

NETO

Nebraska Emergency Treatment Orders WORKSHEET

This worksheet does not become a legal declaration until **signed** and **notarized**. Please talk with your doctor to complete the final form and orders for emergency medical treatment.



Nebraska Emergency Treatment

DECLARATION

Name: _____ DOB: _____ DATE: _____

This Treatment Declaration is my acknowledgment and authorization to accept, limit or refuse medical treatment if I have a life-limiting condition and I am unable to make and/or communicate my own decisions. I have initialed the medical directives I have chosen for treatment in each section below. I have discussed my choices with my doctor, and I understand that my directive will be followed whether I have a life-threatening injury or a medical emergency. I ask everyone who may make medical decisions on my behalf to follow these directives as closely as my condition allows.

SECTION A: Scope of Medical Treatment Desired

- 1 ___ I want ALL medically indicated interventions, including **intensive life-sustaining** measures required to attempt to treat the emergency condition.
- 2 ___ I want LIMITED medically indicated interventions. Use **general medical** interventions including, but not limited to: medications, fluids, blood products and non-invasive ventilation. I DO NOT WANT TO BE INTUBATED. I want to avoid surgery and avoid ICU.
- 3 ___ I DO NOT want to treat the emergent condition. I want to be allowed to die naturally, using medical treatment for **comfort purposes only**. I will allow medication and oxygen for my medical symptoms. I DO NOT want antibiotics, blood products or fluids to prolong my life. I agree to Hospice if indicated for my care.

SECTION B: Stopping Treatment

Life-sustaining treatment is generally continued as long as the possibility exists of reversing the medical condition. But some patients may choose to stop receiving these treatments before that time if treatment is failing, or if it is likely that their medical condition after treatment would be unacceptable to them.

If, after medical treatment has been initiated as referenced in section A, I am not able to make or communicate medical decisions:

- 1 ___ I wish to **continue on** life support as long as it is medically indicated. I understand this may require a transfer to a long-term care facility on a breathing machine.
- 2 ___ I instruct my physicians and surrogates to **stop** treatment for any of the reasons I have initialed below. I have ~~DRAWN A LINE THROUGH THE OTHER OPTIONS~~:
 - a. ___ I worsen or do not substantially improve within a few days; or before long-term life support is needed (10-14 days).
 - b. ___ It is likely I will have lasting, serious brain damage.
 - c. ___ It is unlikely I will be able to live at home again.
 - d. ___ If my medical decision maker(s) believe the burdens of treatment are too high for the expected benefit, or my life after treatment would be unacceptable to me based on what I've told them or what they know about me.

SECTION C: Resuscitation status for Cardiopulmonary Arrest

- 1 ___ **ATTEMPT** CARDIOPULMONARY RESUSCITATION (CPR) if medically indicated. (MUST SELECT #1 IN SECTION A)
- 2 ___ **DO NOT ATTEMPT** CARDIOPULMONARY RESUSCITATION (DNR)

SECTION D: Long Term Medically Administered Nutrition and Hydration

Anyone who can safely take food or water by mouth is always offered food or water. Patients who are receiving active medical treatment are provided appropriate nutrition and/or hydration.

If, after medical treatment, I am not able to make medical decisions for myself AND I am not able to take food or water by mouth:

- 1 ___ I WANT nutrition provided through a tube surgically placed in my stomach.
- 2 ___ I DO NOT WANT a tube surgically placed in my stomach, and I refuse medically administered nutrition and hydration.

— planning for Emergency Medical Treatment the right care at the right time

We all hope we'll be the lucky one and never have to deal with a medical emergency or a serious accident. But, if you do end up in the emergency department with a life-threatening condition, do you have a plan?

We are all at different stages of life. Some patients are full of life with much to live for, while others may be dealing with serious illness or may simply be at peace that life is complete.

There are a few important questions about treatment you can answer now that will help you and your family in case of a medical emergency.

Understanding where you are will help you plan for a serious emergency. As your life changes, you can make different decisions.

Use the scales below to plot your preferences for an emergency medical treatment plan. Then use your answers when filling out a Nebraska Emergency Treatment Orders (NETO) form:



UNDERSTANDING THE

Nebraska Emergency Treatment Orders (NETO)

