



# Qorsheynta Daryeelka Hore ee Nolosha

DULMARKA GUUD IYO DARDAARANKA HORE EE NOLOSHA

Overview and Advance Directive - Somali Translation



## **Waa maxay qorsheynta daryeelka hore ee nolosha?**

Qorsheynta daryeelka hore ee nolosha waa ka fikirida kusaabsan daryeelka caafimaad lee laga yaabo inaad rabto mustaqbalka. Qorshaynta noocani ah waxaa kamid ah kahadlida, qorista, iyo la wadaagista waxa muhiimka kuu ah adiga. Tani waxay ka caawineysaa dadka kale inay kuu sameeyaa go'aanadaada haddii aadan awoodi karin inaad sameysato go'aanadaada. Markii lagu jiro xaaladaan, qof adiga kuu dhawayaad ubaahan tahay inuu kuu sameeyo go'aanadaada. Qofkaani ayaa layiraahdaa wakiilka daryeelka caafimaadka, sidoo kalena loo yaqaano qareen-dhab ah, kusime, ama go'aan sameeyaha caafimaadka ee sharciga ah.

Waxaa muhiim ah inaad sii diyaarsato wakiilkaaga daryeelka caafimaadka adiga oo la wadaagaya sida aad rabi lahayd inay usameeyaan go'aanadaada.

## **Waa maxay dardaaranka hore ee nolosha?**

Dardaaranka hore ee nolosha waa hab ikhtiyaari, oo sharchi ah oo lagu qorayo go'aanadaada qorshaynta dardaarankaada hore ee nolosha. Waa inaad la wadaagtaa dardaarankaada hore ee nolosha dadka muhiimka kuu ah—sida wakiilkaaga daryeelka caafimaadka iyo kuwa aad jeceshahay—iyo adeeg bixiyaashaada daryeelka caafimaadka, rugta caafimaadka, iyo isbitaalka. Dardaaranka hore ee nolosha waa in la cusbooneysiiyaa si joogto ah. Dhammaan dadka waaweyn ee 18 sano jirka ah iyo kuwa kasii wayn ayaa buuxin kara dardaaranka hore ee nolosha.

Waxaa ka jira labo nooc oo dardaaranka hore ee nolosha ah gudaha gobolka Washington: 1) awoodda waarta ee Qareenka ee loogu talagalay daryeelka caafimaadka iyo 2) dardaaranka nolosha ee daryeelka caafimaadka.

Dardaaranka hore ee nolosha ee kujira xaashida buuggan ayaa ah durable power of attorney for health care (DPOA-HC, awoodda waarta ee Qareenka ee loogu talagalay daryeelka caafimaadka). DPOA-HC ayaa kusaleysan sharciga gobolka washington (cutubka 11,125 Revised Code of Washington (RCW, Xeerka Joogtada ah ee Washington). Foomkaani

sharciga ah ayaa kuu oggolaanaya inaad magacawdo wakiilkaaga daryeelka caafimaadka si uu kuugu sameeyo go'aanadaada daryeelka caafimaadka haddii aadan awoodi karin inaad gaarto go'aanadaada. Foomkaani ayaa sidoo kale kaa caawinaya inaad diyaarsato wakiilkaaga daryeelka caafimaadka adiga oo la wadaagaya yoolalkaaga, qadarintaada, iyo dookhyadaada. Cilmi baarista ayaa muujineysa in habka ugu fiican ee lagu xaqijinayo in rabitaanadaada la raacay ay tahay magacaabista iyo diyaarsashada wakiilka daryeelka caafimaadka. Dardaaranka hore ee nolosha ee kujira xaashida buuggan ma ahan dardaaranka nolosha ee daryeelka caafimaadka (cutubka 70.122 RCW). Dardaaranka hore ee nolosha waxaa sidoo kale loo yaqanaa dardaaranka nolosha. Waxaa laga yaabaa inaad sidoo kale tixgeliso buuxinta dardaaranka nolosha ee daryeelka caafimaadka, kaasoo ah dardaaranka ka noqoshada ama joojinta daaweynta xajinta nolosha ee xaalado gaar ah sida ku cad sharciga gobolka Washington. Haddii aad u baahan tahay macluumada dheeraad ah oo kusaabsan dardaaranka nolosha ee daryeelka caafimaadka, booqo: [www.HonoringChoicesPNW.org](http://www.HonoringChoicesPNW.org) ama kala hadal adeeg bixiyahaaga daryeelka caafimaadka.

## **Muxuu yahay wakiilka daryeelka caafimaadku?**

Wakiilka daryeekaa caafimaadku waa qofka adiga aad dooratay inuu kuu sameeyo go'aanadaada daryeelka caafimaadka haddii aadan adiga sameyn karin. Waa inaad u sheegtaa wakiilkaaga daryeelka caafimaadka waxa muhiimka kuu ah sida qadarintaada shakhsiyed iyo yoolalkaada si laguu daaweyyo. Macluumaadkaan ayaa hagi kara wakiilkaaga daryeelka caafimaadka iyo bixiyaasha daryeekaa caafimaadka inay sameeyaan go'aamada ugu wanaagsan ee suurtogalka ah iyaga oo wakiil kaa ah haddii aadan adigu samayn karin go'aannadaada. Adiga oo dhammeystiraya dardaarankan hore ee nolosha (awoodda waarta ee Qareenka ee loogu talagalay daryeelka caafimaadka) waxaad u oggolaaneysaa qofkaan inuu la sameeyo go'aanada adeeg bixiyaashaada daryeelka caafimaadka wixi kusaabsan daryeelkaaga. Wakiilkaaga daryeelka caafimaadku shakhsii ahaan mas'uul kama noqon doono wixi kharasha ah ee kubaxa daryeekaa ay kuu dooraan ka wakiil ahaan daryeelkaada caafimaadka.

## **Maxaa ka dhigaya wakiilka daryeelka caafimaadka qof wanaagsan?**

### **Wakiilka daryeekaada caafimaadka WAA INUU:**

- ✓ Fahmaa waxa uu qabto wakiilka daryeelka caafimaadka oo uuna diyaar uyahay buuxinta jagadaan.
- ✓ La wadaagaa yoolalkaaga, qadarintaada, iyo dookhyadaada daryeel bixiyayaashaada caafimaadka, uuna sheegaa waxa "sifican unoolaanshaha" ama "maalin fiican" kuula micna tahay adiga.
- ✓ Fuliya go'aanadaada, xitaa haddii ay kugu raaceynin go'aanadaada.
- ✓ Awoodaa inuu sameeyo go'aanada wakhtiyada adag ama walaaca leh.

### **Wakiilka daryeekaada caafimaadku MANOQON KARO:**

- ✗ Qof kayar 18 sano.
- ✗ Dhakhtarkaaga ama shaqaalaha dhakhtarkaaga (marka laga reebu xaaskaaga, lamaane guriga ah oo ka diiwaan gashan gobolka, waalid, canugaaga oo qaangaar ah, ama ilmaha kula dhashay oo qaangaar ah).
- ✗ Mulkiilaha, maamulaha, ama shaqaalaha xarunta daryeelka caafimaadka ama xarunta daryeekaa muddada-dheer oo aad ka hesho daryeekaa ama aad ku nooshahay (marka laga reebu haddii ay yihiin xaaskaaga, lamaane guriga ah oo ka diiwaan gashan gobolka, waalid, canugaaga oo qaangaar ah, ama ilmaha kula dhashay oo qaangaar ah).



## Muxuu samayn karaa wakiilka daryeelka caafimaadka?

Haddii aadan awoodi karin inaad sameyso go'aanadaada daryeelka caafimaadka, wakiilkaaga daryeelka caafimaadka ayaa la weydiini doonaa inuu kuu sameyso go'aanadaada daryeelka caafimaadka. Wakiilkaaga daryeelka caafimaadka ayaa adeegsan kara macluumaadka Aad la wadaageyso dardaaran kan hore ee nolosha oona ka hadalkiisu hadda socdo si uu u hago daryeelkaaga.

Si waafaqsan sharciga gobolka iyo iyagoo adeegsanaya fahamkooda yoolalkaaga, qadarintaada, iyo dookhyadaada, wakiilkaaga daryeelka caafimaadku waxa uu awoodaa:

- Inuu go'aamiyo daaweynta iyo qalniinada, oo ay kujiraan haddii la adeegsanayo habka dib u soo kicinta wadnaha marka qofku neefta kudhagto (CPR), mashiinka neefsashada, tuubada quuidinta, iyo daawaynta kale.
- Inuu go'aamiyo haddii la joojinaayo daaweynta taageerada nolosha oona ay tahay in diirada la saaro xarumaha lagu haynayo ee daryeelka ku habboon.
- Inuu dib u eegis kusameyso oo uuna bixiyo diiwaanadaada caafimaadka ee loogu talagalay daryeelka iyo/ama uu u kuu buuxiyo gunnooyinka caymiska daryeelka caafimaadka isaga oo wakiil kaa ah.
- Inuu kuudooro daryeel bixiyaasha caafimaadka iyo ururada kusiinaya daryeelkaada caafimaadka.

### Waa maxay CPR?

Cardiopulmonary resuscitation (CPR, habka dib u soo kicinta wadnaha marka qofku neefta kudhagto) ama CPR waa habka la adeegsado marki wadnahaaga iyo neefsashadaadu ay joogsadaan. CPR waxa ay sifican u shaqeysaa marki uu jirkaagu caafimaad qabo oo habka CPR la bilaabo kadib isla marka uu wadnahaagu istaago. CPR ayeysan ubadnayn inay shaqeysa haddii Aad tabar daran tahay, da' tahay, ama Aad qabto xanuu halis ah.

Haddii Aad kasoo noolaato, waxaa laga yaabaa inaad ubaahato neef-siiye (mashiinka neefsashada) sambabada oo dacifay awgeed. Waxaa muhiim ah in lagala hadlo daryeel bixiyaashaada caafimaadka wixi kusaabsan haddii CPR uu dabooli doono yoolalkaaga.

Daryeelka heerka caadiga ah ee gobolka Washington waa in ay siyaan CPR dadka haddii wadnahoooda iyo neefsashadoodu ay joogsadaan. La wadaagista rabitaanadaada CPR ee kujiraan foomkan DPOA-HC ayaa kuu hagi karta "code status (daaweynta Aad qaadaneyso ama aadan qaadaneyn)" haddii lagu dhigo isbitaalka. Code status waxaa laga wadaa nooca daaweynta degdega ee uu qofku qaadanayo ama uusan qaadaneyn isbitaalka haddii wadnahoooda iyo neefsashadoodu ay joogsadaan.

Dadka qaar ee doorta inaysan ku qaadaneyn isbitaalka adeega CPR ayaa sidoo kale dooneynin inay ku qaataan adeega CPR goobaha kale. Xaaladani waa inaad weydiisa daryeel bixiyaasha caafimaadka wixi kusaabsan dhamaystirka Portable Orders for Life-Sustaining Treatment (POLST, Amarada Laqaadan Karo ee Daaweynta Siixajinta Nolosha). POLST waa amar caafimaad oo la xiriiraya go'aanada daryeelka caafimaadka ka jawaabayaasha gurmadka degdega ah iyo xirfadlayaasha kale ee caafimaadka.

### Waa maxay habka adeega taageerada nolosha?

Daaweynta taageerada nolosha (sidoo kalena loo yaqaano siixajinta nolosha) waa daaweyn caafimaad oo kaa dhigeyso qof sii nool iyada oo taageereyso ama badel kanoqneyso shaqooyinka jirka ee muhiimka ah. Daawooyinkaan ma daaweyyaan xaaladaha caafimaadka. Waxa ay kaadhigayaan qof sii nool illaa Aad ka fiicnaato ama lagaa saaro taageerada nolosha oona laguu oggolaado inaad si caadi ah isaga dhimato. Tusaalooyinka qaar ee adeegyada taageerada nolosha waxaa kamid ah CPR, mashiinada neefsashada, tuubooyinka quuidinta, dhiig kushubista, iyo sifaynta kelyaha. Waxaa muhiim ah inaad oggato yareynta xanuunka iyo kalsooni siintu waa qeyb kamid ah daryeelka joogtada ah mana loo tixgeliyo daaweynta taageerada nolosha.



