



Qorshaynta Daryeelka Hore

Ka hadalka Rabitaanadaada
Daryeelka Caafimaadka

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Bilaabida

Sababtee ayay Qorshaah Daryeelka Hore Muhiim u tahay?

Qorshaynta daryeelka hore waa nidaamka go'aaminta mustaqbalka daryeelkaaga caafimaadka. Waxay hubisaa rabitaankaaga in la fulin doono haddi aanad ku hadlin laftaadu. Lahaanshaha dardaaranka hore waxa uu caawin karaa adiga iyo qoyskaaga inaad u diyaar garowdaan haddii jiro wayn ama dhaawac jiro.

Qof kasta oo ka wayn 18 waa inuu lahaadaa qorshaha daryeelka hore.

Sababteed Ugu Baahan tahay Qorshaha Daryeelka Hore?

Ka feker wax ku saabsan xaaladan: Si kedis ah ayaad u jirantay ama u dhaawacantay. Waxaad helaysaa dhammaan daawaynta caafimaadka loo baahan yahay si aad u noolaato. Laakiin dhakhtaradaadu waxay rumaysan yihiin inay jirto fursad yar ama aanay jirin inaad awoodi doonto inaad garato cida aad tahay ama inaad garato cida kula jooqta.

- Kumaa kuu gaadhi doona go'aamada?
- Maxaad u doonaysaa hadafyada daryeelkaaga inay noqdaan?
- Nooc ee daawaynta ah ayaad doonaysaa inaad sii wado ama joojiso?
- Sideed u caawin kartaa kuwa aad jeceshay inay go'aamo gaadhaan?
- Ma ka walaacsan tahay wax ku saabsan kharashyada daawaynta caafimaad ee fudud?

Xaaladan waxay soo bixi kartaa da'kasta oo dhaawaca maskaxda ah ee ka timaada shilka, faaliga, ama cudurada aayar loo qaado sida Alzheimer. Kuwa la jecel yahay waa laga nixin karaa, murugo ayaa ka badata, oo waxay ku wareeraan wax ku saabsan rabitaankaaga.

Marka la samaynayo qorshaynta daryeelka hore, dadku waxay jeediyaan warbixino aan aad u caddayn oo aan bixin macluumaad ku filan si uu u hago go'aan gaadhida ku saabsan daryeelkaaga caafimaadka. Kuwan waxaa ka mid ahaan kara faallooyinka sida:

- “Haddii aan noqonaayo khuddaar, aan tago.”
- “Ma jiraan geesinimo.”
- “Samee shay kasta oo suuragal ah si aan u sii noolaado.”

Qorshaynta daryeelka hore waa uu kala duwan yahay qof kasta. Tusaale ahaan, maxay in la noqdo “khuddaar” adiga kuula macno tahay? Ama, maxay daryeelka caafimaadka “geesinimo” kuula macno tahay adiga? Ama intee in leeg ayuu “shay kastaa suuragalayaa” in la qabto? Muujinta rabitaandaada si cad waxay muhiim ugu tahay kuwan kuu gaadhay go'aamada.

Haddii aad jeclaan lahayd inaad caawiso si aad u sheegto rabitaanadaada si cad, la xidhiidh adeeg bixiyaha daryeelka caafimaadka wixii ah la tashiyada, ama ka qabso ballan Hawl fududeeyaha Qorshaynta Daryeelka Hore gudaha aagaaga.

Qorshaynta daryeelka hore waxa uu yarayn karaa dhibta oo waxa uu kuu keena nabada niyada adiga iyo kuwan gaadhaya go'aamada.

Dooro Wakiilka Daryeelka Caafimaadka

Doorashada wakiilkaaga daryeelka caafimaadka ama go'aan gaadhahu waa tallaabo muhiim ah. Qofkan uma baahna inuu la mid ahaado qof kasta oo la xidhiidha arrimaha maaliyada ama dhulka. Waajibka wakiilkaaga daryeelka caafimaadku waa inuu arko rabitaanadaada daryeelka caafimaadka in la raacay.

- Haddii rabitaanadaada la og yahay, wakiilkaaga waxa uu isku deyayaa inaad go'aan ka gaadho waxa aad doonayso.
- Doorashooyinka wakiilkaaga ee adiga waa la sharfi doonaa ka hor inta aan qof kale kuu samayn rabitaano.
- Wakiilkaagu waxa uu gaadhi doonaa go'amadaada daryeelka caafimaadka haddii aanad gaadhi karin go'aamo.

Fiiro: Shuruudaha sharciga ah ee wakiilka daryeelka caafimaadku wuu kala duwanaan karaa gobolka ahaan.. Ka eeg dhokumentiga qorshaha daryeelka hore waxyaabaha gaarka ah.

Tilmaamaha Doorashada Wakiilka

Wakiilkaaga daryeelka caafimaadku waa inuu:

- Qof aad ku kalsoon tahay
- U garanaya rabitaankaaga si wanaagsan
- Ku hadli kara codkaaga marka aanad hadli karin
- Sharfaya rabitaanadaada

Dooro Wakiil Kale

Waa fikrad wanaagsan in la doorto qofka labbaad inuu wakiil kuu noqdo haddii doorashadaada koowaad aan la heli karin marka loo baahdo Ka dib doorashada wakiilka, waydii wakiilkaaga inuu akhriyo warqadda la koobiyeeyay ee bogga xiga si uu u siiyo wakiilkaaga wax ku saabsan masuuliyada inuu noqdo wakiilkaaga.

Kuwan Ku nool Gudaha North Dakota

Gudaha ND, wakiilkaagau waa inuu ku aqbalaa **qoraal ahaan** inuu noqdo wakiilkaaga. Wakiilkaagu waxa uu u baahan doonaa inuu saxeeexo qorshaha daryeelka hore 9 ilaa10.

Isticmaal meeshan si aadu qorto wakiilada suuragalka ah, cinwaanadooda, iyo lambarada telefoonka ka hor buuxinta foomka sharciga ah.

Fariintayda Wakiilka Daryeelka Caafimaadka

Waxaanu kuu doortay inaan noqoto wakiilkaga. Wakiilka daryeelka caafimaadka waa qofka garanaya rabitaanka daawayntayda oo waxa uu u diyaar yahay inuu fuliyo ka dib hal ama dhakhtaro ka badan markay go'aan ku gaadhaan inaan go'aamo gaadhi karin. Waxaad u baahan doontaa inaad ogaato waxa aniga ii muhiim ah. Waxaan u baahan doonaa inaan adiga kaala hadlo wax ku saabsan doorashooyinkayga Waxaan qorshaynayaa inaan qoro go'aamadayda ku saabsan daryeelkayga qorshaha daryeelka hore. Waxaan ku siin doonaa koobiga qorshaha.

Waad ku mahad santahay noqoshada wakiilkayga.

Waxa aad samayn karto marka labbaad

Xayiraadaha ku saabsan waxa wakiilku uu karo inuu sameeyo iyo inaanu samayn way kala duwan yihiin gobol ahaan. Wada jir, ayaynu ku hubin doonaa sharciyada gobolkayga. Badanka gobolada, sidii wakiilkayaga, waxaad kartaa:

- Inaad doorato ama diido nolol sii wadista iyo daawayntayda kale ee caafimaadka.
- Inaad oggolaato oo ka dib aad joojiso daawaynta haddii xaaladaydu ay soo rayso.
- Gaadhida iyo shaacinta diiwanadayada caafimaadka.
- Inaad ii wareejiso xarun kale oo daryeel oo doorato adeeg bixiyahayga daryeelka caafimaadka.
- Codsasahda baadhitaanka maydka iyo ku deeqida xubnahayga jidhka iyaddoo aan ku sheegay haddii kale qorshahyaga daryeelka hore mooyaane.

Noqoshada wakiilkayga daryeelka caafimaadka kuma siiso adiga lacagtayda ama masuuliyada biilkayga.

Su'aalaha Aad Naftaada Waydiinayso

- Diyaar miyaan u ahay inaad qaato doorkan iyo masuuliyada?
- Miyaan garanayaa rabitaanka qofka ee daryeelka caafimaadka mustaqbalka?
- Ma gaadhi karaa go'aamada qofku uu dooni lahaa inaan gaadho, xataa haddii aragtihayaga ay ka duwan yihiin?
- Ma gaadhi karaa go'aamada daryeelka caafimaadka muhiimka ah marka aan ku jiro xaalado walbahaar leh?

Haddii aad ku jawaabto "Maya" wax ka mid ah su'aalahan, igala hadal walaacyadaada.

Haddii Aanad Raaxo Ka dareemin La joogida Wakiilka

Waxaanu ka hadli karnaa dareenadaada iyo walaacyada. Macluumaadka badan ee aad hayso, kalsoonida badan ee aad dareemi doonto ee ku saabsan go'aano ii gaadhida. Waxaa jiri kara qaababka lagugu caawinayo inaad dareento raaxo badan inaad go'aan aniga ii gaadho.

