example into a vein or via my PEG) to keep me comfortable

   YES      NO

   Comments:
4. I would prefer all my care to be given at home

| YES | NO |

Comments:

5. If necessary, I would be willing to go to hospital.

| YES | NO |

Hospital admission may be necessary if you agree to have intravenous fluids

Comments:

6. If I became very ill, I would like the following people to be informed.

Name

Contact details:

7. If my heart stops beating or I stop breathing I want attempts to be made to re-start them.

| YES | NO |

Comments: