KindCare
Advanced Care Directives

Advanced Care Directives: Sally Bell

Plan Details			
Date completed:	05/06/2023	**Signature:**	Sally Bell

Client Details			
Client Name:	Sally Bell	**Date of Birth:**	03/09/1935

Appointed substitute decision-maker(s)			
Name:	Kristen Bell	**Relationship:**	Daughter
Phone:	0400 451 222	**Date of Birth:**	14/12/1965
Understand and agree to my responsibilities:	Yes	**Signature:**	Kristen Bell

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, but would prefer to manage my pain in a way that does not affect my awareness of my surroundings more than needed
Outcomes I would like to avoid	I would like to avoid being in pain. I would like to avoid my condition deteriorating to the point that I am unaware of my surroundings or unable to control my body

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 contact with my family pastor to pray with me beforehand. I do not need anyone present at the time
• **practices or rites.**	None

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