- Waxaad dooni kartaa inaad ii soo raacdo ballanta dhakhtarta aniga. Waxaad awoodi doontaa inaad waydiiso su'aalo ku saabsan xaaladayda caafimaadka iyo doorashooyinka caafimaadka soo bixi kara.
- Dib u eeg qorshahayga daryeelka hore. Hubso inaan si cad u sheegay rabitaanadayda.
- Waxaad dooni kartaa inaad booqato xirfad yaqaanada tababaran ee caawiya gaadhida go'anada caafimaadka. Waxaa ku jira hawl fududeeyayaasha qorshaynta daryeelka hore, shaqaalaha bulshadda, maareeyayaasha xaalada, iyo hogaamiyayaasha diinta iyo ruuxda.

Ka Feker Waxay La manco tahay In Si wanaagsan Loo noolaado

Soo ururi fikradahaaga isticmaalka xaashidan shaqada **ikhtiyaarka ah**. Ka feker daryeelkaaga caafimaadka ee mustaqbalka iyo qiyamka ka hor inta aanad buuxin foomka qorshaha daryeelka.

Ku muuji Waxyaabaha Aad rumaysan tahay iyo Qiyamka

1. Haddii maalintu kuu wanaagsanayd, maxaa dhici lahaa maalintaas? Kumaad la hadli lahayd? Maxaad qaban lahayd?

2. Maxaa kaa caawiya la kullanka caqabadaha khatarta ah ee noloshaada?

3. Doorkee ayay diinta, caqiidada, ama ruuxiyadu ayay ka qaadataa sida aad ugu noolaato noloshaada?

4. Haddii aad qabto dhibaatooyinka caafimaadka wayn, maxay yihiin oo maxaad ka baqataa mustaqbalka?

5. Ka fekerka daawaynta caafimaadka mustaqbalka, maxaanad doonayn inay adiga kugu dhacdo?

6. Sidee kharashku u saameeyaa go'aamadaada oo ku saabsan daryeelka caafimaadka?

7. Goorma ayaad dooni lahayd hadafyada daawaynta caafimaadka si looga beddelo isku deyida inay dheerayso noloshaada si xooga loo saaro raaxada? Faahfaahi duruufahan sida ugu faahfaahinta badan sida suuragalka ah.

8. Maxay "dhimashada dabiiciga ah" adiga kuula eekaan kartaa?

Baro Waxbadan oo Ku saabsan Daawaynta Caafimaadka Suuragalka ah

Kuwa soo socda waa daawaynta caafimaadka loo isticmaali karo si loo kaydiyo ama loo kordhiyo noloshaada. Mid kastoo ka mid ah daawaynta waxay noqon kartaa mid guul leh haddi loo isticmaalo sidii biriishka bogsashadaada. Markaad u dhawaanayso dhammadka noloshaada, addoo isticmaalaya iyaga waxay kugu sababi kartaa inay dhib kaa soo gaadho rajada bogsashada kartida lagu ogaado cida aad tahay ama cida aad la joogto.

CRP (Soo celinta neefsashada caadiga ah ka dib wadna xanuunka)

CPR waxa loo tixraaca qaababka loo isticmaalo si dib lagu bilaabo wadnaha iyo sambabada haddii ay shaqada joojiyaan.

- **CPR** waxaa loo isticmaalaa in la isku dayo dib u bilaabida wadnahaaga haddii garaacu joogsado. Waxay ku lug leedahay cadaadinta xabadka iyo neefsasahda afkaaga.
- **Gelinta tuumbada** waxaa loo isticmaalaa haddii aanad neefsan karin. Tuumbada waxaa la geliyaa dhexda afkaaga ama sanku dhuunta hawada. Tuumbada waxaa la gu xidhi karaa mashiinka neefsashada (mishiinka neefsashada). Mashiinku waxa uu ku riixaa hawo dhexda tuumbada iyo sambabadaada.
- **Shooga korontada (shooga korontada)** waxaa loo isticmaali karaa in shoog kooban loo diro wadnaha iyaddoo la marayo goos yar oo xabadka la saarayo. Waxay caawin kartaa inay ku soo celiso garaac wadnahaaga caadi.
- **Dawooyinka** waxaa loo isticmaali karaa in laga caawiyo inay dib u bilaabta wadnahaaga.

Waa maxay Natijada Dhici karta ee CPR?

CPR waxay badbaadin kartaa nolosha, laakiin heerka guushu wuu hooseeyaa. Da'daada, caafimaadka, iyo jirada waxay samayn kartaa natijada. Marka CPR la bilaabay dadka da'dawayn, itaalka daran gudaha guryaha kalkaaliska, ilaa 1 ka baxsan 30 samata baxayaal ah. CPR waxay u shaqaysaa si wanaagsan haddii aad caafimaad ahaan wanaagsan tahay oo waxaa loo bilaabaa si degdeg ah. Marka la bilaabo gudaha cusbitaalka ilaa 1 ka baxsan 5 ayaa ka samata baxa. Xataa haddii aad ka samata baxdo, cudurada soo baxa waxay dhici kartaa CPR oo sababi kartaa dhibaatooyin badan oo caafimaad ah. Daryeelka Caafimaadka CPR waxay ku lug lahaan lahaayeen daryeelka gudaha ICU (qaybta daryeelka xoogan) ee:

- Mishiinka hawadu waxa uu taageeraa neefsashada
- Waxyeelada feedhahaaga
- Waxyeelada maskaxda suuragalka aha ee ogsajiin la'aanta.

Sideen U sheegaa Go'aankaga Ku saabsan CPR?

Gudaha cusbitaalka, dhakhtarkaaga iyo adeeg bixiyayaasha kale ee daryeelka waxa uu samayn doonaa CPR marka loo baahdo haddii aad u sheegto iyaga in lagu qoro ama aan lagu qoron rabitaankaaga qorshaha daryeelka hore. Haddii aad doorato inaanad haysan CPR, **Dib ha u Kicin Wadnaha (DNR)** amarka ah waxaa qora dhakhtarka. Amarkan waxa uu sheegayaa adeeg bixiyayaasha daryeelka caafimaadka inaanay samayn CPR haddii wadnahaaga iyo sambabku istaago. Waxaad beddeli kartaa go'aankan wakhti kasta.

Bal Ka waran Haddii aanan Doonayn CPR?

Wadnahaagu waxa uu joogsan garaaca oo waxaad u dhimin doontaa dhimasho dabiici ah. Waxaa lagaa dhigi karaa raaxo.

Mashiinka Neefsashada ama BiPap

Mashiinka neefsashada waxaa loo isticmaali karaa dhowr saacadood ilaa dhowr bilood ama sanadood.

- **Mashiinka neefsasahada** waa mashiinka caawiya qofku inuu neefsado. Mashiinku waxa uu ku xidhan yahay tuumbada dhex marta sanku dhuunta hawada. Waxay ku riixdaa hawada sambabadaada haddii aad dafic u tahay si aad ah inaad iskaas u neefsato.

- **BiPap** (heerka labbaad ee cadaadiska wanaagsan ee hawada) waxay ku riixdaa sambabadaada dhexda maaskaraha wejiga si adag u leeg guudka afkaaga iyo sanko.

Walaacyada Suuragalka ah ee Mashiinada Neefsashada ama BiPap

- Waxaad ubaahan kartaa in lagu daryeelo gudaha qaybta daryeelka (ICU).
- Waxaad u baahan tahay dawada si aad u lulooto ama hurdada.
- Ma hadli kartid ama ma liqi kartid marka tuumbada mashiinka neefsashadu uu ku jiro dhuuntaada.
- Mashiinka neefsashadu waxa uu u shaqayn karaa si wanaagsan haddii jidhkaaga uuiska xidhayo dhibaatooyinka caafimaadka muddada dheeraada.
- Isticmaalka xiliga dheer waxay isticmaalaan tuumbada neefsashada waxaa la gelin karaa daloolka laga sameeyay hungurigaaga (daloolka hunguriga)
- Iyaddoo la xidhan yahay maaskaraha BiPap, qayb ka mid ah hawada waxay geli kartaa calooshaada oo waxay sababtaa xanuunka gaaska. Xidhashada maaskaraha, way adkaan kartaa in la hadlo ama la cuno.

Bal ka Waran Haddii Aanad Doonayn Mashiinka Hawada ama BiPap?

Haddii aanad awoodin inaad iskaa u neefsato ama iyaddoo la isticmaalayo mashiinka neefsashada, waxaad u dhiman doontaa si dabiici ah. Waxaa lagaa dhigi karaa raaxo.

