

# **LE DAT PER I MINORI IN DIFFERENTI CONDIZIONI CLINICHE TRA IPOTESI, PROPOSTE, POSSIBILITÀ E DIFFICOLTÀ**

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**AAS5 FRIULI OCCIDENTALE**

# **GLOSSARIO**

**Legge 219: Norme in materia di consenso informato (art. 1) e di disposizioni anticipate di trattamento - DAT(art. 4)**

**MINORI (art. 3)**

**PIANIFICAZIONE CONDIVISA DELLE CURE (art.5)**

**TERAPIA DEL DOLORE, DIVIETO DI OSTINAZIONE, DIGNITA' (art. 2)**

# **STORIE**

**SARA**

**FEDERICO**

**ALESSANDRO**

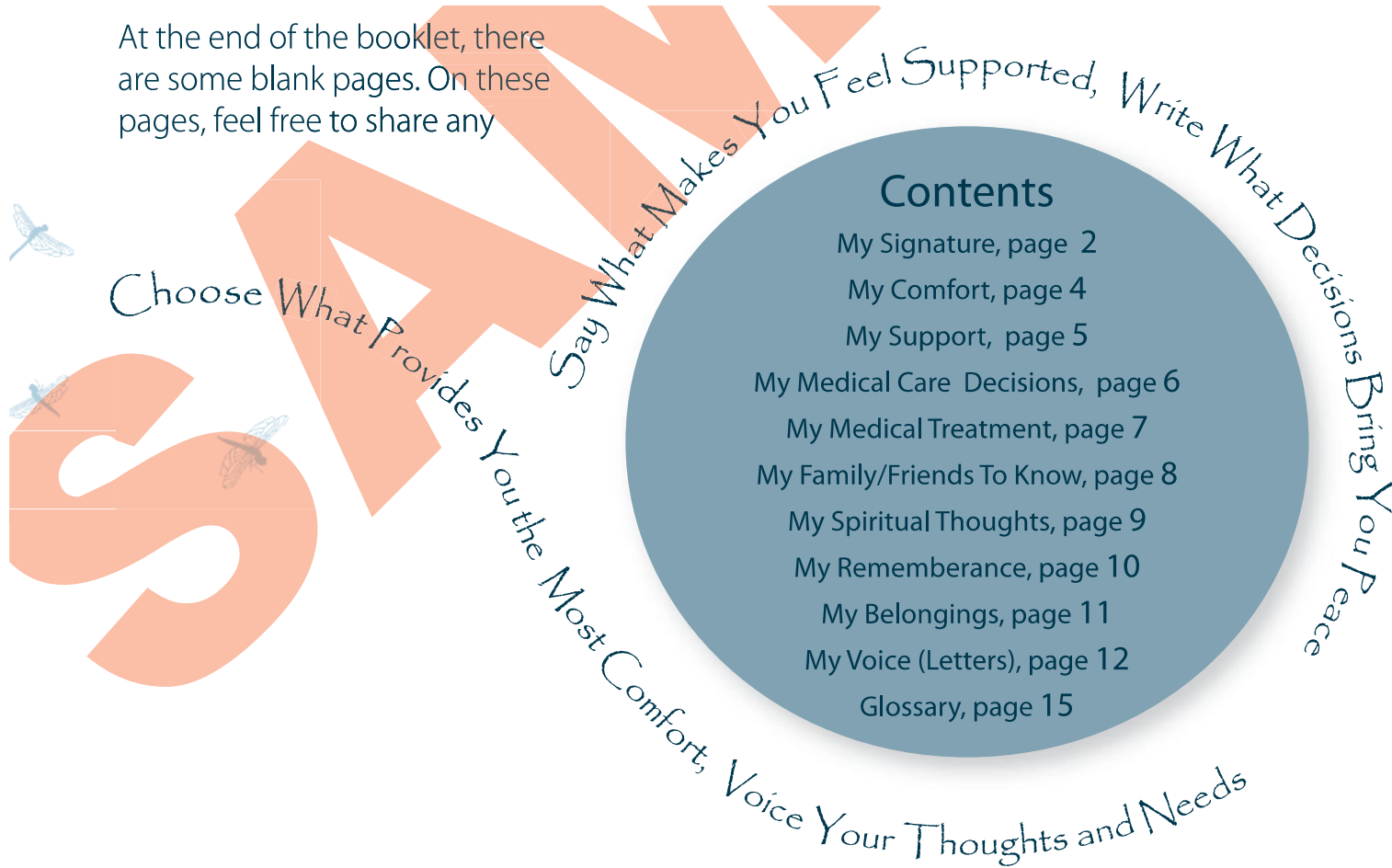
**ALESSIA**

# *Voicing* My **CHOICES**

A Planning Guide for  
Adolescents & Young Adults



At the end of the booklet, there are some blank pages. On these pages, feel free to share any



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## My Choice

# These are a Few of the Comforts Important to Me

If I look like I am uncomfortable in the following ways: *(Please check all that apply)*

I want treatment to help me, if I:

- Look sad
- Am irritable/frustrated
- Look nauseated
- Look confused
- Look like I am having a hard time breathing
- Am cold or hot

If I am in pain, I would like:

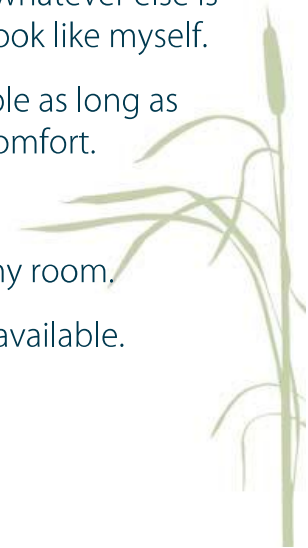
- My doctor to give me enough medicine to relieve my pain, even if that means I will not be awake enough to interact with my friends or family.

Or,

- To receive medications to reduce my pain but I do not want to be too sleepy or drowsy. I want to be awake enough to interact with my friends and family.

Other things that are important to me are:

- If I am not able to get to the bathroom in time, please change my clothes and sheets right away so that I am always clean.
- If friends are coming to visit, please dress me, comb my hair and do whatever else is needed to help make me look like myself.
- Massages whenever possible as long as they do not cause me discomfort.
- To be bathed.
- To have music playing in my room.
- To have my favorite foods available.
- To be read to.