## Maxaa dhacaya haddii aan magacaabin wakiilka daryeelka caafimaadka?

Haddii aadan awoodin inaad sameyso go'aanadaada daryeelka caafimaadka oona wakiilka daryeelka caafimaadka aanan la magacaabin, daryeel bixiyaashaada caafimaadku waxa ay raaci doonaan xeerka sharciga ee gobolka Washington inay ku go'aamiyaan cidda noqon karta go'aan sameeyahaaga caafimaadka. Tani waxa ay kadhiban tahay inay weydiin doonaan xubnaha qoyskaaga ama saaxiibadaada inay kuu sameeyaan go'aanadaada daryeelka caafimaadka. Haddii qoyska ama saaxiibada aanan laga soo heli karin liiska hoose, daryeel bixiyaashaada caafimaadka ayaa weydiisan kara maxkamad inay magacawdo qof mas'uul noqda si uu kuugu sameyso go'aanadaada daryeelka caafimaadka ka wakiil ahaan adiga.

Daryeel bixiyaasha caafimaadka ayaa la xiriiri doona dadka soo socda sida ay isugu xigaan illaa ay kuusoo helaan go'aan sameeye caafimaad (cutubka 7.70.065 RCW).

1. Qof mas'uul noqda oo ay soo magacawday maxkamad (haddii ay khuseyo)
2. Wakiilka(wakiilada) daryeelka caafimaadka lasoo magacaabay\*
3. Xaas ama lamaane guriga ah oo diiwaan gashan
4. Caruurtaada qaangaarka ah\*
5. Waalidiinta\*
6. Ilmaha kula dhashay ee qaangaarka ah\*
7. Caruurta awoowga/ayeeyada loo yahay ee qaangaarka ah kuwaas oo yaqaana qofka bukaanka\*
8. Caruurta abtiiga iyo adeerka loo yahay ee qaangaarka ah kuwaas oo yaqaana qofka bukaanka\*
9. Caruurta eedayaasha/habariyaasha iyo kuwa adeeryaasha/abtiyaasha ee qaangaarka ah kuwaas oo yaqaana qofka bukaanka\*
10. Qof qaangaarka ah oo saaxiib dhaw ah kaasoo buuxiyo shuruudo gaar ah

\* Koox kasta oo leh in kabaden hal qof, qofkasta oo kooxda kujiro waa inuu aqbalaan daryeekaa.

## Waa maxay xaaladaha qaar ee laga yaabo inay khuseeyaan?

### U magacaabidda xaaskaada ka wakiil ahaan daryeelkaaga caafimaadka

Haddii aad u doorato xaaskaada ama lamaane guriga ah oo diiwaan gashan inay noqdaan wakiilkaaga daryeelka caafimaadka foomkaan dhexdiisa, waxa ay joojin doonaan inay sii ahaadaan wakiilkaaga daryeelka caafimaadka haddii midkiin uu fayl gareeyo kala tag, joojin, ama kala tag sharci ah (cutubka 11.125.100 RCW). Si kastaba ha ahaatee, foomkani ayaa kuu oggolaanaya in ay iyaga kuusii ahaadaan wakiilkaaga daryeelka caafimaadka, xitaa furniin kadib.

Haddii xaaladaani ay ku khuseyso, ku billow xarfaha u horreeya ee magacaada qeypta kuxigta bayaankan ee bogga 1 aad ee foomkaan: "Haddii aan magacawdo xaaskayga ama lamaane guriga ah oo diiwaan gashan inay noqdaan wakiilkeyga daryeelka caafimaadka kadibna wakhti danbe fayl garayno kala tag, joojin, ama kala tag sharci ah; waxaan doonayaa inay sii ahaadaan wakiilkeyga daryeelka caafimaadka."

### Aan lagu magacaabin foomkan wakiilka daryeelka caafimaadka

Inkasta oo hadafka koobaad ee foomkan uu yahay magacaabista wakiilka daryeelka caafimaadka, waxaad leedahay ikhtiyaarka inaadan qofna magcaabin. Haddii wakiilka daryeelka caafimaadka aan la magacaabin, daryeel bixiyaasha caafimaadka waxa ay raaci doonaan xeerka sharciga Washington inay ku go'aamiyaan cidda noqon karta go'an sameeyahaaga caafimaadka (cutubka 7.70.065 RCW).

Haddii aad buuxiso qeybaha kale ee foomkaan, waxaa loo tixgeliin doonaa bayaan ah qadarimo shahsiyeed mana ahan dardaaranqa hore ee nolosha. Bayaanka qadarimaha shahsiyeed waa soo koobitaanka yoolalkaaga, qadarintaada, iyo waxa aad doorbidayso. Maclumaadkaan ayaa hagi kara go'an sameeyahaada caafimaadka sida loo sameynayo go'anada iyaga oo wakiil kaa ah.

Haddii xaaladaani ay ku khuseyso, ku billow xarfaha u horreeya ee magacaada qeypta kuxigta bayaankan ee bogga 1 aad ee foomkaan: "Ma magacaabayo wakiilka daryeelka caafimaadka. Aniga oo la wadaagayo yoolalkayga iyo qadarinteyda foomkaan gudhiisa, waxaa loo tixgeliin doonaa bayaan ah qadarimo shahsiyeed mana ahan dardaaranqa hore ee nolosha."

Xaaladani, waxaa laga yaabaa inaad sidoo kale tixgeliso buuxinta dardaaranqa daryeelka caafimaadka, sidoo kalena loo yaqaano dardaaranqa nolosha, kaasoo ah dardaaranqa ka noqoshada ama joojinta daaweynta xajinta nolosha ee xaalado gaar ah sida ku cad sharciga gobolka Washington. Haddii aad u baahan tahay xog dheeraad ah, booqo [www.HonoringChoicesPNW.org](http://www.HonoringChoicesPNW.org) ama Kala hadal adeeg bixiyahaaga daryeelka caafimaadka.

