KindCare
Advanced Care Directives

Advanced Care Directives: Farah Nasir

Plan Details			
Date completed:	15/02/2023	**Signature:**	Farah Nasir

Client Details			
Client Name:	Farah Nasir	**Date of Birth:**	21/03/1941

Appointed substitute decision-maker(s)			
Name:	Kamran Nadir	**Relationship:**	Son
Phone:	0493 043 004	**Date of Birth:**	11/02/1963
Understand and agree to my responsibilities:	Yes	**Signature:**	Kamran Nadir

Directives for care	
Resuscitation:	Do not resuscitate
Life sustaining treatment in the event of: • **terminal illness**	I do not want life sustaining treatment for terminal illness
• **unconscious terminal illness**	As above
Pain management medications	I am happy to have medication if I am in pain, but would like to avoid medications if I am having a good day.
Outcomes I would like to avoid	To be alone, in pain, or have my body treated inappropriately (according to Muslim tradition).

End-of-life directives	
Priorities for my end-of-life environment:	I would like to be comfortable and have my close family with me.
Important spiritual or religious beliefs and needs: • **people present**	I would like to have my family present and saying prayers.
• **practices or rites.**	I wish to maintain traditional Muslim practices. • I wish to die facing Mecca. • I wish to be prayed for at the time of death (ideally family, if unavailable another Muslim person).

	• To be washed (after) by family and not be touched by non-Muslim person's (except wearing gloves).