



Inpatient Unit

Consent Form

I. REMOVAL OF MECHANICAL VENTILATION (RMV)

- 1. I give my consent for the hospice physician and team to remove my mechanical ventilation equipment.
2. I understand that I may die shortly after RMV, or I might live for hours or days.
3. I have been given thorough and clear information about the RMV process.
4. I [] do or [] do not (check one) wish to artificially receive food or fluids following RMV.

Comments _____

- 5. I am aware that two physicians and the hospice team agree with my RMV plan.
6. With knowledge of the risks discussed with me by the physician(s), I consent to RMV and hereby release Hospice of the Comforter officers, directors, employees, physicians, and agents from all responsibility for any ill effects, including but not limited to death, which may result from withholding and/or withdrawing my mechanical ventilation equipment.

7. Target date of transfer from hospital to Hospice of the Comforter Inpatient Unit is _____
Target time for removal of RMV is _____
(RMV to occur on same day as transfer to Hospice of the Comforter Inpatient Unit and once removed, will not be re-inserted.)

8. Other Comments _____

Signature of patient _____ Date _____

Signature/title of Hospice of the Comforter Representative _____ Date _____

(If patient cannot sign, explain reason) _____

II. LEGAL REPRESENTATIVE SIGNATURE (IF PATIENT CANNOT SIGN)

Signature of legal representative _____ Date _____

Printed name of legal representative _____

Address of legal representative _____

Signature/Title of Hospice of the Comforter representative _____ Date _____

III. PHYSICIAN CERTIFICATION OF DISCUSSION WITH LEGALLY AUTHORIZED PERSON(S)

I certify that I have consulted with the legally authorized person(s) concerning the withholding and/or withdrawal of life prolonging procedures.

Date _____ Time _____

Hospice of the Comforter Physician Signature _____ Physician Name (Print) _____

Box containing Patient Name _____ and Patient # _____