

NEBRASKA
Advance Directive
Planning for Important Healthcare Decisions

Caring Connections
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800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and health care providers
- E**ngage in personal or community efforts to improve end-of-life care

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or join the effort to improve community, state and national end-of-life care.

If you would like to make a contribution to help support our work, please visit www.nationalhospicefoundation.org/donate. Contributions to national hospice programs can also be made through the Combined Health Charities or the Combined Federal Campaign by choosing #0544.

**Support for this program is provided by a grant from
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Using These Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you could receive health care.
2. These materials include:
 - Instructions for preparing your advance directive.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

PREPARING TO COMPLETE YOUR ADVANCE DIRECTIVE

3. Read the HIPAA Privacy Rule Summary on page 4.
4. Read all the instructions, on pages 7 through 9, as they will give you specific information about the requirements in your state.
5. Refer to the Glossary of Terms About End-of-Life Decision-making if any of the terms are unclear, located in Appendix A.

ACTION STEPS

6. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
7. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
8. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
9. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, health care providers and/or faith leaders so that the form is available in the event of an emergency.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, please refer to the list of state-specific contacts for Legal Assistance for Questions Pertaining to Health Care Advance Directives located in Appendix B.

Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

Your Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can
 - File a complaint with your provider or health insurer
 - File a complaint with the U.S. Government

You also have the right to ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint from the Web site at www.hhs.gov/ocr/hipaa/ or by calling 1-866-627-7748.

Who Must Follow this Law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for health care, such as Medicare and Medicaid.

What Information is Protected?

- Information your doctors, nurses, and other health care providers put in your medical record.
- Conversations your doctor has about your care or treatment with nurses and others.
- Information about you in your health insurer's computer system.
- Billing information about you by your clinic / health care provider.
- Most other health information about you held by those who must follow this law.

Summary of the HIPAA Privacy Rule (continued)

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your information may and may not be used and shared.
- Taking appropriate and reasonable steps to keep your health information secure.

To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination.
- To pay doctors and hospitals for your health care and help run their businesses.
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object.
- To make sure doctors give good care and nursing homes are clean and safe.
- To protect the public's health, such as by reporting when the flu is in your area.
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer.
- Use or share your information for marketing or advertising purposes.
- Share private notes about your mental health counseling sessions.

Introduction to Your Nebraska Advance Directive

This packet contains two legal documents that protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself:

1. The **Nebraska Power of Attorney for Health Care** lets you name someone to make decisions about your health care—including decisions about life support—if you can no longer speak for yourself. The Power of Attorney for Health Care is especially useful because it appoints someone to speak for you any time you are unable to make your own health care decisions, not only at the end of life. It goes into effect when your doctor and, when applicable, a consulting physician certify in writing that you are incapable of making health care decisions, and document the cause and nature of your incapacity. The term incapable means the inability to understand and appreciate the nature and consequences of health care decisions, including the benefits of, risks of, and alternatives to any proposed health care or the inability to communicate in any manner an informed health care decision.

2. The **Nebraska Declaration** is your state's living will. It lets you state your wishes about medical care in the event that you can no longer make your own health care decisions. The Declaration becomes effective once your attending doctor (1) determines that you are incapable of making decisions about the use of life-sustaining treatment and that you are either in a persistent vegetative state or in a terminal condition and (2) has notified a reasonably available member or your immediate family or guardian, if any, of his or her diagnosis of incapacity and the intent to invoke your Declaration.

Caring Connections recommends that you complete both of these documents to best ensure that you receive the health care you want when you can no longer speak for yourself.

Note: These documents will be legally binding only if the person completing them is a competent adult (at least 19 years old) or someone who is or has been married.

Completing Your Nebraska Power of Attorney for Health Care

Whom should I appoint as my attorney-in-fact?

“Attorney-in-fact” does not refer to a lawyer. Your attorney-in-fact is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your attorney-in-fact may be a family member or a close friend whom you trust to make serious decisions. The person you name as your attorney-in-fact should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An attorney-in-fact may also be called an “agent” or “proxy.”)

The person you appoint as your attorney-in-fact **cannot** be:

- your doctor,
- an employee of your doctor who is not related to you by blood, marriage or adoption,
- an owner, operator or employee of your treating health care provider who is not related to you by blood, marriage or adoption, or
- a person unrelated to you by blood, marriage or adoption who is currently serving as an attorney-in-fact for ten or more people.

You can appoint a second person as your alternate attorney-in-fact. The alternate will step in if the first person you name as attorney-in-fact is unable, unwilling or unavailable to act for you.

How do I make my Nebraska Power of Attorney for Health Care legal?

