Your individual health care goals, values, and preferences matter greatly if you experience severe or life-threatening illness from COVID-19. People of any age with underlying medical conditions, people over age 65, and people of color have a higher risk of developing life-threatening illness with COVID-19. Complications from this virus could render you unable to make medical decisions for yourself. Due to your personal risk factors, you may have COVID-19-specific preferences you wish to convey. To help you determine your risk level, visit: https://www.nhpco.org/wp-content/uploads/COVID-19-Shared-Decision-Making-Tool.pdf. Your loved ones and health care team need to know who will make medical decisions for you and how you want to be cared for if you become critically ill. This guide is intended to help you address COVID-19 as part of your advance care planning process.

Make or Update Your Advance Care Plan for COVID-19

1) Choose and ask a trusted adult to make medical decisions for you in the event that you become unable to communicate (this person is your health care agent).

2) Consider potential options for treatment, care, and support if you were to contract COVID-19:

   **Hospitalization**
   Would you prefer to receive care in a hospital or at home? If you prefer to receive care in the hospital, do you wish to receive intensive care and CPR (cardiopulmonary resuscitation) as attempts to prolong your life? If you prefer to receive care at home, do you wish for skilled symptom management focused on comfort?

   **Oxygen Support**
   If recommended by your health care team, would you accept oxygen support? Oxygen treatment involves inhaling oxygen through a tube in your nose or mask over your mouth.

   **Mechanical Ventilation**
   Lung failure is the main cause of death from COVID-19. If you become critically ill, a specialized team will determine if you are eligible for a ventilator, if one is available. A ventilator is a machine that pushes a mixture of air and oxygen in and out of your lungs to breathe for you. The machine connects to a tube that goes through your mouth and down your windpipe at the back of your throat. Inserting this tube down your windpipe is called intubation. When the tube is in place, you cannot talk or swallow. You will receive medicine to help stay calm while the tube is in place. Being on a ventilator requires care in the Intensive Care Unit (ICU) at the hospital. Early studies suggest that individuals placed on a ventilator for COVID-19 will likely require lengthy mechanical ventilation, and the risk of death increases the longer individuals are on a ventilator. If you become critically ill, a ventilator will no longer help you. If the ventilator does not improve your condition or your condition worsens, you will be assessed to see whether the ventilator can still help you. It may be decided that the ventilator will no longer help you, so the breathing machine may be stopped. You will be kept comfortable during this process, and the focus of your care will be managing your symptoms and providing comfort. If you have concerns about ventilator use based on your current health, contact your health care provider.

   **Medications**
   Medications are used to provide sedation while on a ventilator or to provide symptom management. These symptoms may include: pain, shortness of breath, anxiety, nausea, and others. If you have concerns about specific medications used for treatment, talk with your health care provider and share with your health care agent.
Palliative Care and Hospice Care
Express your preference for palliative care or hospice care. Palliative care staff assess and manage your symptoms to prioritize and maximize your comfort. The goal of hospice care is to provide relief from physical, spiritual, and emotional pain that can be present during the last stage of life, and to support your loved ones. Visit www.mnhpc.org for more information about palliative care and hospice care in Minnesota.

3) Reflect on the following questions to help your health care agent make treatment decisions that match your wishes and values:
   • Is your main goal of medical care to maximize time and prolong your life, or to maximize quality of life and keep you comfortable?
   • What makes life most worth living?
   • What are your beliefs about when life would be no longer worth living?
   • Are there any personal, cultural, or religious beliefs that may help guide your care?
   • What brings you feelings of comfort/support?

4) Share your care goals, treatment preferences, and wishes for serious illness and end-of-life situations with your health care agent and your health care provider. Ask your health care provider how your current medical condition(s) may impact your likelihood of recovering from COVID-19.


POLST
If you do not want aggressive medical interventions such as ICU treatment, CPR, or mechanical ventilation, your health care provider may recommend medical orders called POLST (Provider Orders for Life-Sustaining Treatment) to document your wishes. A POLST form provides specific care instructions for emergency medical responders and other health care providers to follow. A POLST is not a replacement for a health care directive and does not name a health care agent. Your health care provider will help you determine whether a POLST form is appropriate for you. If you become unable to communicate your health care preferences, your health care provider can discuss POLST with your health care agent. For additional information on POLST and COVID-19, visit: www.polst.org.

Additional resources to help you make medical decisions concerning COVID-19:
https://respectingchoices.org/covid-19-resources/