Dhaqida kelyaha

Dhiqida kelyahu waa daawaynta qabata shaqada kelyaha iyaddoo sifaynaysa dhiiga. Waxaa jira 2 nooc oo dhaqida kelyaha ah:

- **Hemodialysis** waxay ka saartaa dheecaanka iyo qashinka isticmaalka shaandheeyaha dhiiga. Qulqulka dhiiga ee ka yimid jidhkaaga ilaa mashiinka dhaqida kelyaha markaa dhexda shaandho gaar ah, waxaa loogu yeedhaa dhaqaha ama keliyada ardafiishalka, oo dib ugu noqdaa jidhkaaga mar labbaad/ Marka dhiigu maro sifeeyaha kelyaha, dheecaanka iyo qashinka ayaa la soo qaadaa.
- **Maydhida kelyaha beritoneel (PD)** waa daawaynta fadhiisiga kelayaha ee isticmaala xuubka beritoneel ee jidhooda caloosha sidii shaandho. PD waxaa la sameeyaa aar wakhti maalintii nasashada caadiga ah ee maalinta, subaxda, duhurka, fiidka, iyo wakhtiga hurdadda.

Maxaa Dhacaya Haddii aan Doorto Inaanay Qaadan Dhaqida Kelyaha?

Dhammaan bukaanadu waxay xaq u leeyihiin inay go'aan ka gaadhaan inaanay bilaabin dhiqida kelyaha/ Haddii aad bilowdo dhaqida kelyaha, waxaa xaq u leedahay inaad joojiso/ Doorashada inaan lagu dawayn ama joojinta dhiqida kelyahu waxay sababi doontaa dhimasahda dabiiciga ah gudaha dhowr maalmood ilaa dhowr todobaad. Sidoo kale waxaad leedahay xaq aad ku bilowdo dhaqida keliyaha mar labbaad haddii aad beddesho niyadaada.

Quudinta arda fiishalka ah ama Fuuqa Arda fiishalka ah

Quudinta arda fiishalka ah (tuumbada quudinta) ama fuuqa arda fiishalka ah waxaa loo isticmaalaa in la taageero jidhkaaga haddii aanad in dheeraad ah ka qaadan cuntadda ama dheecaan afka. Noocyada qaarko tuumbooyinka la isticmaalay waxaa ka mid ah:

- **Tuumbada NG (sanko la geliyo)** waxaa la gelin karaa sanko ilaa caloosha. Waxay u dirtaa caanaha iyo biyaha toos ilaa caloosha.
- **Tuumbada G tube (gastrostomy) ama tuumbada PEG (percutaneous endoscopic gastrostomy)** waxaa la gelin karaa god yar oo caloosha guudkeeda ah. Waxay u dirtaa caanaha iyo biyaha toos ilaa caloosha.
- **Laynka IV (Xididka la geliyo)** laynka xididka la geliyo. Waxay u dirtaa nafaqo iyo dheecaan toos ah ilaa gudaha xididada dhiiga.

Walaacyada Suuragalka ah ee Ku saabsan Quudinta arda fiishalka ah

Khataraha waxaa ku jira dhiig baxa ama caabuqa goobta tuumbada iyo dhibaatooyinka tuumbada. Qaadashada caanaha lagu neefsado shil ahaan waxay sababi kartaa oof wareen, dhibaato nolosha khatar gelinaysa. Caloosha bararsan, raaxa darada caloosha, iyo shubanka waxay noqon karaan culasyka tuumbada quudinta.

Maxaa dhacaya Haddii aan doorto Inaan Qaato Quudinta Ardafiishalka ah?

Quudinta ardafiishalka waxay kaa caawin kartaa inaad wanaag dareento oo horumariso tayadaada nolosha muddo wakhti ah. Haddii aad dhimashada u dhowdahay, way adkaan kartaa in loo adkaysto dhibaatooyinka dhici kara dawaynta.

Maxaa Dhacaya Haddii aan Doorto Inaan Qaadan Quudinta arda fiishalka ah?

Haddii aanad ka qaadan karin wax dawooyin afka oo aad doorato inaad qaadata quudinta ardafiishalka ah, jidhkaagu si aayar ah ayuu u xidhmi doonaa. Dhimashada ayaa dhici doontaa gudaha dhowr maalmood ama todobaad. Waxay kula noqon kartaa arrin wanaagsan inaad ogaato in badanka bukaanka u dhow dhammaadka dhimashadu aanay caadi ahaan gaajoon ama haraadin.

Walaacyada Suuragalka ah ee Ku saabsan Fuuqa helida Ardafiishalka ah

Fuuqa ardafiishalka ah waxa uu sabi karaa dheecaan aad u badan inuu galo jidhka. Tani waay sababi kartaa bararka aan raaxada lahayn ee gacmaha, lugaha, iyo caloosha. Dheecaanka sidoo kale waxa uu ku badan karaan sambabada, oo sababi karta dhibta neefsasahda iyo neef gaabnida. Khataraha sidoo kale waxaa ka mid ah dhiig baxa iyo caabuqa xaga goobta tuumbada.

Maxaa dhacaya Haddii Aan Doorto Inaan qaato Fuuq Arda fiishal ah?

Fuuq siinta ardafiishalka ah waxay ka caawin doontaa jidhkaagu inuu shaqeeyo. Tani waxay kordhin kartaa raaxada oo waxay horumarisaa tayada nolosha ee muddo wakhti ah. Haddii aadu dhowdahay dhammaadka noloshaada, waxaa kugu adkaan kara inaad u adkaysato dhibaatooyinka dhici kara daawayntan.

Maxaa Dhacaya Haddii aan Doorto Inaan Qaadan Fuuqa Arda fiishalka ah?

Iyaddoon lahayn dheecaanka aan ku filnayn, jidhku si aayar ah ayuu u xidhnaan doonaa. Dhimashadu waxay dhici kartaa gudaha dhowr maalmood ama todobaad. Waxaad ka heli kartaa dib u maslaxa si loo garto fuuq baxa waa qayb muhiim ah oo nidaamka dhimasahda. Badanka bukaanka u dhow dhimashadu ma dareemaan haraad. Maalmaha u dambeeya ee nolosha, fuuq baxa waxay caawin karaan kicinta shaacinta kimikada gudaha maskaxda ee kaaga tegi karaa dareen degen iyo fayyo qab Tani waxay kaa caawin kartaa inaad isku dhaafiso saacadahaaga u dambeeya raaxo wayn.

Xidhida Qalabyada Wadnaha

Qalabka shooga korontada ah ee lagu rakibay (ICD) ama looga tago qalabyada kaalmada wadnaha (LVAD) waxaa loo isticmaali karaa si loo taageero shaqada wadnahaaga. Waxaa iman doonta wakhti marka aad jeclaan lahayd in la xidho qalabyadan oo aad lahaato dhimasahda dabiiciga ah. Waxay caawin kartaa in lala hadlo dhakhtarkaaga waxa ku saabsan tan wakhti ka hor oo diyaarso qorshe.

Antibiyootiga loogu talo galay caabuqyada

Wakhtiyada qaarkood dhimashadu way dhacdaa natiijo ahaan caabuqa halkii ay ka ahaan lahayd dhibaatooyinka caafimaadka sida kansarka ama cudurka wadnaha. Tusaalooyinka qaarkood caabuqyada khatarta ah waa oofwareenka iyo xumaanshaha dhiiga. Waxaad go'aan ka gaadhi kartaa inaad dawayso caabuqyada ama iyaddoon ku xidhnayn rabitaankaaga iyo natiijooyinka caafimaadka xiliga dheer. Antibiyootiga waa dawooyinka loo isticmaalo inay dawayso caabuqyada uu sababo bakteeriyada. Dawooyinka kale waxaa loo isticmaali karaa in lagu daweeyo fayrasyada ama caabuqyada funjiga. Dawooyinkan waxay u baahan karaa in dhexa lagu siiyo IV.

Daryeelka Qofka Dhimashadu Dhowdahay iyo Daryeelka Qofka Liita

Waxaad dooni kartaa inaad ku darto rabitaanadaada waxa ku saabsan iyo sida aad jeclaan lahayd inaad hesho daryeelka.