The law requires that you have your Durable Power of Attorney for Health Care witnessed. You can do this in either of two ways:

1. Have your signature witnessed by a notary public who is neither your attorney-in-fact nor your alternate attorney-in-fact,

OR

2. Sign your document in the presence of two witnesses, who must also sign the document to show that they know you and believe you to be of sound mind, that neither they nor your doctor are appointed as your attorney-in-fact, and that you have signed or acknowledged your signature in their presence. These witnesses **cannot** be:

- your spouse, parent, child, grandchild, sibling or presumptive heir,
- a known devisee at the time of the witnessing,
- your doctor,
- the person you name as your attorney-in-fact, or
- an employee of your life or health insurance provider.

Note: No more than one witness may be an administrator or employee of a health care provider that is caring for or treating you.

Completing Your Nebraska Power of Attorney for Health Care (continued)

Should I add personal instructions to my Nebraska Power of Attorney for Health Care?

Under Nebraska law, your attorney-in-fact does not have the authority to consent to the withholding or withdrawal of a life-sustaining procedure or artificially administered nutrition or hydration (*e.g.*, tube feeding) **unless**:

- You are suffering from a terminal condition or are in a persistent vegetative state; *and*
- You have explicitly granted your attorney-in-fact with the authority to withdraw or withhold such treatments; *or*
- Your wishes regarding the withdrawal or withholding of such treatments is established by clear and convincing evidence.

If you want your attorney-in-fact to have this authority, Caring Connections suggests that you write the following statements in the appropriate sections on page 2 of your document: "I authorize my attorney-in-fact to consent to the withholding or withdrawing of life-sustaining procedures," and "I authorize my attorney-in-fact to consent to the withholding or withdrawing of artificially administered nutrition or hydration."

To avoid unintentionally restricting your attorney-in-fact's power to act in your best interest, Caring Connections advises you not to add any other specific instructions. At the bottom of the first page, the document asks you to list general instructions or limitations. A statement such as "My attorney-in-fact knows my wishes concerning all forms of medical treatment" is sufficient. You should talk with your attorney-in-fact about your future medical care and describe what you consider to be an acceptable "quality of life." If you want to record your wishes about specific treatments or conditions, you should use your Nebraska Declaration.

What if I change my mind?

You may revoke your Nebraska Power of Attorney for Health Care at any time and in any manner that reflects your intent to revoke, provided that you are competent. Your revocation is effective once you notify your health care provider, attending physician or attorney-in-fact.

Your health care provider and attorney-in-fact, if notified, must inform your attending physician of the revocation.

Note: If you appoint your spouse as your attorney-in-fact, a decree of divorce or legal separation will automatically revoke that appointment, unless the decree specifically provides otherwise.

What other important facts should I know?

A pregnant patient's Power of Attorney for Health Care will not be honored if it is probable that the fetus will develop to the point of live birth with continued life support.

Completing Your Nebraska Declaration

How do I make my Nebraska Declaration legal?

In order to make your Declaration legally binding, you must do one of two things:

1. Sign your Declaration, or direct another to sign it, in the presence of two witnesses. These witnesses cannot be employees of your life or health insurance provider. No more than one witness can be an administrator or employee of your treating health care provider.

OR

2. Sign your Declaration, or direct another to sign it, in the presence of a notary public.

Can I add personal instructions to my Declaration?

Yes. There is a section in your document where you can add personal instructions. For example, you may want to refuse specific treatments by a statement such as, "I especially do not want cardiopulmonary resuscitation, a respirator, artificial feeding, or antibiotics." You may also want to emphasize pain control by adding instructions such as, "I want to receive as much pain medication as necessary to ensure my comfort, even if it may hasten my death."

If you have appointed an attorney-in-fact and you want to add personal instructions to your Declaration, it is a good idea to write a statement such as "Any questions about how to interpret or when to apply my Declaration are to be decided by my agent."

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the Caring Connections booklet, "Advance Directives and End-of-Life Decisions."

What if I change my mind?

You may revoke your Nebraska Declaration at any time and in any manner without regard to your mental or physical condition. Your revocation becomes effective once you or a witness to your revocation notify your doctor or treating health care provider.

What other important facts should I know?

A pregnant patient's Nebraska Declaration will not be honored if it is probable that the fetus will develop to the point of live birth with continued life support.

If you have questions about filling out your advance directive, please consult the list of state-based resources located in Appendix B.

You Have Filled Out Your Advance Directive, Now What?

