ADVANCE CARE PLANNING

Documents to ensure your wishes around medical care are known to the people important to you and your medical team

Advance Directive

LEGAL DOCUMENT

*Completed by you

*Must be notarized or witnessed

WHO SHOULD HAVE ONE?

All adults

WHY?

1) Name someone to make medical decisions for you and/or
2) Document your values, beliefs, and wishes for **future health care** when you cannot speak for yourself

Portable Orders for Life-Sustaining Treatment (POLST)

MEDICAL ORDERS

*Completed by a health care professional with your input

WHO SHOULD HAVE ONE?

Seriously ill or frail individuals at any age, or anyone who wishes to clearly outline their wishes during a medical emergency

WHY?

Tells health care providers what treatment you want **during a medical emergency**:
-Cardiopulmonary resuscitation (CPR)
-Comfort care

COMPLEMENTARY DOCUMENTS

Each document serves a different purpose, so be sure to complete both (especially if you have a serious illness or chronic medical condition).

OREGON GWEP

Questions? Ask your healthcare team.

Contact us at gwep@ohsu.edu for more information.

HRSA Health Resources & Services Administration

Funding supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1QHP53044.