



Dardaaranka Daryeelka Caafimaadka Minnesota

Minnesota Health Care Directive – Somali



HDIR

Fadlan dib u eeg Dardaaranka Daryeelka Caafimaadka ee Minnesota kahor intaadan buuxin dukumeentigan. Waan fahansanahay in dukumitigaani yahay mid sharci ah, waana inaan buuxiyaa: (1) Qaybta A: Magacayga iyo macluumaadka kale, (2) Qaybta B: Wakiilkayga daryeelka caafimaadka iyo/ama Qaybta E: Tilmaamaha daryeelka caafimaadkayga, **iyo** (3) Qaybta G: Ka dhigista dukumeentigan mid sharci ah.

Please review the Minnesota Health Care Directive Instructions before completing this document. I understand that for this to be a legal document, I must complete: (1) Section A: My name and other information, (2) Section B: My health care agent and/or Section E: My health care instructions, and (3) Section G: Making the document legal.

Qaybta A: Magacayga iyo macluumaad kale

Section A: My name and other information

Magacayga buuxa _____ Taariikhda dhalashada _____
My full name My date of birth

Ciwaankayga _____
My address

Lambarka telefoonkayga _____
My phone number

Xarfaha hore ee magacayga ee halkan ku qoran waxay muujinayaan in tarjumaan luqadeed oo xirfad leh uu iga caawiyay dhammaystirka dukumeentigan.

My initials here indicate a professional language interpreter helped me complete this document.

Qaybta B: Wakiilka daryeelka caafimaadkayga

Section B: My health care agent

Wakiilkayga (ugu muhiimsan) koobad ee daryeelka caafimaadka waa:

My primary (main) health care agent is:

Magaca Buuxa _____ Xiriirka _____
Full name Relationship

Lambarka telefoonka _____
Phone number

Cinwaanka _____
Address

Haddii wakiilkayga koobad aanu diyaar u ahayn, awood u lahayn, ama si macquul ah diyaar u ahayn inuu ii sameeyo go'aamo daryeel caafimaad, waxaan doortay wakiil daryeel caafimaad kale.

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.

Wakiilkayga kale ee daryeelka caafimaadka waa:

My alternate health care agent is:

Magaca Buuxa _____ Xiriirka _____
Full name Relationship

Lambarka telefoonka _____
Phone number

Cinwaanka _____
Address

Qaybta B: Wakiilk daryeelka caafimaadkayga ayaa sii waday

Section B: My health care agent continued

Wakiilkayga labaad ee daryeelka caafimaadka waa:

My second alternate health care agent is:

Magaca Buuxa _____
Full name

Xiriirka _____
Relationship

Lambarka telefoonka _____
Phone number

Cinwaanka _____
Address

Xarfaha hore ee magacayga ee halkan ku qorani waxay muujinayaan in aan boggag dheeraad ah ku lifaaqay dardaaranka daryeelka caafimaadka ee tilmaamaya wakiilkayga koowaad daryeelka caafimaadka aasaasiga ah. Waxaan ku daray tilmaamo ku saabsan sida wakiillada badan ay u xallin doonaan khilaafaadka go'aanka daryeelka iyo haddii ay tahay inay wada gaaraan dhammaan go'aamada daryeelka ama haddii ay u dhaqmi karaan si ka madax bannaan midba midka kale.

My initials here indicate I attached additional pages to this health care directive that identify additional primary and/or alternate health care agents. I included instructions as to how the multiple agents will resolve care decision differences and whether they must make all care decisions together or if they may act independent of each other.

Qaybta C: Awoodaha wakiilka daryeelka caafimaadkayga

Section C: My health care agent powers

Marka aanan awoodin inaan naftayda u hadlo, wakiilkayga daryeelka caafimaadkaygu wuxuu awood u leeyahay: (1) oggolaanshaha, diidmada, ama ka noqoshada daawaynta daryeelka caafimaadka (sida shaybaaris, dawooyin, qalliin); (2) dib u eegis iyo sii daynta diiwaanada daryeelka caafimaadkayga; (3) doorashada dhakhaatiirtayda daryeelka caafimaadka; iyo (4) doorashada meesha aan ku noolanayo iyadoo loo eegayo baahida daryeelkayga caafimaadka. Waan fahansanahay in wakiilkayga daryeelka caafimaadku uusan codsan karin daryeel ka baxsan daawayta macquulka/caqli galka ah.