1. Your Nebraska Power of Attorney for Health Care and Nebraska Declaration are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.
2. Give photocopies of the signed originals to your attorney-in-fact and alternate attorney-in-fact, doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.
3. Be sure to talk to your attorney-in-fact and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.
5. Remember, you can always revoke one or both of your Nebraska documents.
6. Be aware that your Nebraska documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. **Caring Connections does not distribute these forms.**

These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop. Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. **Caring Connections does not distribute these forms.** We suggest you speak to your physician.

If you would like more information about this topic contact Caring Connections or consult the Caring Connections booklet "Cardiopulmonary Resuscitation, Do-Not-Resuscitate Orders and End-Of-Life Decisions."

**NEBRASKA POWER OF ATTORNEY FOR HEALTH CARE
PAGE 1 OF 4**

INSTRUCTIONS

PRINT THE NAME,
ADDRESS, AND
TELEPHONE
NUMBER OF
YOUR ATTORNEY-
IN-FACT

I appoint

whose address is

and whose telephone number is

as my attorney in fact for health care.

PRINT THE NAME,
ADDRESS AND
TELEPHONE
NUMBER OF
YOUR ALTERNATE
ATTORNEY- IN-
FACT

I appoint

whose address is

and whose telephone number is

as my successor attorney-in-fact for health care.

I authorize my attorney-in-fact appointed by this document to make health care decisions for me when I am determined to be incapable of making my own health care decisions. I have read the warning which accompanies this document and understand the consequences of executing a power of attorney for health care.

ADD GENERAL
INSTRUCTIONS
(IF ANY)

I direct that my attorney-in-fact comply with the following instructions or limitations: (optional)

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NEBRASKA POWER OF ATTORNEY FOR HEALTH CARE
PAGE 2 OF 4

STATE YOUR
DIRECTIONS FOR
THE USE OF LIFE-
SUSTAINING
TREATMENT
(IF ANY)

I direct that my attorney-in-fact comply with the following instructions on life-sustaining treatment: (optional)

STATE YOUR
DIRECTIONS FOR
THE USE OF
ARTIFICIAL
NUTRITION AND
HYDRATION
(IF ANY)

I direct that my attorney-in-fact comply with the following instructions on artificially administered nutrition and hydration: (optional)

I HAVE READ THIS POWER OF ATTORNEY FOR HEALTH CARE. I UNDERSTAND THAT IT ALLOWS ANOTHER PERSON TO MAKE LIFE AND DEATH DECISIONS FOR ME IF I AM INCAPABLE OF MAKING SUCH DECISIONS. I ALSO UNDERSTAND THAT I CAN REVOKE THIS POWER OF ATTORNEY FOR HEALTH CARE AT ANY TIME BY NOTIFYING MY ATTORNEY-IN-FACT, MY PHYSICIAN, OR THE FACILITY IN WHICH I AM A PATIENT OR RESIDENT. I ALSO UNDERSTAND THAT I CAN REQUIRE IN THIS POWER OF ATTORNEY FOR HEALTH CARE THAT THE FACT OF MY INCAPACITY IN THE FUTURE BE CONFIRMED BY A SECOND PHYSICIAN.

SIGN AND DATE
YOUR DOCUMENT

(signature of person making designation)

(date)

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**NEBRASKA POWER OF ATTORNEY FOR HEALTH CARE
PAGE 3 OF 4**

DECLARATION OF WITNESSES

We declare that the principal is personally known to us, that the principal signed or acknowledged his or her signature on this power of attorney for health care in our presence, that the principal appears to be of sound mind and not under duress or undue influence, and that neither of us nor the principal's attending physician is the person appointed as attorney-in-fact by this document.

Witnessed by:

WITNESS #1

_____ (signature of witness) _____ (date)

_____ (printed name of witness)

WITNESS #2

_____ (signature of witness) _____ (date)

_____ (printed name of witness)

OR [GO TO PAGE 4]

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NEBRASKA DECLARATION – PAGE 1 OF 2

INSTRUCTIONS

If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

Other directions:

SIGN AND DATE
YOUR DOCUMENT
PRINT YOUR
ADDRESS

Signed this _____ day of _____

TURN TO THE
NEXT PAGE TO
HAVE YOUR
DOCUMENT
WITNESSED

Signature _____

Address

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NEBRASKA DECLARATION – PAGE 2 OF 2

WITNESSING
PROCEDURE

YOUR TWO
WITNESSES
MUST SIGN YOUR
DOCUMENT AND
PRINT THEIR
ADDRESSES

OR

A NOTARY PUBLIC
MUST SIGN YOUR
DOCUMENT HERE

The declarant voluntarily signed this writing in my presence.