## Maxaan ku sameynaya dardaarkan hore ee nolosha?

Markii aad dhammeystirto dardaarkan hore ee nolosha, waa inaad kala hadashaa rabitaanadaada oo aadna siisaa koobiyo dadka muhiimka kuu ah—sida wakiilkaaga daryeelka caafimaadka iyo kuwa aad jeceshahay—iyo adeeg bixiyaashaada daryeelka caafimaadka, rugta caafimaadka, iyo isbitaalka. Haddii ay khuseyso, tixgeli inaad la wadaagto koobiyada daryeelka gurigaaga ama sidoo kale xarunta caawinta nolosha. Waxaa muhiim ah in mid kasta uu haysto koobi.

## Maxaa dhacaya haddii aan beddeko niyadeyda?

Haddii aad beddeko niyadaada wixi kusaabsan go'aanadaada daryeelka caafimaadka, usheeg qof kasta oo kaa haysta koobi, oo ay kujiraan wakiilkaaga daryeelka caafimaadka, kuwa aad jeceshahay, adeeg bixiyaasha daryeelka caafimaadka, rugta caafimaadka, iyo isbitaalka. Waad joojin kartaa ama kalaaban kartaa dardaaranqa hore ee nolosha wakhti kasta. Waxaad ubaahanan doontaa inaad usheegto daryeel bixiyahaaga caafimaadka inaad rabto inaad joojiso midkood adiga oo warqad u qoraya (waxaad xaqjisaisa inaad saxiido oo ku qorto taariikhda) ama adiga oo hadal afka ah ugu sheegaya. Waxaa muhiim ah inaad buuxiso dardaaranqa hore ee nolosha oo cusub. Waaad xaqjisaisa inaad siiso koobiyada dardaaranqa hore ee nolosha ee cusub dadka muhiimka kuu ah—sida wakiilkaaga daryeelka caafimaadka iyo kuwa aad jeceshahay—iyo adeeg bixiyaashaada daryeelka caafimaadka, rugta caafimaadka, iyo isbitaalka.

## Ka warran ku-deeqidda xubnaha iyo unugyada jirka?

Haddii aad dooneysyo inaad noqoto qof wax ku deeqa, fadlan usheeg wakiilkaaga daryeelka caafimaadka, qoyska, iyo daryeel bixiyaasha caafimaadka. Sidoo kale waxaad ku diiwaan gelin kartaa rabitaanadaada ku deeqida xubnaha, unugyada, iyo indhaha halkaan [www.registerme.org](http://www.registerme.org).

## Yaa go'aaminaya sida loo maareeynayo jirkayga marka aan dhinto kadib?

Foomkaan ma amrayo tuuridda haraadiga jirkaaga. Tixgeli inaad buuxiso foom kaas oo si gaar ah u bixinaya tilamaamaha kusaabsan sida loo maareynayo jirkayga kadib marka aad dhimato si waafaqsan xeerka gobolka (cutubka 68.50.160 RCW).

## Yaan la xariiri karaa haddii aan ubaahdo caawinta qorsheynta daryeelka hore ee nolosha?

Honoring Choices PNW ayaa diyaar u ah inay ku caawiso. Booqo [www.honoringchoicespnw.org/locations](http://www.honoringchoicespnw.org/locations) ama nagala soo xariir [info@honoringchoicespnw.org](mailto:info@honoringchoicespnw.org) wixi caawin ah.

### FIIRO GAAR AH DARYEEL BIXIYAASHA CAAFIMAADKA (ATTENTION HEALTH CARE PROVIDERS)

MAGACAYGA (MY NAME): \_\_\_\_\_

TAARIKH DAYDA DHALASHADA (MY DATE OF BIRTH): / /

ADEEG BIXIYAHAYGA DARYEELKA CAAFIMAADKA  
(MY HEALTH CARE PROVIDER): \_\_\_\_\_

BIXIYAHAYA TALEEOFONKA XAFIISKA  
(PROVIDER OFFICE PHONE): ( ) \_\_\_\_\_

### FADLAN IXTIRAAM RABITAANADEYDA (PLEASE HONOR MY WISHES)

WAKIILKEYGA DARYEELKA CAAFIMAADKA (kuxusan DPOA-HC)  
(MY HEALTH CARE AGENT (named on DPOA-HC)): \_\_\_\_\_

TALEEOFONKA UU BADANAA ISTICMAALO (BEST PHONE): ( ) \_\_\_\_\_

DARDAARANKEYGA □ HORE EE NOLOSHA EE □ POLST WAXAA LAGA HELI KARA  
(MY □ ADVANCE DIRECTIVE □ POLST CAN BE FOUND AT):  
\_\_\_\_\_

# DARDAARANKA NOLOSHA EE HORE: AWOODDA WAARTA EE QAREENKA LOOGU TALAGALAY DARYEELKA CAAFIMAADKA

## ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Dardaaranankaan nolosha ee hore, awoodda waarta ee qareenka loogu talagalay daryeelka caafimaadka, ayaa kuu ogolaanaya inaad magacawdo oo Aadna diyaarsato wakiilkaaga daryeelka caafimaadka.

Foomkaani ayaa buuxinaya shuruudaha sharciga ee gobolka Washington.

This advance directive, a durable power of attorney for health care, allows you to name and prepare your health care agent. This form meets the requirements of Washington state law.