Daryeelka qofka dhimashadiisu dhow dahay waa qaabka bixinta daryeel raaxo leh. Hadafku waa in laga hortaggo ama la daweeyo astaamaha iyo saamaynta xun ee cudurku. Waa inay qayb ka ahaataa qorshaha ka yimid maalinta koowaad jirada khatarta waa la aqoonsadaa/ Daryeelka qofka dhimashada u dhow waxaa la siin karaa iyaddoon loo eegin inta la filayo inaad noolaanayso. Daryeelka qofka dhimashada u dhow waxa uu bixin karaa:

- Baabiinta xanuunka iyo astaamaha kale
- Taageerada dareenka iyo ruuxda ee adiga iyo qoyskaaga.
- Ka caawi gaadhida go'aamada adag

Daryeelka Dadka sariir yaalka ah iwaa heerka raaxada daryeelka la siiyay kuwan laga filayo inay dhintaan 6 bilood gudahood. Xoog saarida waa maaraynta astaanta, dhimasho nabad qab ah, iyo nolosha dhimasahda ka dib. Marka caafimaadkaagu hoos u dhaco, rajadu waxay u wareegtaa wakhtiga macnaha buuxa leh ee lala qaato qoyska iyo saaxiibada. Daryeelka dadka sariir yaalka ah waxa uu bixin karaa dheefaha looqoray daryeelka qofka dhimashadiisu dhowdahay oo lagu daray:

- Daawaynta jidhka ama daawaynta jidhka iyo maskaxda si loo caawiyo horumarinta tamar cusub ama dhowrida tamarta.
- Fanka, muusiga, iyo daawaynta dhammayska tiran
- Daryeelka nasashada si loo bixiyo nasashada daryeelayaasha
- Kaalmeeyaha caafimaadka guriga si loo caawiyo qubayska, feedhista, cunista iyo baahiyaha caafimaadka gaarka ah ee kale.
- Mutadawiciinta tababaran ee taageerada sida wadista hawlaha iyo diyaarinta cuntadda.
- Adeegyada taageerada ee daryeelayaasha waxaa ku jira la talinta tiiraanyada

Ku deeqida Xubin jidhka ah

Ka feker xaqiiqooyinkan ku saabsan ku deeqida xubin marka go'aanka la gaadhayo. Iska diiwaan geli bogga www.life-source.org ama ku dar rabitaankaaga liisankaaga wadista..

- Wax ka badan 3000 oo qof gudaha Midwest sare waxay sugaan in xubin jidhka ah lagu beero.
- Ku deeqida xubin jidhka ah waxay caawin karaan qoyskaagu gudaha nidaamka tiriaanyada. Hal qof waxa uu beddeli karaa ama dawayn karaa ilaa 60 qof.
- Ma jiro kharashka adiga ama qoyskaaga marka aad ku deeqdo xubnaha jidhka.
- Xataa haddii aad qabto xaaladaha caafimaadka, waxaa dhici karta inaad awoodo inaad ku deeqdo.
- Dhammaan diimaha waa wayn waxay taageeraan ku deeqida xubin jidhka ah.
- Ku deeqida xubnahu ma saamayn doonaan qorshaha aaska ee araga.
- Ku deeqida xubnaha waa qarsoodi.

Ugu deeqida jidhkaaga oo dhan saynisku waxay u baahan kartaa foomam ka duwan.

Tobanka bog ee soo socda waa foomka Qorshaha Daryeelka Hore.

- Buuxi boggagan. Waxaad kaga tegi kartaa iyaga buug yaraha ama ka saar iyaga sidaad rabto.
- Daabac magacaaga, taariikhda dhalashada, iyo dhammaystirka taariikhda hoose ee bog kasta.
- Ha saxeexin Qayb 4 “Masuuliyiinta Sharciga” bogga 8 ilaa 10 ilaa aadka haysato markhtigaaga ama jooga nootaayada dad waynaha.
- Samee koobiyada diiwaanadaada oo la wadaag qoyska.
- Ku soo celi foomamka la dhammaystiray adeeg bixiyahaaga daryeelka caafimaadka iyo/ama xarunta daryeelka caafimaadka si loogu daro diiwaankaaga caafimaadka.
- Arag bogga 10 ilaa 10 si aad u barato waxa lagu samaynayo foomka Qorshaha Daryeelka Hore.

My Advance Care Plan

Qorshahayga Daryeelka Caafimaadka

I have completed this Advance Directive with much thought. This document gives my treatment choices and preferences, and/or appoints a Health Care Agent (also known as Health Care Power of Attorney) to speak for me if I cannot communicate or make my own health care decisions. My Health Care Agent, if named, is able to make medical decisions for me, including the decision to refuse treatments that I do not want.

IWaxaan dhammaystiray Dardaarankan hore feker wanaagsan. Dhokumentigan waxa uu siiyaa doorashooyinka daawayntayda iyo dookhyada, iyo/ama ballamaha Wakiilka Daryeelka Caafimaadka (sidoo kale loo yaqaano Awooda Metelaada Qareenka ee Caafimaadka) si uu iigu hadlo aniga haddii aanay hadli karin ama gaadhi karin go'aamadayda daryeelka. Wakiilkayaga Daryeelka Caafimadka, haddii la magacaabo waxa uu awoodaa inuu aniga ii gaadho go'aamada caafimaadka si loo diido darwaynta aanan doonayn.

This document will replace any previous advance directive.

Dhokumentigan waxa uu beddeli doonaa dardaarankaygii hore.

My name (Magacayga): _____ Date (Taariikhda): _____

My date of birth (Taariikhdayda dhalashada): _____

My address (Cinwaankayga): _____

My telephone numbers: (home) (Lambaradayda telefoonka: (guriga)) _____ (cell (cell)) _____

My initials here indicate a professional medical interpreter helped me complete this document.
Saxeexayga halkan waxa uu sheegayaa turjubaanka xirfada leh ee caafimaadka inuu iga caawiyay dhammaystirka warqaddan..

Part 1: My Health Care Agent

(Also Known as Health Care Power of Attorney)

Qaybta 1: Wakiilkayga Daryeelka Caafimaadka

(Sidoo kale Loo Yaqaano Sidi Awooda Metelaada Sharciyeed)

If I cannot communicate my wishes and health care decisions due to illness or injury, or if my health care team determines that I cannot make my own health care decisions, I choose the person named below to communicate my wishes and make my health care decisions. My health care agent must:

- Follow my health care instructions in this document
- Follow any other health care instructions I have given to him or her
- Make decisions in my best interest and in accordance with accepted medical standards

Haddii aanan kabadli karin rabitaanadayda iyo go'aamada daryeelka caafimaadka iyaddoo ay sababtay jirada ama dhaawaca ama haddii kooxdayda daryeelka caafimaadku ay go'aamiso inaanan gaadhi karin go'aamadayda daryeelka caafimaadka, waxaan dooranayaa qofka lagu magacaabay hoose inuu ka hadlo rabitaanadayda oo uu gaadho go'aamadayda daryeelka caafimaadka. Wakiilkayga daryeelka caafimaadku waa inuu:

- Raacaa tilmaamaha daryeelkayga caafimaadka ku qoran dhokumentiga,
- Raac tilmaama kale oo daryeelka caafimaadka aan isaga siiya ama iyada
- Gaadha go'aamo dantayda ugu wanaagsan ah iyo si waafaqsan heerarka caafimaadka la aqbali karo.

Requirements for Who May Be an Agent or Health Care Power of Attorney Under State Law

Shuruudaha Cida noqon Karta Wakiilka ama Awooda Wakiilashada Waafaqsan Sharciga Gobolka

Iowa: My agent cannot be a health care provider caring for me on the date I sign this document. My agent also cannot be an employee of a health care provider unless related to me by blood, marriage, or adoption within the third degree of relation.

Iowa: Wakiilkaygu ma noqon karo adeeg bixiyaha daryeelka caafimaadka aniga i daryeelaya taariikhda aan saxeexo dhokumentigan.. Wakiilkyagu ma noqon karo shaqaalaha adeeg bixiyaha daryeelka iyaddoo aanu xidhiidh ku leenabay dhiig abaan, guur abaan, ama korsasho gudaha darajada saddexaad ee xidhiidhka mooyaane.

Minnesota: My agent must be an adult. My agent cannot be a health care provider or employee of a health care provider giving me direct care unless I am related to that person by blood or marriage, registered domestic partnership, or adoption or unless I have specified otherwise in this document (Specify here: _____).
In addition, a person appointed to determine my capacity to make decisions cannot be my agent.

Minnesota: wakiilkaygu waa inuu noqdaa qof wayn. Wakiilkyaga waxa uu noqon karaa adeeg bixiyaha daryeelka caafimaadka ama shaqaalaha adeeg bixiyaha daryeelka caafimaadka isiinaya daryeelka tooska ah iyaddoo aan xidhiidh kula leeyahay qofkaas dhiig ama guurka, shuraakada guriga diiwaanka gashan, ama korsashada ama iyaddoo aan ku caddeeyay si kale dhokumentigan mooyaane: (Ku caddee halkan: _____).

Intaa waxa dheer qofka la doortay inuu go'aan ka gaadho awoodayda si uu go'aamo u gaadho ma noqon karo wakiilkayga.

North Dakota: My agent must be an adult. My agent cannot be: 1) my health care provider; 2) someone who is an employee of my health care provider but is not related to me; 3) my long term care services provider; or 4) someone who is an employee of my long term care services provider but is not related to me.

North Dakota: wakiilkaygu waa inuu noqdaa qof wayn. Wakiilkaygu ma noqon karo: 1) adeeg bixiyahayga daryeelka caafimaadka; 2) qof ah shaqaalaha adeeg bixiyahayga daryeelka caafimaadka laakiin aanay wax isku ahayn aniga; 3) adeeg bixiyahayga daryeelka xiliga dheer; ama 4) qof ah shaqaalaha adeeg bixiyaha adeegyadayda daryeelka xiliga dheer laakiin aanaan waxba isku ahayn.