**Whether you are in the hospital or at home**, when you are feeling badly or are very ill, there may be times when you want people around you, or you may prefer to not have visitors present.

## How I Would Like To Be Supported

### My Choice

*(Please check all that apply)*

- I do not want to be alone.
- I would like my family to be with me whenever possible.
- I would like my friends to be with me whenever possible.
- I would like visitors whenever possible.
- Please always ask me before visiting.
- If I am sleeping when someone comes to visit, I would like to be woken up.

So I Don't Feel Alone

### My Voice

The people I want with me are:

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I especially want these people with me when:

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The things that I would find comforting to have in my room are:

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If people are very upset or crying, I would like them to:

- Share their feelings with me     Visit me at another time     Other:

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When the end of my life is near, I would like:

- To die at home     To die at the hospital     Other:

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# The types of **Life Support Treatment** I Want, or Do Not Want

**If a time comes** when you are very ill and not able to speak for yourself, it will be important for your health care agent to know whether you would choose to try life-support treatment.

Life-support treatment means any medical procedure, device or medication used to try to keep you alive. It can include: medical devices put in you to help you breathe (tracheotomy/mechanical ventilation); an artificial pacemaker to help maintain your heart-beat; food and water supplied by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; antibiotics; blood pressure medications and anything else meant to keep you alive.

In place of life-support treatment, you may make the decision to allow a natural death, in which life-support treatments that prolong the dying process are not used, and everything possible is done to provide comfort and support.

