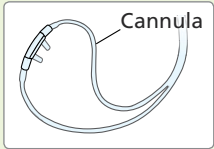
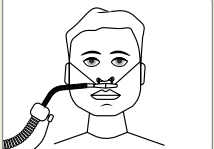
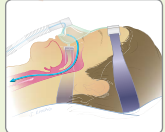
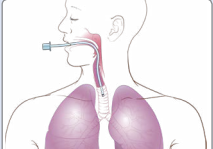
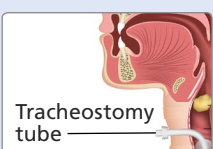



Breathing Help Decision Aid

There may be a time, due to serious illness, injury, or accident, or due to a long-term (chronic) illness, when you may not be able to breathe on your own. This guide will help you figure out your ideals, goals, and priorities for care if you ever need help with breathing.

Current situation	Your health now	Your ideals, goals, and priorities	Your health now	Your ideals, goals, and priorities	Your health now	Your ideals, goals, and priorities
Things to consider	<p>Your breathing problems may or may not be fixable.</p> <p>You need breathing help for a short time, generally days and not weeks.</p>	<p>You want the chance to live longer but DO NOT want ventilator (life) support.</p> <p>What you may experience:</p> <ul style="list-style-type: none"> • Some discomfort • Probable hospital stay 	<p>Your breathing problems may be able to be fixed.</p> <p>You need breathing help for a short time, generally days to a week based on the severity of your illness and other health problems you may have.</p> <p>Longer need for invasive life support may require you to be transferred to a long-term acute care facility located away from family/support.</p>	<p>You wish to live longer.</p> <p>What you may experience:</p> <ul style="list-style-type: none"> • Some discomfort • Possible hospital stay 	<p>Your breathing problems may or may not be fixable.</p>	<p>You wish to not prolong life artificially, allowing for a natural death.</p> <p>What you may experience:</p> <ul style="list-style-type: none"> • You will not be on a ventilator (breathing machine). • You may be in a hospital, skilled nursing facility, or at home for an extended period of time.
Options:	Non-Invasive Treatment / Support		Invasive Life Support		End-of-Life Care (care focused on giving you comfort)	
Devices used	<p>Standard cannula (nasal or moustache): Delivers oxygen to you using a short cannula in or around your nose.</p>  <p>High-flow nasal cannula: Delivers high flow, heated oxygen to you using a short cannula in your nose.</p>  <p>Non-invasive ventilator: This machine uses a tight-fitting mask that is placed over your mouth and nose.</p> 	<p>Breathing tube: Inserted into the trachea (through the nose or the mouth) to keep your airway open. This is usually used when you need help from a breathing machine for less than a few weeks.</p> <p>Tracheostomy tube: A surgery that creates an opening through the front of your neck into the trachea (windpipe). This is usually used when you require help from a breathing machine for more than a few weeks.</p> <p>Ventilator: A machine used to push oxygen into your lungs through the breathing tube and remove carbon dioxide from your body. This process is called mechanical ventilation.</p>   	<p>Oxygen for shortness of breath</p> <p>Medication to help you relax, and for anxiety or pain relief</p> <p>Physical aids to help with comfort (such as an adjustable bed, nursing care in your home)</p> <p>Emotional support (such as a social worker, palliative care, or chaplain) for you and your loved ones</p>			
How it works	<p>High-flow nasal cannula: Delivers high-flow oxygen (greater than 6L per minute). It may help you get oxygen but not help you take a deep breath.</p> <p>Non-invasive ventilator: Pushes oxygen into your lungs to help you breathe. It also helps you to take a deeper breath.</p>	<p>Breathing tube: Keeps your airway open while the ventilator pushes oxygen into your lungs to help you breathe and help you take a deeper breath.</p> <p>Tracheostomy tube: Can also be connected to a ventilator or to direct oxygen. It is also used to allow air to bypass an injury or blockage in the upper part of the windpipe to reach the lungs. This blockage can be from cancer, radiation, or other trauma to the airway.</p>	<p>All care given to you is designed to provide comfort and relief for:</p> <ul style="list-style-type: none"> • Shortness of breath • Anxiety • Pain • Fear 			

Options:	Non-Invasive Treatment / Support	Invasive Treatment / Support	End-of-Life Care (care focused on giving you comfort)
How it helps	<p>Oxygen treatment delivered by high-flow nasal cannula or non-invasive ventilation may allow your body the time it needs to heal.</p> <p>High-flow nasal cannula: It is easier to talk, eat, and drink than with a non-invasive ventilator.</p>	<p>Treatment with a ventilator and both types of breathing tubes (breathing and tracheostomy tubes) may allow your body the time it needs to heal.</p>	<p>Not using mechanical ventilation (a breathing machine), allows you to eat, drink, and talk.</p>
Affects you may have right away	<p>High-flow nasal cannula: Treatment cannot be done at home. It also may require you to stay in the hospital longer.</p> <p>Non-invasive ventilator: The tight-fitting mask may cause pressure, discomfort or sores. It is difficult to talk, eat, drink and swallow during treatment. You may experience anxiety; however, medication can be given to help with this. These medications may make you sleepy. It is also possible air can enter your stomach causing distention and pain.</p>	<p>Breathing tube: You will not be able to talk, drink, eat or swallow. Some patients can write messages to others, but some cannot.</p> <p>Tracheostomy tube: It is possible for you to breathe on your own. When this occurs, you may be moved from the ICU to a regular inpatient unit.</p> <p>Both tubes: You will probably require suctioning. A suction tube is placed down the breathing tube to suction the mucous out of your airway and lungs. You may be given medications to calm you.</p> <p>Ventilator: You are required to stay in the ICU.</p>	<p>Your chances of being at home are increased.</p> <p>You will be kept comfortable at all times.</p> <p>Oxygen can be drying to your nose and mouth.</p> <p>Medications used to calm you and make you comfortable may also make you tired. It may be difficult to hold conversations.</p>
What you may experience long-term	<p>There is no guarantee either of these treatments will work for you. You will need to speak to your doctor about your potential outcomes based on your health and chronic conditions.</p> <p>You cannot go home while on a high-flow nasal cannula. You may or may not be able to go home on a non-invasive ventilator.</p>	<p>Breathing tube: Can cause mouth ulcers and damage the vocal cords.</p> <p>Tracheostomy tube: Over time, the tube can cause some damage to the windpipe, which can cause problems if the tube is removed. The skin area around the tube entrance (stoma) can break down and cause an infection.</p> <p>Both tubes: Increase your chance of getting pneumonia.</p> <p>Ventilator: Once you are put on a ventilator there is always a chance you may never come off of it. If you are concerned about this, you will want to talk with your doctor about your potential outcomes based on your health and chronic conditions.</p>	<p>Comfort care is not designed to prolong life.</p> <p>However, your quality of life during your last hours to months can be improved.</p>

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