South Dakota: My agent must be an adult.

South Dakota: wakiilkaygu waa inuu noqdaa qof wayn.

My Primary (Main) Health Care Agent Is:

Wakiilkayaga Koowaad (Main) ee Daryeelka Caafimaadka waa:

Name (Magaca): _____ Relationship (Xidhiidhka): _____

Telephone numbers: (H) Lambarada telefoonka: (H) _____ (C (C)) _____ (W (W)) _____

Full address (Cinwaanka buuxa): _____

If my primary agent is not willing, able, or reasonably available to make health care decisions for me, I choose an alternate Health Care Agent.

Haddii wakiilkayga daryeelka koowaad aanu diyaar ahayn, awoodin, ama macquul abaan la heli karin si uu u gaadho go'amada daryeelka caafimaadka aniga, waxaan doortay Wakiilka kale ee Daryeelka caafimaadka.

My Alternate Health Care Agent Is:

Wakiilkayga Kale ee Daryeelka Caafimaadka waa:

Name (Magaca): _____ Relationship (Xidhiidhka): _____

Telephone numbers: (H) Lambarada telefoonka: (H) _____ (C (C)) _____ (W (W)) _____

Full address (Cinwaanka buuxa): _____

Powers of My Health Care Agent:

Awoodaha Wakiilkayga Daryeelka Caafimaadka:

My Health Care Agent automatically has all the following powers when I do not have the capacity to make decisions and/or I am unable to communicate for myself:

Wakiilkayga Daryeelka Caafimaadka si toos ah waxa uu u leeyahay awoodaha soo socda marka aanan haysan awooda si loo gaadho go'aamo iyo/ama ma awoodo inaan la xidhiidho naftayda.

A. Agree to, refuse, or cancel decisions about my health care. This includes tests, medications, surgery, withdrawing or starting artificial nutrition and hydration (such as tube feedings or IV (intravenous) fluids), and other decisions related to treatments. If treatment has already begun, my agent can continue it or stop it based on my instructions.

Aqbala, in la diido, ama in la tirtiro go'amada wax ku saabsan daryeelkayaga caafimaadka. Tan waxaa ka mid ah baadhitaanada, darwooyinka, qaliinka, ka noqoshada ama bilaabida nafaqada ardafiidhalka ah iyo fuuqa (sida tuumbada quudinta ama IV (dheecaanka xididka laga qaato) iyo go'aamad kale ee la xidhiidha daawaynta. Haddii daawaynta hadda ka hor ay bilaaban tay, wakiilkaygu wuu sii wadi karaa ama joojiyaa iyadda oo ku salaysan tilmaamahayaga.

B. Interpret any instruction in this document based on his or her understanding of my wishes, values and beliefs.

Turjum tilmaanta dhokumentigan iyaddoo ku salaysan fahankiisa ama fahankiisa rabitaanadayda, qiyamka iyo caqiidada.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

C. Review and release my medical records and personal files as needed for my health care, as stated in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Dib u eeg oo shaaci diirwaanadayda caafimaadka iyo faylasha gaarka ah sida loogu baahdo daryeelkayaga caafimaadka, sida lagu sheegay Haysashada Caymiska Caafimaadka iyo Xeerka La xisaabtanka 1996 ee (HIPAA).

D. Arrange for my health care and treatment in a location he or she thinks is appropriate.

Habbee daryeelkayga caafimaadka iyo daarwaynta goobta isaga ama iyaddu u malaynayo inay habboon tahay..

E. Decide which health care providers and organizations provide my health care.

Go'aan ka gaadh ka uu yahay adeeg bixiyaha daryeelka caafimaadka iyo ururada bixiya daryeelkayga caafimaadka.

F. Make decisions about organ and tissue donation according to my instructions in Part 2 of this document.

Gaadh go'aanada ku saabsan ku deeqida xubin jidhka ah iyo nuddaha si waafaqsan tilmaamaha Qaybta 2 ee dhokumentigan.

Comments or limits on the above (*Faallooyinka ama xadadka xaga sare*): _____

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____



Additional Powers of My Health Care Agent:

Awoodaha Dheeraadka ah ee Wakiilkayga Daryeelka Caafimaadka:

My initials below indicate I also authorize my health care agent to:

Saxeexayga hoose waxa uu sheegayaa inaan sidoo kale oggolaanayo wakiilkayga daryeelka caafimaadka:

Make decisions about the care of my body after death.

Gaadho go'aanada ku saabsan daryeelka jidhkayaga ka dib dhimashada.

If I live in North Dakota or Minnesota, my initials below indicate I also authorize my health care agent to:

Haddii aan ku noolahayn North Dakota ama Minnesota, saxeexayga hoose waxay sheegayaan inaan sidoo kale oggolaado wakiilkayga daryeelka caafimaadka:

Continue as my health care agent even if our marriage or domestic partnership is legally ending or has been ended.

Sii wad sida wakiilkayga daryeelka caafimaadka xataa haddii guurkayaga ama lamaananimada guriga ay sharci ahaan dhammaanayso ama la dhammeeyay.

Make health care decisions for me even if I am able to decide or speak for myself, if I so choose.

Gaadha go'aamada daryeelka caafimaadka ee aniga xataa haddii aan awoodo inaan go'aan ka gaadho ama u hadlo naftayda, haddii aan sidaas doorto.

Part 2: My Health Care Instructions

Qaybta 2: Tilmaamahayga Daryeelka Caafimaadka,

My choices and preferences for health care are indicated below. I ask my Health Care Agent to communicate these choices, and my health care team to honor them, if I cannot communicate or make my own choices.

Doorashooyinkayga iyo dookhyada daryeelka caafimaadka waxaa lagu sheegay hoos. Waxaan waydiinayaa Wakiilkayga Daryeelka Caafimaadka inuu ka hadlo doorashooyinkan, oo kooxdayda daryeelka caafimaadka inay iyaga sharafto, haddii aanan ka xidhiidhi karin ama aanay samayn karin doorashooyinkayga.

I have initialed a box below for the option I prefer for each situation.

Waxaan saxeexay bogoska hoose wixii ah doorashada aan doorbido xaalad kasta.

Note: You do not need to write instructions about treatments to extend your life, but it is helpful to do so. If you do not have written instructions, your agent will make decisions based on your spoken wishes, or in your best interest if your wishes are unknown.

Fiiro: Uma baahnid inaad qorto tilmaamaha ku saabsan daawaynta si loo kordhiyo wakhtiga noloshaada, laakiin way caawimo badan tahay in sidaas la sameeyo. Haddii aanad haysan tilmaamaha qoran, wakiilkayga waxa uu gaadhi doonaa go'aamada ku salaysan rabitaankayga laga hadlo, ama dantaada ugu fiican haddii rabitaanka aan la aqoon.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

A. Cardiopulmonary Resuscitation: A Decision for the Present

*CRP soo celinta neefshada caadiga ah ka dib wadna xanuunka CPR)
Go'aanka Wakhtiga Xaadirka ah*

This decision refers to a treatment choice I am making today based on my current health. **Section C below (Treatments to Prolong My Life: A Decision for the Future)** indicates treatment choices I want if my health changes in the future and I cannot communicate for myself.

Go'aanku waxa uu tixraacyaa doorashada daawaynta aan gaadhayo maanta iyaddoo ku salaysan caafimaadka hadda. Qaybta C hoos (Daawaynta in La sii Dheereeyo Noloshayda: Go'aanka Mustaqbalka) waxay sheegaysaa doorashooyinka daawaynta waxaan doonayaa haddii isbeddelada caafimaadkayga gudaha mustaqbalka iyo aanan u hadli karin naftayda.

CPR is a treatment used to attempt to restore heart rhythm and breathing when they have stopped. CPR may include chest compressions (forceful pushing on the chest to make the blood circulate), medications, electrical shocks, a breathing tube, and hospitalization.

CPR waa daawaynta loo isticmaali in la isku dayo soo celinta garaacida wadnaha iyo neefsasahda marka ay joogsadaan. CPR waxaa ku jiri kara cadaadiska xabadka (riixida xooga leh ee xabadka si loo sameeyo wareega dhiiga), dawooyinka, shooga korontada. tuumbada neefsasahda, iyo cusbitaal dhigida.

I understand that CPR can save a life but does not always work. I also understand that CPR does not work as well for people who have chronic (long-term) diseases or impaired functioning, or both. I understand that recovery from CPR can be painful and difficult.

Waxaan fahmayaa in CPR ay badbaadin karto nolosha laakiin aanay had iyo jeer shaqayn. Waxaan sidoo kale fahmayaa in CPR aanay shaqayn siiba dadka qaba cudurada raaga (xiliga dheer) ama shaqada liidata, ama labbadaba Waxaan fahmayaa in ka soo noqoshada CPR ay noqon karto mid xanuun badan oo adag.