When I am unable to speak for myself, my health care agent may: (1) consent, refuse, or withdraw health care treatment (such as tests, medicines, surgery); (2) review and release my health care records; (3) choose my health care clinicians; and (4) choose where I live related to my health care needs. I understand my health care agent cannot request care that is outside reasonable medical practice.

Awoodaha dheeraadka uu leeyahay wakiilkayga daryeelka caafimaadka. Xarfaha hore ee sanduuqyada hoose waxay u fasaxayaan wakiilkayga daryeelka caafimaadka:

Additional powers of my health care agent. My initials in the boxes below authorize my health care agent to:

Sii ahaw wakiilkayga daryeelka caafimaadka xittaa haddii guurkeenu ama lammaananimadeenu uu si sharci ah u dhammaanayo ama uu dhammaaday.

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

li samee go'aannada daryeelka caafimaadka - marka aan doorto - inkastoo aan awoodo inaan aaniga isku hadlo.

Make health care decisions – when I choose – even though I am able to speak for myself.

li samee go'aamo daawaynta caafimaadka dhimirka oo ay ku jiraan daawooyinka neerfaha/daawooyinka dhimirka.

Make mental health treatment decisions including neuroleptic/antipsychotic medications.

Haddii aan uur leeyahay, go'aami inaan isku dayo inaan sii wato uurkayga ilaa iyo dhalmada.

If I am pregnant, determine whether to attempt to continue my pregnancy to delivery.

Waxaa xaddidaya awoodaha wakiilkayga daryeelka caafimaadka _____

Limits to my health care agent's powers

Qayta D: rabitaankayga iyo qiyamkayga (ikhtiyaari)

Section D: My wishes and values (optional)

Waxaan bixinayaa tilmaamaha soo socda ee ku saabsan rabitaanka daryeelka caafimaadkayga iyo qiyamkayga:
I give the following instructions about my health care wishes and values:

Xarfaha hore ee magacaya ee halkan waxay muujinayaan bogag dheeraad ah oo ku lifaaqan.
My initials here indicate additional pages are attached.

Qaybta E: Tilmaamaha daryeelka caafimaadkayga, rabitaannadayda iyo dookhyadayda (ikhtiyarhaddii aad buuxisay Qaybta B)

Section E: My health care instructions, wishes and preferences (optional if you have completed Section B)

Waxaan waydiisanayaa wakiilkayga daryeelka caafimaadka inuu kala xariro dookhyadayda kooxda daryeelka caafimaadkayga. Waxa aan ku xardhay hal sanduuq oo ah ikhtiyaarka oo aan doorbido xaalad kasta.

I ask my health care agent to communicate my choices to my health care team. I have initialed one box below for the option I prefer for each situation.

1. Dib-u-soo-nooleynta Wadnaha (CPR)

Eeg dukumeentiga Tilmaamaha Daryeel Caafimaad wixii macluumaad faahfaahsan ee ku saabsan CPR. Iyada oo ku saleysan tahay caafimaadkayga maanta:

1. Cardiopulmonary resuscitation (CPR)

See the Health Care Directive Instructions document for more detailed information about CPR. Based on my health today:

Waxaan rabaa in la isku dayo CPR marka wadnuhu ama neefsashadu istaagto.
I want CPR attempted when my heart or breathing stops.

ama
or

Waxaan rabaa in la isku dayo CPR marka wadnuhu ama neefsashadu istaagto., Iyada oo ku saleysan tahay caafimaadkayga maanta. Haddii caafimaadkayga isbeddelo mustaqbalka oo aanan haysan fursad macquul ah oo aan ku soo kabsado markaas wakiilkayga (haddii mid la magacaabay) wuxuu kala hadli doonaa isku dayga CPR kooxdayda daryeelka caafimaadka, iyadoo lagu salaynayo wada-hadalladii hore ama bayaannada aan ku qoray Qaybta D: Rabitaankayga iyo qiyamkayga.

