

# Advance Care Planning (ACP)

What would matter to you if you could not speak for yourself on your journey?

*Upon each new wave, revisit earlier ACP discussions and decisions*

## End of Life

Final weeks or days

*By completing the 5 Steps of ACP, health care providers can better ensure that treatments and care align with your expressed wishes*

## Advancing Illness

Worsening health



**THINK** and reflect on your health goals and priorities

## Chronic Illness or Injury Progression

Changing health



**TALK** with a health care provider about future health changes and making decisions together

## Health Event

New diagnosis or injury



**TALK** with a health care provider about your goals and wishes



**TALK** with a doctor/nurse practitioner about Medical Orders for Scope of Treatment (MOST) and your Advance Directives

## Thinking Ahead



**THINK** about your values and beliefs that impact the medical treatment you may or may not wish to receive



**LEARN** about the illness or injury and possible future care needs



**TALK** with your SDM and loved ones about changing health and decisions



Review and update your goals and wishes, advance care plan, and Advance Directives



**DECIDE** who will be your SDM and **TALK** with them and your loved ones about your wishes



**RECORD** your wishes in your advance care plan

## 5 Steps of ACP

**THINK LEARN DECIDE TALK RECORD**

**ACP is for Everyone**



**LEARN** about Substitute Decision Makers (SDM), Enduring Power of Attorney, and Representation Agreements



**TALK** and **RECORD** your wishes that impact medical treatment, including organ donation