### Xogteyda:

#### My Information:

MAGACA BUUXA:

MAGAC UYAALADA (waa ikhtiyaari):

FULL NAME:

PRONOUNS (OPTIONAL):

TAARIKHDA DHALASHADA: / /

(*sida, isaga/iyada/iyaga*  
(i.e., he/she/they)

DATE OF BIRTH: (bisha/maalinta/sanadka)  
(mm/dd/yyyy)

## MAGACAABISTA WAKIILKA DARYEELKA CAAFIMAADKA

NAMING A HEALTH CARE AGENT

### Qofka aan u wakiilanayo inuu noqdo wakiilkeyga daryeelka caafimaadka waa:

The person I designate as my health care agent is:

MAGACA BUUXA:

MAGAC UYAALADA (waa ikhtiyaari):

FULL NAME:

PRONOUNS (optional):

XIRIIRKA IDINKA DHEXEEYA:

TALEEFANKA BADANAA ISTICMAASHO: ( )

TALEEFAN KALE: ( )

RELATIONSHIP:

BEST PHONE:

ALTERNATE PHONE:

CINWAANKA, MAGAALADA, GOBOLKA, LAMBARKA BOOSTADA:

ADDRESS, CITY, STATE, ZIP:

### Dadka aan u wakiilanayo inay noqdaan wakiiladeyda kale waa:

The people I designate as my alternate agents are:

Haddii qofka aan kor kusoo sheegay uusan awoodin ama uusan dooneyn inuu sameeyo go'aanadeyda daryeelka caafimaadka, markaas waxaan u wakiilanayaa dadka hoos ku qoran inay noqdaan badelka wakiiladeyda daryeelka caafimaadka ee koobaad iyo labaad. If the person listed above is unable or unwilling to make my health care decisions, then I designate the people listed below as my first and second alternate health care agents.

### Beddelka Koobaad

#### First Alternate

MAGACA BUUXA:

MAGAC UYAALADA (waa ikhtiyaari):

FULL NAME:

PRONOUNS (optional):

XIRIIRKA IDINKA DHEXEEYA:

TALEEFANKA BADANAA ISTICMAASHO: ( )

TALEEFAN KALE: ( )

RELATIONSHIP:

BEST PHONE:

ALTERNATE PHONE:

CINWAANKA, MAGAALADA, GOBOLKA, LAMBARKA BOOSTADA:

ADDRESS, CITY, STATE, ZIP:

### Beddelka Labaad

#### Second Alternate

MAGACA BUUXA:

MAGAC UYAALADA (waa ikhtiyaari):

FULL NAME:

PRONOUNS (OPTIONAL):

XIRIIRKA IDINKA DHEXEEYA:

TALEEFANKA BADANAA ISTICMAASHO: ( )

TALEEFAN KALE: ( )

RELATIONSHIP:

BEST PHONE:

ALTERNATE PHONE:

CINWAANKA, MAGAALADA, GOBOLKA, LAMBARKA BOOSTADA:

ADDRESS, CITY, STATE, ZIP:



Honoring Choices®  
PACIFIC NORTHWEST

AN INITIATIVE OF



Washington State  
Hospital Association



WSHA Foundation  
for Health Care Improvement

MAGACA:

NAME:

TAARIKHDA DHALASHADA: / /

DATE OF BIRTH: (bisha/maalinta/sanadka)

(mm/dd/yyyy)

## MAGACAABISTA WAKIILKA DARYEELKA CAAFIMAADKA

NAMING A HEALTH CARE AGENT

### Xaaladaha laga yaabo inay khuseeyaan:

Situations that may apply:

Ku billow xarfa u horreeya ee magacaada qeypta kuxigta bayankaan ee hoose ee kukhuseeya. Waxaad kusameyn kartaa leen xarriiq ah weedhaha/bayaanka aanan adiga kukhuseyn. Haddii aad u baahan tahay maclumaad dheeraad ah: eeg Dulmarka Guud ee Advance care planning (ACP, Qorshaynta daryeelka nolosha ee hore), boooqo [www.HonoringChoicesPNW.org](http://www.HonoringChoicesPNW.org), ama la xiriir daryeel bixiyahaaga caafimaadka. Initial next to the statements below that apply to you. You may draw a line through statements that do not apply to you. For more information: see the ACP Overview, visit [www.HonoringChoicesPNW.org](http://www.HonoringChoicesPNW.org), or talk with your health care provider.

- Haddii aan magacawdo xaskeyga ama diiwaan gashado lamaane guriga joogo inay noqdaan waakiilkeyga daryeelka caafimaadka oona muddo kadibna kala tagno, joojino, ama si sharcii ah ku kala tagno; Waaan rabaa inay sii ahaadaan waakiilkeyga daryeelka caafimaadka. If I name my spouse or registered domestic partner as my health care agent and we later file for a dissolution, annulment, or legal separation; I want them to continue as my health care agent.
  - Ma magacaabayo wakiilka daryeelka caafimaadka. Anigoo la wadaagayo hadafyadeyda iyo qadarinteyda foomkaan, waxaa loo tixgelin doonaa qadarin shakhsiyed weedha/bayaanka mana ahan dardaarka nolosha ee hore.
- I am not naming a health care agent. By sharing my goals and values in this form, it will be considered a personal values statement and not an advance directive.

## DIYAARINTA WAKIILKA DARYEELKA CAAFIMAADKA

PREPARING A HEALTH CARE AGENT

### Waa maxay waxa aniga inta badan iigu muhiimsan?

What matters most to me?

Qeybtani waxa ay kaacaawineysaa inaad kafakarto waxa adiga inta badan kuugu muhiimsan. Maclumaadkaani ayaa hagi kara dadka muhiimka kuu ah adiga—sida wakiilkaaga daryeelka caafimaadka iyo dadka aad jeceshahay—inay kuusameeyaan go'aanada daryeelka caafimaadka markii aadan adiga sameyn karin go'aanadaada.

Tixgeli la wadaagista:

- This section helps you think about what matters most to you. This information can guide the people who matter to you—like your health care agent and loved ones—to make health care decisions for you if you cannot make them yourself.
- Consider sharing:
- Waa maxay waxa aad adiga jeceshahay inaad sameyso, maskax ahaan iyo jir ahaan?  
What do you love to do, mentally and physically?
  - Sidee ayey muhiim kuugu tahay adiga inaad ogaatid qofka aad tahay iyo qofka aad la joogto?  
How important is it for you to know who you are and who you are with?
  - Sidee ayey muhiim kuugu tahay la xariiridda qoyskaada iyo saaxiibadaada?  
How important is communicating with family and friends to you?
  - Maxay adiga kuula muuqataa "si wanaagsan u noolaanshaha" ama "maalin wanaagsan"?  
What does "living well" or "a good day" look like to you?
  - Maxay tahay waxa aad adiga aadka u qiimeyso ee ku saabsan noloshaada?  
What do you value most in your life?