I want CPR attempted when my heart or breathing stops, based on my current state of health. If my health changes in the future and I have no reasonable chance of recovery then my agent (if one appointed) will discuss attempted CPR with my health care team, based on earlier conversations or statements I have written in Section D: My wishes and values.

ama
or

Ma rabo in la isku dayo CPR marka wadnahayga ama neefsashadu istaagto. Waan fahamsanahay haddii aan doorto ikhtiyaarkan, inaan weli heli doono dhammaan daryeelada kale ee caafimaad ee aan u baahanahay.

I do not want CPR attempted when my heart or breathing stops. I understand if I choose this option, I will still get all other medical care I need.

Qaybta E: Tilmaamaha daryeelka caafimaadkayga, rabitaannadayda iyo dookheyga waa sii soconayaan

Section E: My health care instructions, wishes and preferences continued

2. Daawooyinka laga yaabo inay cimrigeyga dheereeyaan – sanduuqa hore

Doorasho kasta oo hoos ku qoran, waan fahamsanahay in aan sii wadi doono helitaanka dhammaan daawooyinka xanuunka babi'yo in la igu siin doono cunto iyo cabitaanno afka haddii aan awoodi wayi inaan liqo. Haddii ay timaado wakhtiga aanan u hadli karin nafteyda kooxdayda daryeelka caafimaadka iyo wakiilkeyga ay aaminsan yihiin inaan ka soo kaban doonin awoodayda inaan ku fekeri, la xiriiro ama aan ogaado qofka aan ahay, waxaan rabaa:

2. *Treatments that may prolong my life – initial one box*

With any choice below, I understand that I will continue to receive all pain and comfort medicines and be offered food and liquids by mouth if I am able to swallow. If the time comes that I can no longer speak for myself and my health care team and agent believe I will not recover my ability to think, communicate or know who I am, I want:

In dhammaan daawayntayda macquulka ah ee diyaarka ah ay ku heshiiyeen kooxdayda daryeelka caafimaadka. Tani waxaa ku jira laakiin kuma koobna ka quudinta tuubada, faleembada IV (gudaha xididka), hawo-mareenka (mashiinka neefsashada), iyo antibiyootiga. Waxaan rabaa in daawayntan ay sii

socoto ilaa daawaynta noocaan ah ay waxyeelo iga soo gaadhayso ama aanay waxtar ii lahayn.

All medically reasonable treatments available and agreed upon by my health care team. This includes but is not limited to tube feedings, IV (intravenous) fluids, ventilator (breathing machine), and antibiotics. I want treatments to continue until such treatments are harmful or no longer helpful.

ama

or

Si aan u joojiyo ama aan u bilaabin daawaynta kordhin karta noloshayda. Tani waxaa ku jira laakiin kuma koobna ka quudinta tuubada, faleembada IV (gudaha xididka), hawo-mareenka (mashiinka neefsashada), iyo antibiyootiga.

To stop or not start treatments that may extend my life. This includes but is not limited to tube feedings, IV (intravenous) fluids, ventilator (breathing machine), and antibiotics.

Faallo ama tilmaamo ku saabsan daawaynta laga yaabo inay cimrigeyga dheereeyso

Isticmaal booskan si aad ugu qorto tilmaamo ama fariimo dheeraad ah oo ku saabsan daawaynta sii dheerayn karta noloshayda (tusaale, iskuday daawaynta gaarka ah wakhtixadidan):

Comments or directions regarding treatments that may prolong my life

Use this space to write any additional instructions or messages regarding treatments that may prolong my life (for example, trying a specific treatment for a limited time):

Qaybta F: Tixgalino kale (isticmaal bogag dheeraad ah haddii loo baahdo)

Section F: Other considerations (use additional pages if needed)

Diinta aan aaminsanahay waa _____

The religion I associate with is

Rabitaankayga daryeelka diinta (imaamyada, ducada, Quraan akhriska) waa::

My wishes for religious care (for Imams, prayer, Quran recitation) are:

Go'aamada ku saabsan jidhkayga dhimashadayda kadib

Decisions about my body after death

Xarfaha magacayga halkan waxay muujinayaan wakiilka daryeelka caafimaadkayga uu awood u haysto in qaato go'aamada laxiriira jirkayga marka aan dhinto (baaritaanka maydkayga, aasitaanka, gubitaanka maydkayga, tacsida).

