

# Instructions: Breathing tubes/intubation worksheet

These are your decisions on life sustaining treatments that you may want your patient advocate and health care team to know. Certain treatments often provide excellent results in healthy patients. However, in patients with certain chronic conditions or terminal illnesses these treatments may be unhelpful or even harmful. The purpose of this document is to help you decide, based on your condition and your values, how you feel about receiving this treatment.

If your breathing stops or if you cannot adequately breathe by yourself, intubation (breathing tube) may be needed to allow for artificial breathing. Intubation is the placement of a tube into your mouth or nose and into the windpipe (trachea) that connects to a machine called a ventilator or respirator. If a breathing tube is required for a long period, a tracheostomy may have to be done. A tracheostomy is a surgical incision in the neck that allows for a tube to be inserted.

You may not be able to talk when you have a breathing tube. Sometimes the body can heal well enough so that a person regains the ability to breathe on their own without artificial assistance and the tube can be removed. If my breathing stops or I cannot adequately breathe by myself:

**Select one:**

**I want a breathing tube attempted** unless my doctor(s) determines any of the following:

- I have an incurable illness or injury and I'm dying.
- I have no reasonable chance of surviving without a breathing tube.
- I have little chance of surviving long term with a breathing tube and the process of inserting one and/or breathing on a ventilator would cause me significant pain and suffering.

**I do not want a breathing tube attempted, instead I wish to allow a natural death.**

There may be times when breathing tubes/intubation is not medically indicated, not helpful and even harmful. If my attending physician or other health care team members caring for me believes that, in keeping with sound medical practice, breathing tubes/intubation will be either non-beneficial or otherwise harmful, it will not be offered. In such circumstances my patient advocate will be notified of this decision. I want my caregivers and my patient advocate to follow these instructions when medically appropriate.

My comments: \_\_\_\_\_

**Patient name** (please print): \_\_\_\_\_

**Patient signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

- Medication or sedation may be needed for discomfort, anxiety or sleeplessness. The result may be increased amounts of sleeping.
- Activity and movement is limited with a ventilator. You will not be able to eat or speak as may have before.
- Restraints may be required for those who do receive breathing tubes and try to pull the tubes out.