Therefore (initial one)

Sidaas awogeed (midka korwaad)

I want CPR attempted if my heart or breathing stops.
Iisku dayo haddii wadnahayga ama neefsashadu joogsato.

Or (Ama)

I want CPR attempted if my heart or breathing stops based on my current state of health. However, in the future if my health has changed, then my agent or I (if I am able) should discuss CPR with my health care team. My choices in **Section B: Treatment Preferences and Section C: Treatments to Prolong My Life** below should be considered when making this decision. Examples of when my health has changed include:

Waxaan doonayaa CPR la isku deyay haddii wadnahayga ama neefsashadu istaagto iyaddoo ku salaysan xaaladayda hadda ee caafimaadka. Si kastaba ha ahaatee, mustaqbalka haddii caafimaadkayagu isbeddelay, marka wakiilkyaga ama aan (haddii aan awoodo) kala hadlo CPR kooxdayda caafimaadka. Doorashooyinkayga Qaybta B: Daawaynta Dookhyada iyo Qaybta C: Daaaynta Si loo sii Dheereeyo Noloshayda hoos waxaa looga fekerayaa marka go'aanka la gaadhayo. Tusaalooyinka marka caafimaadkayagu isbeddelo waxaa ka mid ah:

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____



- I have an incurable illness or injury and am dying
Inaan qabo cudurada aan la darwayn karin ama dhaawac ama dhimanayo
- I have no reasonable chance of survival if my heart or breathing stops
Ma haysto fursad macquul ah oo samatabaxa haddii wadnahayga ama neefsashadu istaagto
- I have little chance of long-term survival if my heart or breathing stops and CPR would cause significant suffering
Waxaan hayaa fursada yar ee samata baxa xiliga dheer haddii wadnahayga ama neefsashadu istaagto oo CPR uu sababo dhib wayn

Or (Ama)

I do not want CPR attempted if my heart or breathing stops. I want to allow a natural death. I understand if I choose this option I should see my health care provider about writing a Do Not Resuscitate (DNR) order.

Ma doonayo CPR in la isku dayo haddii wadnaha ama neefsashadu joogsato. Waxaan doonayaa inaan oggolaado dhimishada dabiciiga ah. Waan fahamayaa haddii aan doorto doorashadan waa inaan arkaan adeeg bixiyahayga daryeelka caafimaadka waxa ku saabsan qoraalka amarka Dib Ha u soo Kicin Wadnaha (DNR).

B. Treatment Choices: My Health Condition

Doorashooyinka Daawaynta: Xaaladayada Caafimaadka

My treatment choices for my specific health condition(s) are written here. With any treatment choice, I understand I will continue to receive pain and comfort medicines, as well as food and liquids by mouth if I am able to swallow.

Doorashooyinka daawayntayda xaalada(ha) caafimaadka gaarka ah waxay ku qoran yihiin halkan: Doorashada daawayn kasta, waxaan fahmayaa inaan sii wadi karo helida xanuunka iyo darwooyinka raaxada, siiba cuntadda iyo dareeraha afka laga qaato haddii aan awoodo inaan liqo.

My initials here indicate additional documents are attached.
Saxeexayga waxay sheegayaan dhokumenti dheeraad ah inay lifaaqayn yihiin.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

C. Treatments to Prolong My Life: A Decision for the Future

Daawaynta Si loo sii dheereyo Noloshayda: Go'aanka Mustaqbalka

If I can no longer make decisions for myself, and my health care team and agent believe I will not recover my ability to know who I am, I want (Initial One):

Haddii aanan in dheeraad ah go'aan u gaadhi karin naftayda iyo kooxdayda daryeelka caafimaadka iyo wakiilkuna rumaysan yahay inaan ka bogsan doonin kartidayda aan ku garto cida aan ahay, waxaan doonayaa (Midka hore):

NOTE: With either choice, I understand I will continue to receive pain and comfort medicines, as well as food and liquids by mouth if I am able to swallow.

FIIRO: Miduun doorashada, waxaan fahamayaa oo waan sii wadi doonaa inaan helo xanuun iyo dawooyinka raaxada, siiba cuntadda iyo dareeraha afka laga qaato haddii aan arwoodo inaan liqo.

To stop or withhold all treatments that may extend my life. This includes but is not limited to artificial nutrition and hydration (for example, tube feedings and IV (intravenous) fluids), respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), dialysis, and antibiotics.

In ka joojiyo ama la joojiyo dhammaan daawaynta ee kordhin karta noloshayda. Tan waxaa ku jira laakiin kuma xadidna nafaqada ardafiishalka ah (tusaale ahaan, tuumbada quudinta iyo IV (xididka la geliyo) dheecaanka)l mashiinka neefsashada/mashiinka neefsashada (CPR), dhaqida kelyaha, iyo antibiyootiga.

Or (Ama)

All treatments recommended by my health care team. This includes but is not limited to artificial nutrition and hydration (for example, tube feedings, IV (intravenous) fluids), respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), dialysis, and antibiotics. I want treatments to continue until my health care team and agent agree such treatments are harmful or no longer helpful.

Dhammaan daawaynta ay ku taliyeen kooxdayda daryeelka caafimaadka. Tan waxaa ka mid ah laakiin kuma xadidna nafaqada ardafiishalka iyo fuuq baxa (tusaale ahaan, tuumbada quudinta, IV (xididka la geliyo) dheecaamada), qalabka neefsasahda/mashiinka neefsasahda (mishiinka neefsashada), soo kicinta wadnaha (CPR), dhaqida kelyaha, iyo antibiyootiga. Waxaan doonayaa inaan sii wado ilaa kooxdayda daryeelka caafimaadka iyo wakiilkuna aqbaloo sida daawayntu inay waxyeelo leedahay ama in dheeraad ah aanay caawimo lahayn.

Comments or directions to my health care team:

Faallooyinka ama tilmaamaha kooxdayada daryeelka caafimaadka:

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____



D. Organ Donation (Initial One)

Ku deeqida Xubinta jidhka (Hal saxeex)

I want to donate my eyes, tissues and/or organs, if able. My Health Care Agent may start and continue treatments or interventions needed to maintain my organs, tissues and eyes until donation has been completed. My specific wishes (if any) are:

Waxaan doonayaa inaan ku deeqo indhahayga, nudaha, iyo/ama xubnaha jidhka, haddii aan arwoodo. Wakiilkayaga Daryeelka caafimaadka waa uu bilaabi karaa oo sii wadi karaa daawayntayda ama wax ka qabadyada loo baahan yahay si loo joogteeyo xubnahayga jidhka, nudaha iyo indhaha iyaddoo xubin ku deeqida la dhammaystiro mooyaane. Rabitaankayga gaarka ah (haddii ay wuxuun jiraan) waa:

I do not want to donate my eyes, tissues and/or organs.

Ma doonayo inaan ku deeqo indhahayga, nuddaha iyo/ama xubnaha jidhka.

Or (Ama)

My Health Care Agent can decide.

Wakiilkayaga Daryeelka Caafimaadka waxaanu go'aamin karnaa.

E. Autopsy (Initial One)

Baadhida Maydka (Saxeexa Hore)

I want my agent to make decisions about an autopsy of my body.

Waxaan doonayaa wakiilkayaga inuu gaadho go'aamo ku saabsan baadhida maydka jidhkayga.

I do not want an autopsy unless required by law.

Ma doonayo baadhida maydka iyaddoo sharcigu oggolaado mooyaane.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

F. Comments or Directions to My Health Care Team

Faallooyinka ama Tilmaamaha Kooxdayda Daryeelkayga Caafimaadka

You may use this space to write any additional instructions or messages to your health care team which have not been covered in this directive, or to elaborate on a point for clarification. You may also leave this space blank.

Waxaad isticmaali kartaa meeshan si loo qoro tilmaama kasta oo dheeraad ah ama fariimaha kooxdaada daryeelka caafimaadka ee aan lagu daboolin tilmaantan, ama in la ballaadhiyo qodobka kala caddaynta. Waxaad isticmaali kartaa meeshan banaan.

My initials here indicate additional documents are attached.
Saxeexayaga halka waxa uu sheegayaa dhokumentiga dheeraadka ee lifaaqan.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____



Part 3: My Hopes and Wishes (Optional)

Qaybta 3: Rajooyinkayga iyo Rabitaanada (Ikhtiyaaro ah)

I want my loved ones to know my following thoughts and feelings.

Waxaan doonayaa kuwa i jecel inay ogaadaan fikradaha soo socda iyo dareamda.