**Kuwaan soo socda waa waxa aan aadka u qiimeeyo:** (Kadhig mid khaas ah. (Kudar bogag haddii loo baahdo.)

The following is what matters most to me: (Be specific. Add pages if needed.)



MAGACA:	<hr/>		
NAME:	<hr/>		
TAARIKHDA DHALASHADA:	/	/	/
DATE OF BIRTH:	(bisha/maalinta/sanadka) (mm/dd/yyyy)		

## DIYAARINTA WAKIILKA DARYEELKA CAAFIMAADKA

PREPARING A HEALTH CARE AGENT

### **Maxay yihin caqidooyinkeyga, dookhyadeyda, iyo dhaqamadayda?**

What are my beliefs, preferences, and practices?

Waxaa muhiim ah in dadka muhiimka kuu ah adiga—sida wakiilkaaga daryeelka caafimaadka iyo dadka aad jeceshahay—iyo kooxdaada daryeelka caafimaadka inay ogaadaan caqiidadaada, dookhaaga, iyo dhaqamadaada. Tixgeli la wadaagista:

It is important for the people who matter to you—like your health care agent and loved ones—and your health care team to know about your beliefs, preferences, and practices.

Consider sharing:

- Waxa aad kaheli karto taageero, istareex, iyo awood markaad kujirto wakhtiyo adag?  
What provides you support, comfort, and strength during difficult times?
- Waa maxay daawaynta aad rabi lahayd ama aadan rabin (tusaale, dhiig ku shubid, maaraynta xanuunka, quudin macmal ah)?  
What medical treatments would you want or not want (e.g., blood transfusion, pain management, artificial feeding)?
- Sidee baa go'aanada daryeelka caafimaadka loo sameeyaa bulshadaada dhexdeeda, dhaqankaaga, ama qoyskaaga?  
How are health care decisions made in your community, culture, or family?

**Caqidooyinka, dookhyada, iyo dhaqamada soo socda muhiim ayay ii yihin:** (*Kadhig mid khaas ah. Kudar bogag haddii loo baahdo.*)

The following beliefs, preferences, and practices are important to me: (*Be specific. Add pages if needed.*)

**Waxaan rabi lahaa shakhsiga(yaadka) soo socda in lala xiriiro si ay iiga caawiyaan caqiidadeyda, dookhyadeyda, iyo dhaqamadayda:** (*Ma yeelan doonaan awooda ay kusameenayaan go'aanada daryeelka caafimaadka.*)

I would want the following person(s) contacted to support my beliefs, preferences, and practices: (*They will not have power to make health care decisions.*)

MAGACA:

NAME:

TALEEOFON: (        )

PHONE:

DOORKA:

ROLE:

URURKA:

ORGANIZATION:

MAGACA:

NAME:

TAARIKHDA DHALASHADA: / /

DATE OF BIRTH: (bisha/maalinta/sanadka)  
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## DIYAARINTA WAKIILKA DARYEELKA CAAFIMAADKA

PREPARING A HEALTH CARE AGENT

Aniga oo ka jawaabaya su'aalaha soo socdo, waxaan la wadaagaya dookhyadeyda daryeelka caafimaadka. Haddii aan aniga sameysan karin go'aanadeyda daryeelka caafimaadka, Waxaan doonayaa wakiilkeyga daryeelka caafimaadka inuu adeegsado xogtaan uuna kuhago go'aanadooda. Waxaan fahansanahay in ay xogtani hagi karto daryeelkeyga, laakiin waxaa laga yaabaa in aysan suurtagal noqonin inay u raacdoo xaalad kasta si sax ah rabitaankeyga.

In answering the following questions, I am sharing my health care preferences. If I cannot make health care decisions for myself, I want my health care agent to use this information to guide their decisions. I understand that this information can guide my care, but it might not be possible to follow my wishes exactly in every situation.

### **CPR: Maxaa ay yihiiin rabitaanadeyda?**

#### **CPR: What are my wishes?**

Daryeelka heerka caadiga ah ee gobolka Washington waa inuu cardiopulmonary resuscitation (CPR, habka dib u soo kicinta wadnaha marka qofku neefku kudhagto) siyyaa dadka haddii wadnahoooda iyo neefsashadu ay joogsadaan. Qeybtan aaya hagi karta wakiilaaga daryeelka caafimaadka iyo adeeg bixiyaasha daryeelka caafimaadka in lagugu sameeyo habka CPR haddii lagu dhigo isbitaalka oo wadnahaaga iyo neefsashadadaadu ay joogsadaan (sicoo kalena loo yaqaano "code status (daaweynta aad qaadaneyso ama aadan qaadaneynin)").

Standard care in Washington state is to provide cardiopulmonary resuscitation (CPR) to people if their heart and breathing stop. This section can guide your health care agent and health care providers on whether to perform CPR if you are hospitalized and your heart and breathing stop (also known as "code status").

#### **Haddii la idhigo isbitaalka oo wadnayahayga iyo neefsashadaydu ay joogsadaan:**

##### **If I am hospitalized and my heart and breathing stop:**

Waxaan rabaa in la igu sameeyo CPR.

I want CPR attempted.

Waxaan rabaa in la igu sameeyo CPR, illaa uu isbadel kuyimaado caafimaadkeyga, oona aan haysto:

I want CPR attempted, unless there has been a change in my health, and I have:

- Fursad yar oo aan kunoolaado si waafaqsan yoolalka iyo qiyamka aan ku sheegay foomkan iyo/ama kala hadlay wakiilkeyga daryeelka caafimaadka; ama  
Little chance of living a life that aligns with the goals and values I have stated in this form and/or discussed with my health care agent; or
- Cudur ama dhaawac aan la daweyn karin, oo ay u badan tahay inaan dhawaan dhiman doono; ama  
A disease or injury that cannot be cured, and I am likely to die soon; or
- Fursad yar oo aan kunoolaado xitaa haddii wadnayahaygu uu dib u soo kacay.  
Little chance of survival even if my heart is started again.