Witness _____

Address _____

Witness _____

Address _____

OR

The declarant voluntarily signed this writing in my presence.

_____ notary public

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*Courtesy of Caring Connections
1700 Diagonal Road, Suite 625, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898*

Appendix A

Glossary of Terms About End-of-life Decision Making

Advance directive - A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

Artificial nutrition and hydration – Artificial nutrition and hydration (or tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.

Assisted Suicide - Providing someone the means to commit suicide, such as a supply of drugs or a weapon, knowing the person will use these to end his or her life.

Best Interest - In the context of refusal of medical treatment or end-of-life court opinions, a standard for making health care decisions based on what others believe to be "best" for a patient by weighing the benefits and the burdens of continuing, withholding or withdrawing treatment.

Brain Death -The irreversible loss of all brain function. Most states legally define death to include brain death.

Capacity - In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

Cardiopulmonary Resuscitation - Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

Do-Not-Resuscitate (DNR) order - A DNR order is a physician's written order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.

Emergency Medical Services (EMS): A group of governmental and private agencies that provide emergency care, usually to persons outside of health care facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.

Euthanasia - The term traditionally has been used to refer to the hastening of a suffering person's death or "mercy killing". Voluntary active euthanasia involves an intervention requested by a competent individual that is administered to that person to cause death, for example, if a physician

gives a lethal injection with the patient's full informed consent. Involuntary or non-voluntary active euthanasia involves a physician engaging in an act to end a patient's life without that patient's full informed consent. See also Physician-hastened Death (sometimes referred to as Physician-assisted Suicide).

Guardian ad litem - Someone appointed by the court to represent the interests of a minor or incompetent person in a legal proceeding.

Healthcare Agent: The person named in an advance directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions.

Hospice care - A program model for delivering palliative care to individuals who are in the final stages of terminal illness. In addition to providing palliative care and personal support to the patient, hospice includes support for the patient's family while the patient is dying, as well as support to the family during their bereavement.

Incapacity - A lack of physical or mental abilities that results in a person's inability to manage his or her own personal care, property or finances; a lack of ability to understand one's actions when making a will or other legal document.

Incompetent – Referring to a person who is not able to manage his/her affairs due to mental deficiency (lack of I.Q., deterioration, illness or psychosis) or sometimes physical disability. Being incompetent can be the basis for appointment of a guardian or conservator.

Intubation- Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

Life-Sustaining Treatment - Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.

Living Will - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "health care declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments to delay death.

Mechanical ventilation - Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea). Mechanical ventilation often is used to assist a person through a short-term problem or for prolonged periods in which irreversible respiratory failure exists due to injuries to the upper spinal cord or a progressive neurological disease.

Medical power of attorney - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a health care proxy, durable power of attorney for health care or appointment of a health care agent. The person appointed may be called a health care agent, surrogate, attorney-in-fact or proxy.

Palliative care - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, by controlling pain and symptoms, and by enabling the patient to achieve maximum functional capacity. Respect for the patient's culture, beliefs, and values are an essential component. Palliative care is sometimes called "comfort care" or "hospice type care."

Power of Attorney – A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real estate transactions.

Respiratory Arrest: The cessation of breathing - an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

Surrogate Decision-Making - Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for patients without advance directives.

Ventilator – A Ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

Withholding or withdrawing treatment - Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

Appendix B

Legal & End-Of-Life Care Resources Pertaining to Health Care Advance Directives

LEGAL SERVICES

The Area Agency on Aging (AAA) can connect seniors over the age of 60 with legal services available to individuals with low and moderate income in their region.

Anyone over 60 can get legal information and advice about most issues, including:

- Living Wills and Trusts
 - Power of Attorney
 - Medicare and Medicaid
 - Retirement benefits and more
-
- Must be over 60
 - Free to individuals with low to moderate incomes

To locate AAA in your area call toll free at:

1-800-942-7830 or 402-471-4623

OR

To find out more information about legal services through AAA in your region:

<http://www.hhs.state.ne.us/ags/legal.htm>

END-OF-LIFE SERVICES

Nebraska Division of Health and Human Service can assist older Nebraskan with low to moderate income in finding an Area Office on Aging (AAA) in their region.

AAA resources and services include, but are not limited to:

- Homecare
 - Hospice services
 - Adult Day Care
 - Social Security
 - Legal Assistance programs
 - Housing and many other services
-
- Must be over the age of 60
 - Free for individuals with moderate to low incomes

For more information call toll free:

1-800-942-7830 or 1-402-471-4623

OR

Visit website for more information about services and AAA in your region:

<http://www.hhs.state.ne.us/ags/agsindex.htm>