The things that make life most worth living to me are:

Waxyaabaha ka dhiga nolosha mid la qiimo ah in lagu noolaado:

My beliefs about when life would be no longer worth living:

Caqiidooyinkayga ku saabsan marka nolosha aanay in dheeraad ah ku xaq mudnayn noolaansho:

My thoughts about specific medical treatments, if any:

Fikradahayga ku saabsan darwaynta caafimaadka gaarka ah, haddii ay wax uun jiraan:

My thoughts and feelings about how I would like to die and where I would like to die:

Fikradahayga iyo dareemada ku saabsan sida aan u jeclaan lahaa inaan dhinto iyo halka aan ku dhimanayo:

If I am nearing my death, I want my loved ones to know that I would appreciate the following for comfort and support (rituals, prayers, music, etc.):

Haddii aan dhimashadayda u dhawaanayo, waxaan doonayaa kuwa i jecel inay ogaadaan inaan qiimayn doono mida soo socota raaxo abaan iyo taageero (harwo caqiido, ducooyin, muusig, iwm.):

Religious affiliation:

Ku xidhnaanta diinta

I am of the (*Waxaan ahay*) _____ faith, and am a member of (*caqiido abaan, oo waxaan xubin ka ahay*)

_____ faith community in (city) (*bulshadda caqiidada ah (magaalada)*) _____.

The ACP of (*ACP ee*) _____ (print name) (*daabac magaca*)
Birth Date (*Taariikhda Dhalashada*) _____ Completion Date (*Taariikhda Dhammaystirka*) _____

I would like my Health Care Agent to notify my faith community of my death and arrange for them to provide my funeral/memorial/burial.

Waxaan jeclaan lahaa Wakiilkayga Daryeelka Caafimaadka inuu ku wargeliyo jamaacadayda diinta dhimashadayada oo ay u habbeeyaan iyaga inay ii qabtaan aaska/xuska aaska.

I would like my funeral to include, if possible, the following (people, music, rituals, etc.):

Waxaan jeclaan lahaa aaskayaga inay ku jirto, haddii ay suuragal tahay, kurwan soo socda (dadka, muusiga, hawlaha caqiideed, iwm.):

Other wishes and instructions:

Rabitaanada kale iyo tilmaamaha:

My initials here indicate additional documents are attached:

[Empty box for initials]

Saxeexayaga halka waxa uu sheegayaa dhokumentiyadu inay lifaaqan yihiin.

Qaybta 4: Masuuliyiinta Sharciga ah

Part 4: Legal Authority

Do not sign unless the witnesses or notary are present.

Ha saxeexin iyaddoo markhaatiyada saxeexaan ama nootaayadu joogto mooyaane.

Note: This document must be notarized or witnessed. [See individual state requirements on page 9 of 9]. Two witnesses OR a Notary Public must verify your signature and the date.

Fiiro: Dhokumentigan waa in nootaayo lagu qoraa ama markhaati laga noqdaa. [Arag shuruudaha gobolka gaarka ah ee bogga 9 ilaa 9]. Labba markhaati AMA Nootaayada Dad waynha waa inay xaqiijisaa saxeexaaga iyo taariikhda.

I have made this document willingly. I am thinking clearly. This document states my wishes about my future health care decisions:
Waxaan dhokumentigan u sameeyay si aan rabo. Waxaan u fekerayaa si cad. Dhokumentigan waxay sheegaysaa rabitaanada ku saabsan mustaqbalka go'aamadayda daryeelka caafimaadka:
Signature (Saxeexa) _____ Date (Taariikhda) _____

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____



If I cannot sign my name, I ask the following person to sign for me:

Haddii aanad ku saxeexi karin magacayga, Waxaan waydiinayaa qofka soo socda inuu aniga ii saxeeexo:

Signature (of person asked to sign) (Saxeexa (ee qofka la waydiiyay in la saxeeexo)) _____

Date (Taariikhda) _____

Printed Name (Magaca Daabacan) _____

Option 1: Notary Public

Doorashada 1: Nootaayada Dad waynaha

State of (Gobolka) _____ County of (Degmadda) _____

In my presence on (Joogitaankayga) _____ (date) (taariikhda), _____ (name) qirayaa saxeexiisa ama keeda dhokumentigan, ama qiray in isaga ama iyaddu oggolaaday qofka saxeexaya dhokumentigan in la saxeexo iyaddoo la metelayo isaga ama iyadda ((magaca) acknowledged his or her signature on this document, or acknowledged that he or she authorized the person signing this document to sign on his or her behalf).

Signature of Notary (Saxeexa Nootaayada) _____ Notary Seal (Saxeexa Nootaayada)

My commission expires (Wakhtigayga nootaayadu way dhacaysaa): _____

Or (Ama)

Option 2: Statement of Witnesses

Doorashada 2: Warbixinta Markhaatiga

Witness 1: In my presence on (Markhaati 1: Joogitaankayga) _____ (date) (taariikhda), _____ (name) voluntarily signed this document (or authorized the person signing this document to sign on his or her behalf.) ((magaca)si aan kahasab ahayn ku saxeexay dhikumentiga (ama la oggolaaday qofka saxeexaya dhokumentigan si loogu saxeexo iyaddoo la metelayo isaga ama iyadda).

Signature (Saxeexa) _____ Date (Taariikhda) _____

Printed Name (Magaca Daabacan) _____ Date (Taariikh) _____

Witness 2: In my presence on (Markhaati 2: Joogitaankayga) _____ (date) (taariikhda), _____ (name) voluntarily signed this document (or authorized the person signing this document to sign on his or her behalf.) ((magaca)si aan kahasab ahayn ku saxeexay dhikumentiga (ama la oggolaaday qofka saxeexaya dhokumentigan si loogu saxeexo iyaddoo la metelayo isaga ama iyadda).

Signature (Saxeexa) _____ Date (Taariikhda) _____

Printed Name (Magaca Daabacan) _____ Date (Taariikh) _____

The ACP of (ACP ee) _____ (print name) (daabac magaca)

Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

Required in ND (*Looga baahan yahay ND*)

Acceptance of Appointment of Health Care Agent (Health Care Power of Attorney)
Aqbalaada Ballanta Wakiilka daryeelka Caafimaadka (Health Care Power of Attorney)

I accept this appointment and agree to serve as an agent for health care decisions. I understand I have a duty to act consistently with the desires expressed in this document and to act in good faith. I understand this individual can revoke my designation as an agent at any time in any manner. I will notify this individual if I choose to withdraw from this role while this individual is competent. I will notify this individual's health care provider if I choose to withdraw from this role when this individual is not able to make health care decisions.

Waxaan aqbalayaa ballantan oo waxaan aqbalayaa si loogu adeego wakiil ahaan go'aamada daryeelka caafimaadka. Waxaan fahamayaa inay waajib igu tahay inaan u metelo si joogta ah rabitaanada la muujiyay dhokumentigan oo aan u metelo si daacadnimo wanaagsan ah. Waxaan fahmayaa in shakhsigan uu ka noqon karo magacaabidayda wakiil ahaan wakhti kasta qaab kasta. Waxaanu ku wargelin doontaa tan haddii aan doorto inaan ka noqdo doorkayga marka shakhsigan uu yahay qof karti leh. Waxaan ku wargelin doonaa adeeg bixiyahan daryeelka caafimaadka haddii aan doorto inaan ka noqdo doorkan marka shakhsigu aanu arwoodin inuu gaadho go;aamada daryeelka caafimaadka.

Primary Agent Signature (*Saxeexa Wakiilka Kooraad*) _____

Date (*Taariikhda*) _____

Printed Name (*Magaca Daabacan*) _____

Alternate Agent Signature (*Saxeexa Wakiilka Kale*) _____

Date (*Taariikhda*) _____

Printed Name (*Magaca Daabacan*) _____

Requirements for Witnesses by State

Shuruudaha Markhaatiga ee Gobolka

Iowa: Notary Public or 2 adult witnesses are required. A witness cannot be: (1) a provider attending the principal on the date this document is signed; (2) an employee of the provider attending the principal on the date this document is signed; (3) the Health Care Agent named in this document; and (4) at least one witness cannot be related to the principal by blood, marriage, or adoption within the third degree of relation.

Iowa: Nootaayada Dad waynaha ama 2 markhaati ayaa loo baahan yahay. Markhaatigu ma noqon karo: (1) adeeg bixiyaha daryeelka muhiim ahaan taariikhda dhokumentigan la saxeexay; (2) shaqaalaha adeeg bixiyaha daryeelka muhiim ahaan taariikhda dhokumentigan la saxeexay; (3) Wakiilka Daryeelka Caafimaadka lagu magacaabay dhokumentigan, iyo (4) ugu yaraan hal ka mid ah markhaatiga laguma xidhiidhin karo muhiim ahaan dhiiga, guurka, ama korsashada gudaha darajada saddexaad ee xidhiidhka.

Minnesota: Notary Public or 2 adult witnesses are required. A witness cannot be the Health Care Agent or alternate Health Care Agent. Of the two witnesses, only one can be a health care provider or an employee of a provider giving direct care on the date the document is signed.