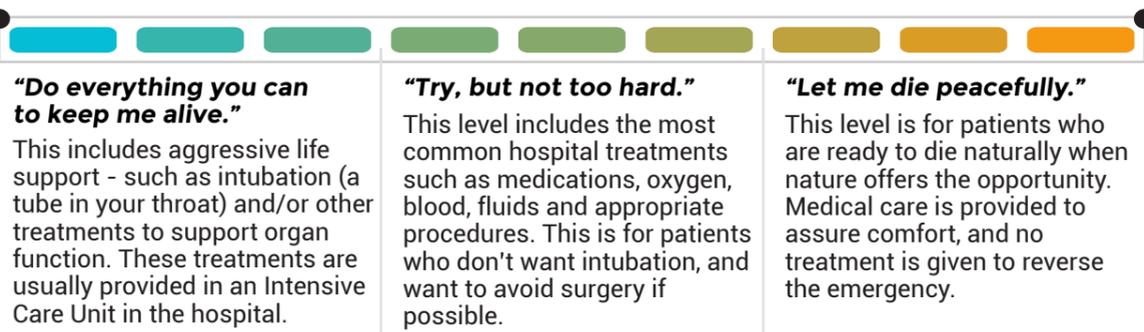
Nebraska doctors and attorneys developed the NETO form (see worksheet on back) to give you the ability to speak for yourself in case of an emergency. It puts you in control when things are uncertain. You can choose how aggressively to start treatment. If things go well, there are other decisions to make. If things don't go as hoped, NETO gives you options to stop treatment.

The following information explores the four sections of NETO, and helps you make choices:

Section A: Scope of Medical Treatment Desired

Answer these questions: **What medical treatments would you choose to get more time? How aggressive should caregivers be to keep you alive?** Most people want to try everything available to live; but some people may want to place limits on treatment.

This section considers three levels of treatment: Intensive, General and Comfort Care.



Section B: Stopping Medical Treatment

Life-sustaining treatment often serves as a bridge to recovery; sadly, it doesn't always work. This can lead to difficult decisions for family members because the patient is often too ill. If your family doesn't know what you want, the decision to stop treatment or continue treatment when things aren't going well can be a burden they carry for years. By speaking for yourself now, you can assure you get the treatment you want, and spare your family these gut-wrenching decisions.

Some patients feel they should continue life support as long as possible, even if it means living on machines or with serious problems and bad outcomes. If this is your choice, it is important that you clearly indicate this preference on the NETO form.

Others would want to stop treatment if things aren't going well. Only you know what you are willing to tolerate. The NETO form lists the most common reasons people stop treatment:

“The patient isn't getting better”

Sometimes life support should only be continued long enough to assess the seriousness of the situation. Patients, especially those who were ill to begin with, may stop treatment within a few days if there is little improvement. Others would stop before more permanent measures are required (about 10-14 days)."

“The patient might recover but have serious problems”

Two of the most common issues would be severe brain damage that leaves a patient unable to communicate with others, and physical impairment that would make living by themselves unlikely.

“The burdens of treatment outweigh the benefits”

You can't anticipate every situation, so you may want to tell your family to stop treatment if that's what they think you'd want based on what they know about you.



Section C: Resuscitation Status for Cardiopulmonary Arrest

If you die suddenly and your heart stops beating, do you want caregivers to try to bring you back to life with CPR (cardio-pulmonary resuscitation)? (Yes or No)

CPR is not like you see it on TV. On average, when CPR is performed in real life, 75-80% of patients die either immediately or after days or weeks in the hospital. Others live with significant brain damage; 10% on average survive with good outcomes.

Your doctor can help you understand your individual odds of success. In general, if you are young, healthy and need CPR because of a heart-related event, your odds of survival with good outcomes are around 25%. If you are older, frail or have serious illnesses, your odds of survival with good outcomes could be less than 1%.

If those odds don't match your treatment goals, you will want to choose **NOT** to attempt resuscitation (DNR). If you want to try resuscitation, you will select full code in this section and will need to pick "intensive life-sustaining measures" in Section A. You also need to think carefully about what you want if you survive with a bad outcome so that you can make the appropriate selections in Section B for treatment options.

Section D: Long Term Medically Administered Nutrition and Hydration

If after treatment you still can't speak for yourself, and you aren't able to take food or drink by mouth, do you want medically administered nutrition and hydration to keep you alive?

Decisions about food and liquids are always hard because so much of the way we take care of loved ones is by feeding them. But medically administered nutrition is different.

There are several reasons why a person may not be able to take food or liquids safely by mouth. If the reason they can't eat or drink is temporary, it may be a good idea to surgically insert a tube into the stomach and provide liquid nutrition (sometimes called a PEG tube or tube feeding).

Other patients have reached the stage where they can no longer safely swallow. This is most common in the case of advanced dementia or after a stroke, and also happens in end-stage illness(es) when people

lose their appetite because their body is too weak to absorb food. In these situations, tube feeding is likely to cause more suffering than benefit.

Patients who are this sick are not usually hungry, and the extra fluid can cause problems with breathing, and increased swelling in the body. The extra tubes are likely to be uncomfortable and confusing, leading to agitation and the use of restraints.

In this section you will decide whether to have a tube surgically placed in your stomach to provide nutrition.