My initials here indicate my health care agent has the power to make decisions about my body when I die (autopsy, burial, cremation, funeral).

Qofka qabanqaabin doona:

The person who will make arrangements:

Faallo ama tilmaamaha kooxdayda daryeelka caafimaadka

Comments or directions to my health care team

Xarfaha hore ee halkan waxay muujinayaan bogaag dheeraad ah oo ku lifaaqan.

My initials here indicate additional pages are attached.

Qaybta G: Ka dhigista dukumeentigan mid sharci ah

Section G: Making the document legal

FIIRO GAAR AH: Marka loo eego sharciga Minnesota, laba (2) markhaati ama qareenka nootaanyada daawadaa adiga oo saxiixaya oo taariikhda ku qoraya dardaarankaaga. Markhaatiyaashaada ama qareenka nootaanyada laguma magacaabi karo inay yihiin wakiilkaaga daryeelka caafimaadka koobad ah ama beddelka ah.

NOTE: Under Minnesota law, either two (2) witnesses or a notary public must watch you sign and date your directive. Your witnesses or notary public cannot be named as your primary or alternate health care agent.

Saxiixayga

Waxaan u sameeyay dukumeentigan si badheedh ah, si wanaagsan ayaan uga fikirayaa. Dukumeentigani waxa uu sheegayaa rabitaankayga ku saabsan go'aamada daryeelka caafimaadka ee mustaqbalka.

My Signature. *I have made this document willingly, I am thinking clearly. This document states my wishes about my future health care decisions.*

Saxiixa: _____ **Taariikhda:** _____
Signature Date

Haddii aniga qof ahaan u saxiixan karin magacayga, waxaan ka codsanayaa qofka soo socda inuu ii saxiixo:
If I cannot physically sign my name, I ask the following person to sign for me:

Magaca oo ku qoran far waaweyn: _____
Printed name

Saxiixa(qofka aan codsadey inu saxiixo): _____ **Taariikhda:** _____
Signature (of person asked to sign) Date

Qoralka Markhaatiyasha

Waxa lagu saxiixay ama lagu hubiye horteyda. Waxaan cadeynayaa in aan jiro ugu yaraan 18 sano, maana la ii magacaabin wakiil daryeel caafimaad ee kale dukumeentigan.

Haddii aan ahay dhakhtar daryeel caafimaad ama shaqaale ka tirsan dhakhtarka daryeelka caafimaadka oo siinaya daryeel toos ah qofka kor ku qoran, waa in aan bilaabo khadkan: _____. Hal marqaati kali ayaa noqon kara dhakhtar ama shaqaale dhakhtarka siinaya daryeel toos ah taariikhda dukumeentigan la saxiixay.

Statement of Witnesses

This document was signed or verified in my presence. I certify that I am at least 18 years of age, and I am not appointed as a primary or alternate health care agent in this document.

If I am a health care clinician or an employee of a health care clinician giving direct care to the person listed above, I must initial this line: _____. Only one witness may be a clinician or an employee of the clinician giving direct care on the date this document is signed.

Markhaati 1

Witness 1

Saxiixa _____
Signature

Taariikhda _____
Date

Magaca buuxa oo far wawayn ah _____
Print full name

Telefoonka _____
Phone

Cinwaanka _____
Address

Markhaati 2

Witness 2

Saxiixa _____
Signature

Taariikhda _____
Date

Magaca buuxa oo daabacan _____
Print full name

Telefoonka _____
Phone

Cinwaanka _____
Address

ama
or

Qareenka Nootaanyada: Markaan joogo (taariikhda) _____, (magaca) _____

waxa uu qiray saxiixiisa ama iyada dukumeentigan ama isaga ama iyadu waxay u ogolaatay qofka saxiixaya saxiixa dukumeentiga isaga ama iyada. La iguma magacaabin wakiil daryeel caafimaad ee dukumeentigan.

Notary Public: *In my presence on (date) _____, (name) _____ acknowledged his or her signature on this document or that he or she authorized the person signing this document sign on his or her behalf. I am not named as a health care agent in this document.*

Saxiixa Nootaanyada:
Signature of notary:

Shaabbadda nootaayada:
Notary stamp:

Komishinkaayga wuu dhacayaa (taariikh): _____
My commission expires (date): _____