Minnesota: Nootaayada Dad waynaha ama 2 markhaati ayaa loo baahan yahay. Markhaatiga ma noqon karo Wakiilka Daryeelka caafimaadka ama Wakiilka Daryeelka Caafimaadka beddelka ah. Mid ka mid ah markhaatiyada, keliya hal waxa uu noqon karaa adeeg bixiyaha daryeelka caafimaadka ama shaqaalaha adeeg bixiyaha bixinaya tilmaanta daryeelka ee taariikhda dhokumentiga la saxeexay.

The ACP of (*ACP ee*) _____ (print name) (*daabac magaca*)
 Birth Date (*Taariikhda Dhalashada*) _____ Completion Date (*Taariikhda Dhammaystirka*) _____

North Dakota: Notary Public or 2 adult witnesses are required. A witness cannot be: (1) the Health Care Agent; (2) the principal's spouse or heir; (3) a person related to the principal by blood, marriage, or adoption; (4) a person entitled to any part of the Estate of the principal upon the death of the principal under a will or deed; (5) any other person who has any claims against the Estate of the principal; (6) a person directly financially responsible for the principal's medical care; or (7) the principal's attending physician. In addition, at least one witness may not be a health care or long term care provider providing direct care to the principal on the date this document is signed or an employee of a health care or long term care provider providing direct care to the principal on the date this document is signed.

North Dakota: Nootaayada Dad waynaha ama 2 markhaati ayaa loo baahan yahay. Markhaatigu ma noqon karo: (1) Wakiilka Daryeelka Caafimaadka; (2) qofka muhiimkaha xaaskiisa ama qofka dhaxlaya; (3) qofka xidhiidh kula leh qofka muhiimka ah Dhiig ahaan, guur ahaan, ama korsasho; (4) qofka xaqa u leh qayb kasta oo Hanti dhul ah ee qofka muhiimka marka uu dhinto qofka muuhimka oo waafaqsan dardaranka ama ficilka; (5) qofka kasta oo kale oo leh sheegashooyin kasta oo ku lid ah hantida Dhulka ee qofka muhiimka ah; (6) qofka si toos ah maaliyad ahaan uga masuulka ah daryeelka caafimaadka qofka muhiimka ah, ama (7) dhakhtarka daryeelaya qofka muhiimka ah. Intaa waxa dheer, ugu yaraan hal markhaati ma noqon karo adeeg bixiyaha daryeelka caafimaadka ama daryeelka xiliga dheer ee siinaya daryeelka tooska ah qofka buka ee muhiimka ah taariikhda dhokumentigan la saxeexay iyo shaqaalaha daryeelka caafimaadka ama adeeg bixiyaha daryeelka caafimaadka bixinaya daryeelka tooska ah ee qofka muhiimka ah taariikhda dhokumentiga la saxeeexo.

South Dakota: Notary Public or 2 adult witnesses are required.

South Dakota: Nootaayada Dad waynaha ama 2 markhaati ayaa loo baahan yahay.

After Completing the Advance Care Plan

Ka dib Dhammaystirka Qorshaha Daryeelka Hore

Now that I have completed this document, I will:

Ogow in aan dhammaystiro dhokumentigan, waxaan

- Keep the original copy of this document where it can be easily found.

Haysan doonaa koobiga asalka ah ee dhokumentigan halka aan si fudud uga heli karo.

- Make several copies of this document and give to my:

Samaysan doonaa dhowr koobi oo dhokumentigan ah oo sii:

- Primary and Alternate Health Care Agents
Kayga koowaad iyo Wakiilada Daryeelka Caafimaadka Beddelka ah
- Doctor and other health care providers
Dhakhtaradayda iyo adeeg bixiyayaasha daryeelka caafimaadka kale.
- Health care facility (hospital, other) whenever I am admitted, and ask that it be placed in my medical record
Xarunta daryeelka caafimaadka (cusbitaal, meel kale) mar kasta oo la idhigo, oo aan waydiiyo in lagu daro diiwaankayga caafimaadka.

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____

- Talk to the rest of my family and close friends who might be involved if I have a serious illness or injury, making sure they know who my Health Care Agent is, and what my wishes are.

La hadal inta hadhay ee goyska iyo saaxiibada dhow ee ka qayb qaadan kara haddii aan qabo jiro khatar ah ama dhaawac si loo habsado inay garanayaan inta uu yahay Wakiilkayga Daryeelka Caafimadka, iyo waxay yihiin rabitaanadaydu.

When to Review Your Advance Care Plan

Marka Dib loo eego Qorshahaaga Daryeelka Hore

It is common to review and update an advance care plan regularly. You may want to review it with your annual physical exam or whenever any of the “Five D’s” occur.

Waa mid guud in dib loo eego oo la cusboonaysiiyo qorshaha daryeelka hore si caadi ah. Waxaad dooni kartaa inaad ka beddesho baadbitaankaaga sanadlaha ah ee jidhka ama mar kasta oo ay dhacdo “Shan D”.

- **Decade:** when you start each new decade of your life.
Toban sano: marka aad bilowdo toban sano oo kasta oo cusub oo noloshaada ah.
- **Death:** whenever you experience the death of a loved one.
Dhimashada: mar kasta oo aad la kullanto dhimashada qof la jecel yahay.
- **Divorce:** when you experience a divorce or other major family change.
Furiinka: marka aad la kullanto furiinka ama isbeddelka kale ee goyska ee wayn.
- **Diagnosis:** when you are diagnosed with a serious health condition.
Cudur aqoonsashada: marka lagaa helo inaad qabto xaalad caafimad oo khatar ah.
- **Decline:** when you experience a significant decline or deterioration of an existing health condition, especially when you are unable to live on your own.
Hoos u dhac: marka aad la kullanto hoos u dhac wayn ama ka sii darka xaalada caafimadka jira, gaar ahaan marka aanad awoodin inaad iskaa u noolaato.

Copies of This Document Have Been Given To:

Koobiyada Dhokumentigan Waxaa la siiyay:

Primary (main) Health Care Agent

(Wakiilkayga Koowaad (Muhiimka ah) ee Daryeelka Caafimadka waa)

Name (Magaca): _____ Telephone (Telefoonka): _____

Alternate Health Care Agent (Wakiilkayga Kale ee Daryeelka Caafimadka waa)

Name (Magaca): _____ Telephone (Telefoonka): _____

Health care Provider/Clinic/Hospital/Family Members

Adeeg bixiyaha Daryeelka caafimadka/Rugta caafimadka/Hospital/Xubnaha Qoyska

Name (Magaca): _____ Telephone (Telefoonka): _____

Name (Magaca): _____ Telephone (Telefoonka): _____

Name (Magaca): _____ Telephone (Telefoonka): _____

Name (Magaca): _____ Telephone (Telefoonka): _____

Name (Magaca): _____ Telephone (Telefoonka): _____

The ACP of (ACP ee) _____ (print name) (daabac magaca)
Birth Date (Taariikhda Dhalashada) _____ Completion Date (Taariikhda Dhammaystirka) _____



If your wishes change, fill out a new form. Give copies of the new document to everyone who has copies of your previous one. Tell them to destroy the previous version.

Haddii aad rabto isbeddel, buuxi foomka cusub. Sii koobiyada dhokumentiga cusub qof kasta oo haysta koobiyadaadii hore. U sheeg inay tuuraan noocyadii hore.

When You Want Help With Advance Care Planning

Markaad Rabto Inaad ku Caawiso Qorshaynta Daryeelka Hore

Advance care planning gives you the chance to talk with others. Health care providers, family members and important others can help you explore options. For more information contact:

Qorshaynta Daryeelka Hore waxa uu ku siiyaa fursada aad kuwa kale kula hadasho. Adeeg bixiyayaasha daryeelka caafimaadka, xubnaha qoyska iyo kuwa kale ee muhiimka ah waxay kaa caawin karaan sahaminta doorashooyinka. Wixii machuumaad dbeeraad ah la xidhiidh:

Bemidji

Advance Care Planning Program

Phone: (218) 333-6060

Email: acp.bemidji@sanfordhealth.org

Barnaamijka Hore u sii Qorshaynta Daryeelka

Telefoonka: (218) 333-6060

Iimaylka: acp.bemidji@sanfordhealth.org

Fargo

Advance Care Planning Program

Phone: (701) 234-6966

Email: FGO-CaseMgmt@SanfordHealth.org

Barnaamijka Hore u sii Qorshaynta Daryeelka

Telefoonka: (701) 234-6966

Iimaylka: FGO-CaseMgmt@SanfordHealth.org

Bismarck

Advance Care Planning Program

Phone: (701) 323-1ACP (1227)

Email: acp.bismarck@sanfordhealth.org

Barnaamijka Hore u sii Qorshaynta Daryeelka

Telefoonka: (701) 323-1ACP (1227)

Iimaylka: acp.bismarck@sanfordhealth.org

Sioux Falls

DeGroot Center

Phone: (605) 312-3520

Email: acp.siouxfalls@sanfordhealth.org

Xarunta DeGroot

Telefoonka: (605) 312-3520

Iimaylka: acp.siouxfalls@sanfordhealth.org