Madoonayo in la igu sameeyo CPR. Waxaan doonayaa in la ii oggolaado inaan si caadi ah isaga dhinto. (*Kala hadal adeeg bixiyahaaga daryeelka caafimaadka wixi kusaabsan foomka Portable Orders for Life Sustaining Treatment (POLST, Amarada Laqaadaan Karo ee Daaweynta Siixajinta Nolosha*), I do not want CPR attempted. I want to be allowed to die naturally. (*Talk to your health care provider about a POLST form*.)

#### **Habka adeega taageerada nolosha: Maxaa ay yihiiin rabitaanadeyda?**

##### **Life Support: What are my wishes?**

Jawaabta aad kubixineyo qeybta hoose waxaa loogu talagalay inay hagto wakiilaaga daryeelka caafimaadka. Ka jawaabidda su'aashaan kama dhigeyso foomkaan dardaarka nolosha ee daryeelka caafimaadka, kaas oo ah dardaaran ah in laga noqdo ama la joojiyo daawaynta xajinta nolosha- waarta ee xaalaldo gaar ah sida uu dhigayo sharciga gobolka Washington. Haddii aad u baahan tahay xog dheeraad ah, booqo www.HonoringChoicesPNW.org ama Kala hadal adeeg bixiyahaaga daryeelka caafimaadka.

Your response below is intended to guide your health care agent. Answering this question does not make this form a health care directive, which is a directive to withdraw or withhold life-sustaining treatment in specific situations under Washington state law. For more information, visit [www.HonoringChoicesPNW.org](http://www.HonoringChoicesPNW.org) or talk with your health care provider.

#### **Haddii aan aad u xanuunsado ama u dhaawacmo oo ayna suurtogal tahay inaan mardhaw dhinto ama aan koomo ku jiray oo aanay ubadnayn inaan kasoo kabsado, waxaan doonayaa in wakiilkeyga daryeelka caafimaadka uu:**

##### **If I am so sick or injured that I am likely to die soon or am in a coma and unlikely to recover, I want my health care agent to:**

Adeegsado dhammaan daaweynta taageyreysa nolosha oo isii nooleyn karta xitaa haddii ay jirto fursad yar oo aan kusoo bogsado. Waxaan doonayaa inaan kusii jiro habka adeega taageerada nolosha.

Use all life-support treatments to keep me alive even if there is little chance of recovery. I want to stay on life support.

Iskudayo dhammaan daaweynta taageyreysa nolosha oo adeeg bixiyaasheyda daryeelka caafimaadka ay umaleynayaan in laga yaabo inay iga caawiso inaan kasoo bogsado. Haddii ay daaweyntu shaqeyn weydo oo ay jirtana fursad yar oo aan kusii noolaado sida waafaqsan yoolalkayga iyo qiyamkayga, masii doonayo inaan kusii jiro habka adeega taageerada nolosha. Markii halkaas la joogo, ii ogolloow inaan si caadi ah isaga dhinto.

Try all life-support treatments that my health care providers think might help me recover. If the treatments do not work and there is little chance of living a life that aligns with my goals and values, I do not want to stay on life support. At that point, allow me to die naturally.

Ii ogolloow inaan si caadi ah isaga dhinto. Masii doonayo inaan kusii jiro habka adeega taageerada nolosha. Haddii habka adeega taageerada nolosha la bilaabay, waxaan doonayaa in la joojiyo.

Allow me to die naturally. I do not want to be on life support. If life-support treatments have been started, I want them to be stopped.

Waxaan doonayaa wakiilkeyga daryeelka caafimaadku inuu ii go'aamiyo.

I want my health care agent to decide for me.

MAGACA: \_\_\_\_\_

NAME: \_\_\_\_\_

TAARIKHDA DHALASHADA: / /

DATE OF BIRTH: (bisha/maalinta/sanadka)  
(mm/dd/yyyy)



## DIYAARINTA WAKIILKA DARYEELKA CAAFIMAADKA

PREPARING A HEALTH CARE AGENT

### Jiheyn dheeraad ah

#### Additional Directions

**Haddii aan dhimanayo oo daryeelkayga caafimaadku, nidaamka taageerada, iyo khayraadkaygu oggolaadaan, waxaan dooranayaa inaan kudhinto:**

If I am dying and my medical care, support system, and resources allow, my preference would be to die:

- Gurigaya ama guriga qof aan jeclahay (oo leh qeybta xanaanada dadka xanuunsan haddii loo baahdo).  
At my home or the home of a loved one (with hospice if desired).
- Xarun caafimaad.  
In a medical facility.
- Majirto waxaan doorbidayo.  
I do not have a preference.
- Waxkale (fadlan sheeg): \_\_\_\_\_  
Other (please describe): \_\_\_\_\_

**Haddii aan uur leeyahay oo aanan awoodi karin inaan sameeyo go'aanada daryeelkayga caafimaadka, waxaan jeelaan lahaa wakiilkeyga daryeelka caafimaadka iyo adeeg bixiyaashayda daryeelka caafimaadka inay sameeyaan tixgelinada soo socda marka ay sameynayaan go'aanada daryeelka caafimaadka iyaga oo wakiil iga ah:**

If I am pregnant and cannot make health care decisions for myself, I would like my health care agent and health care providers to take the following into consideration as they make health care decisions on my behalf:

**Qor wixi macluumaad dheerad ah oo aad dooneyso in wakiilkaaga daryeelka caafimaadka, adeeg bixiyaashaada daryeelka caafimaadka, ama kuwa kale ay tahay inay ogaadaan rabitaanadaada daryeelka caafimaadka. Fadlan ogsoonoow in rabitaanadaada ee ah ku deeqida xubnaha jirkaaga iyo qorshayaasha wixii haraadiga jirkaada ah waa in lagaliyaa dukumiinti gaar ah.**

Write any additional information you want your health care agent, health care providers, or others to know about your health care wishes. Please note that your wishes for organ donation and plans for your remains should be documented separately.