If my doctor and another health care provider both decide that I am **close to death** and likely to die within a short period of time, and life support treatment would only delay the moment of my death:

- I want to have a natural death
- I want to try life support treatment if my doctor believes it could help my symptoms
- I want to try life support treatment no matter what

If my doctor and another health care provider decide that I have **permanent and severe brain damage** and I am not expected to get better, and life support treatment would only delay the moment of my death:

- I want to have a natural death
- I want to try life support treatment if my doctor believes it could help my symptoms
- I want to try life support treatment no matter what

**Describe here** if you want to have certain forms of life-support treatment, but not others, or if you wish to state other conditions in which you would want, or not want, life-support treatment:

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**Other decisions I would like respected:**

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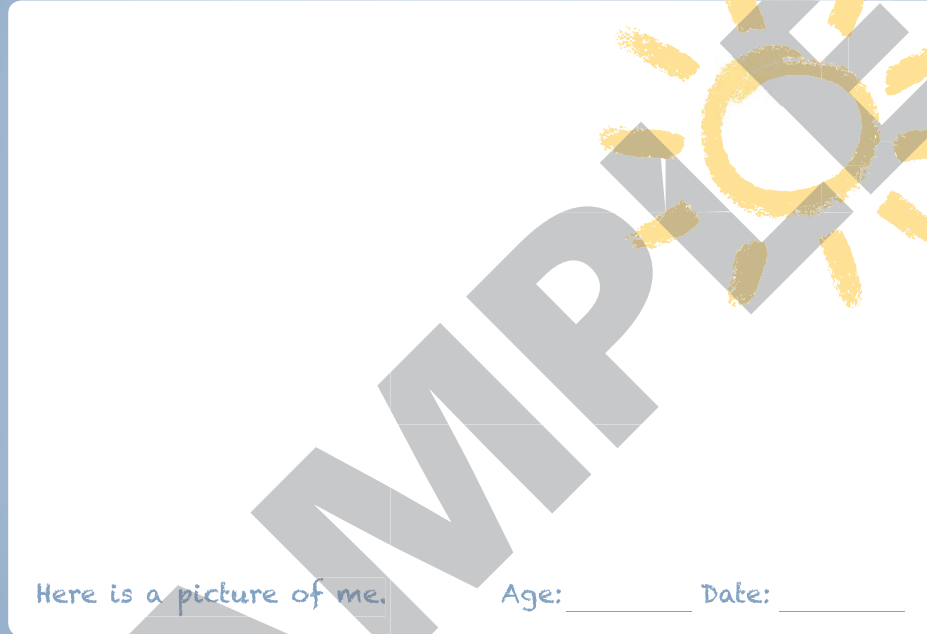
### **In Case of An Emergency**

If you have an event in which your heart stops beating or you stop breathing, you have the option to allow a natural death by indicating you would like a **Do Not Resuscitate (DNR) Order** to be written on your behalf. If you would like to try CPR, or advanced cardiac life support, it is important

that your health care agent and your medical team know. A DNR Order does not effect any treatment you would otherwise be getting. **Check with your doctor to talk more about the DNR Order.**



# MY WISHES<sup>SM</sup>



Here is a picture of me. Age: \_\_\_\_\_ Date: \_\_\_\_\_

## MY WISHES FOR:

How I want people to treat me.

How comfortable I want to be.

What I want my loved ones to know.

What I want my doctors and nurses to know.

A FIVE WISHES *product*



# MY FAMILY:



Feel free to draw or paste a picture or write a story.

## MY WISHES

There are many things in life that are out of our hands. *My Wishes* gives you a way to control something very important – how you are treated if you get very sick. It is easy to do and helps you say exactly what you want.

## HOW CAN MY WISHES HELP ME AND MY FAMILY?

*My Wishes* lets you talk with your family, friends and doctors about how you want to be treated if you become very sick.

Your family members will not have to guess what you want if you become very sick.

Your family can know what you want through *My Wishes*.

## WHO SHOULD USE MY WISHES?

*My Wishes* is not a legal document; this document is best used as a tool for discussion. It is intended to be used by children under the age of 18. If a child is unable to complete this document, families are encouraged to use this form to convey their wishes for their child.

## CAN I CHANGE MY WISHES?

Feel free to change *My Wishes* anytime you want; this is YOUR document. It is recommended that your *My Wishes* document be revised and updated every year or as your wishes change.

## WHAT DO I DO WITH MY WISHES WHEN I HAVE COMPLETED IT?

This is YOUR document to share with anyone you would like. You may want to hang it in your room or show it to your family and healthcare providers so that everyone knows how you feel.