Regardless of the patient’s resuscitation status, the following immediately reversible causes of acute clinical deterioration should be treated: **choking, anaphylaxis, blocked tracheostomy tube, other** (please state): ____________________________________________________________________________________________

☐ Resuscitation status has **not** been discussed – attempt full resuscitation
☐ Resuscitation status has been discussed but not completed - see page 3 and discuss with family
☐ Resuscitation status has been discussed and the following has been agreed

### NO LIMITATION OF MEDICAL INTERVENTIONS

**A. LIFE SUSTAINING TREATMENT**

The primary goal of care is to assist the patient to fully recover from an acute and potentially reversible deterioration. For full resuscitation and all appropriate life-sustaining treatments → For MET calls

For ICU admission

### LIMITATION OF MEDICAL INTERVENTIONS

**B. LIFE SUSTAINING INTERVENTIONS WITH SOME LIMITATIONS**

The primary goal of care is to assist the patient to fully recover from an acute and potentially reversible deterioration but with the limits defined below:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>NOT DISCUSSED</th>
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- Comfort management and symptom control
- Blood tests
- NGT insertion
- Oral / PEG antibiotics
- IV antibiotics
- IV fluids
- Blood products
- Airway suction
- Oxygen (via nasal prongs / mask)
- Non invasive ventilation (HFNP / CPAP / biPAP)
- MET calls
- ICU admission
- Intubation and mechanical ventilation
- Cardiac compressions *
- Inotropes *
- Central venous access
- ____________________________________________________________________________________________
- ____________________________________________________________________________________________
- ____________________________________________________________________________________________

* If patient is **not** for intubation and mechanical ventilation, it is not usually appropriate to offer cardiac support

**C. PRIMARILY SYMPTOM MANAGEMENT & NON-BURDENSOME INTERVENTIONS**

The primary goal of care is to optimise the patient’s comfort, but some less burdensome life-sustaining measures may be appropriate, as defined below:

- ____________________________________________________________________________________________
- ____________________________________________________________________________________________
- ____________________________________________________________________________________________

**D. END OF LIFE CARE: MAINTAINING COMFORT & DIGNITY - See “Palliative Care Symptom Management Plan”**

☐ The goal of care is to optimise the patient’s comfort and dignity → MET calls for symptoms only

*Not for ICU admission*