MAGACA: \_\_\_\_\_

NAME: \_\_\_\_\_

TAARIKHDA DHALASHADA: / /

DATE OF BIRTH: (bisha/maalinta/sanadka)

(mm/dd/yyyy)

## OGGOLAANSHAHAA WAKIILKA DARYEELKA CAAFIMAADKA

AUTHORIZING A HEALTH CARE AGENT

**Bayaanka Maamulidda Guud iyo Awoodaha Wakiilkayga Daryeelka Caafimaadka:** Waxaan u oggolaanaya wakiilkayga daryeelka caafimaadka inuu siyo oggolaansho daaweynta caafimaadka marki aan awoodi karin inaan sameeyo go'aanadeyda. Waxaan u oggolaanaya wakiilkayga daryeelka caafimaadka inuu fuliyo rabitaanadeyda ku aadan daaweynta adeegyada taageerada nolosha sida CPR, mashiinada neefsashada, tuuboyinka quodinta, dhiig ku shubista, iyo sifaynta kelyaha. Tani waxaa kamid ah oggolaanshaha lagu bilaabayo, lagu sii wadayo, ama lagu joojinayaa daaweynta caafimaadka.

**Statement of General Authority and Powers of My Health Care Agent:** I authorize my health care agent to give consent for medical treatments when I cannot make my own decisions. I authorize my health care agent to carry out my wishes regarding life-support treatments such as a CPR, breathing machines, feeding tubes, blood transfusions, and kidney dialysis. This includes consent to start, continue, or stop medical treatment.

**Waxaan xaqiijinayaa kuwaan soo socda:** Waxaan fahansanahay muhiimada iyo macnaha durable power of attorney for health care (DPOA-HC, awoodda waarta ee qareenka ee loogu talagalay daryeelka caafimaadka). Foomkaan waxa uu katarjumaya xulashooyinka wakiilkayga daryeelka caafimaadka iyo yoolalkayga, qiiimayaashdaya, iyo dookhyadeyda. Waxaan buuxiyey foomkaan aniga oo raa li ka ah. Waxaan u fakaraya si cad. Waxaan fahamsanahay inaan badeli karo niyadeyda wakhtiigii aan doono. Waxaan fahamsanahay inaan joojin/kalaaban karo ama badali karo wakhtiigii aan doono. Waxaan kalaabanaya/joojinayaa wixii hore ee ah awoodda waarta ee qareenka ee loogu talagalay daryeelka caafimaadka. Waxaan doonayaa DPOA-HC-gaan inuu dhaqan galoo haddii dhakhtar ama cilmi-nafsi yaqaan rukhsad haysta ay go'aansadaan in aanan lahayn awood aan ku gaaro go'aannadeyda ee daryeelka caafimaadkayga. Dardaarkan kani waxa uu sii jiri doonaa illaa inta awood la'aantaydu tahay mid jirto.

**I attest to the following:** I understand the importance and meaning of this durable power of attorney for health care (DPOA-HC). This form reflects my health care agent choices and my goals, values, and preferences. I have filled out this form willingly. I am thinking clearly. I understand that I can change my mind at any time. I understand I can revoke and replace this form at any time. I revoke any prior durable power of attorney for health care. I want this DPOA-HC to become effective if a physician or licensed psychologist determines I do not have the capacity to make my own health care decisions. This directive will continue as long as my incapacity lasts.

SAXIIYAGA:

MY SIGNATURE:

CINWAANKA, MAGAALADA, GOBOLKA, LAMBARKA BOOSTADA:

ADDRESS, CITY, STATE, ZIP:

TAARIKHDA:

DATE:

### Markhaatiyaasha ama Shuruudaha Nootaayada

#### Witnesses or Notary Requirement

Waa inaad haysataa markaa saxiixeyso midkood labo qof oo markhaati ah ama ay ku caddeeyaan nootaayada dadweynaha.

You must have your signature either witnessed by two people or acknowledged by a notary public.

#### IKHTIYAARKA 1 AAD – LABO QOF OO MARKHAATI AH OPTION 1 – TWO WITNESSES

**Caddeynata Markhaatiga:** Waxaan caddeynayaa inaan buuxiyey xeerarka lagu noqonayo markhaati.

**Witness Attestation:** I declare I meet the rules for being a witness.

**MARKHAATIGA #1AAD SAXIIXA:**

TAARIKHDA:

**WITNESS #1 SIGNATURE:**

DATE:

MAGACA QORAN:

NAME PRINTED:

**MARKHAATIGA #2AAD SAXIIXA:**

TAARIKHDA:

**WITNESS #2 SIGNATURE:**

DATE:

MAGACA QORAN:

NAME PRINTED:

#### IKHTIYAARKA 2AAD – NOOTAYADA

#### OPTION 2 – NOTARY

STATE OF WASHINGTON )  
GOBOLKA WASHINGTON )  
COUNTY OF )

DEGMADA )

This record was acknowledged before me on this day of ,  
Diiwaankan waxaa lagu caddeeyey horteyda marka ay ahayd maalinta

by (name of individual):

oo uu caddeeyey (magaca qofka):

Signature: Title: Exp:  
Saxiixa: Jagada: Taariikhda uu ku egyayah:

#### Shuruudaha Laga rabo Markhaatiyaasha: Rules for Witnesses:

Waa inuu jiraa ugu yaraan da'da 18 sano oo una lahaadaa karti.  
Must be at least 18 years of age and competent.

Ma noqon karo qof qaraabo/xirrii kula leh ama la leh wakiilkaaga daryeelka caafimaadka oo ay kadhexeyso qaraabonimo, guur, ama iskaashi gudaha ah oo ka diiwaan gashan gobolka.  
Cannot be related to you or your health care agent by blood, marriage, or state registered domestic partnership.

Ma noqon karo adeeg bixiyahaaga daryeelka gurigaaga ama bixiyaha daryeelka guriga qoyska ee dadka waaweyn ama bixiyaha xarunta daryeelka mudada dheer ee meesha aad ku nooshayah.  
Cannot be your home care provider or a care provider at an adult family home or long-term care facility where you live.

Ma noqon karo wakiilkaaga daryeelka caafimaadka ee laguu wakiishay.  
Cannot be your designated health care agent.



MAGACA: \_\_\_\_\_

NAME: \_\_\_\_\_

TAARIKHDA DHALASHADA: / /

DATE OF BIRTH: (bisha/maalinta/sanadka)  
(mm/dd/yyyy)