Living Will Declaration

To my family, health care provider, and all those concerned with my care:

I, ____________________________, ________ direct you to follow my wishes for care, as noted below, if I am in a terminal condition, my death is imminent, and I am unable to communicate my decisions about my medical care.

**Emergent Life Support Treatment:**
Life-supporting treatment means any medical procedure, device or medication to keep me alive.

I note what I want by initialing one of the treatments below:

- [ ] Full Resuscitation
- [ ] Resuscitation without intubation (no breathing tube)
- [ ] CPR (chest compressions or cardiopulmonary resuscitation)
- [ ] Chemical Resuscitation (medications only)
- [ ] DNR (allow natural death)

**Life-Sustaining Treatment:** Life-sustaining treatment may help to prolong my life.
I note what I want by initialing the treatments below:

- [ ] Surgery
- [ ] Artificial hydration
- [ ] Artificial nutrition
- [ ] Feeding tube
- [ ] Dialysis
- [ ] Antibiotics
- [ ] DNI (Do not intubate or place breathing tube)
- [ ] Intubate (place breathing tube and offer respirations only)
- [ ] Cardioversion (electrical shock to the heart)
- [ ] Blood Transfusions
- [ ] Other medical treatment as written: ____________________________________________

**Personal Choices** beyond emergent life-support and life sustaining medical care: (Initial your choices)

- [ ] I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even it that means I will be drowsy or sleep more than I would otherwise.
- [ ] Information about options for hospice care.
- [ ] I desire to die in my home if that can be done.
- [ ] The following person knows my funeral desires:

Dated this ______ day of _________________, 20___. _________________________________
(Declarant/Patient)

The Declarant/Patient: ________________________________ voluntarily signed this document in my presence.

Witness: ________________________________
(Print Name): ________________________________
Date: ________________________________
Address: ________________________________

Notary Public: ________________________________
My Commission Expires __________ Seal

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Learning & Development Department
353 Fairmont Boulevard, Rapid City, SD 57701